



LATINO ISSUES FORUM
A Public Policy & Advocacy Institute



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Consumer Advocates Applaud New Standards on Language Access But Demand Greater Accountability for Health Plans

New Regulations Must Include Greater Guarantees for Quality Care for People of Color

LOS ANGELES —Advocates hailed the release of draft regulations by the Department of Managed Health Care that will require ALL health plans in California to provide care in patients' primary language.

“There are barriers to health care that people face every day, such as going to the doctor, only to find that no one speaks your language,” said Ellen Wu, Executive Director of the California Pan-Ethnic Health Network (CPEHN), an original sponsor of the legislation mandating these new regulations. “We are proud of our work, which makes California a model for the rest of the country ensuring that all communities understand their doctor and health plan information. Because of these new requirements health plans will be held accountable for providing quality services to all their diverse members.”

Senate Bill 853, authored by Senator Martha Escutia of Los Angeles, directed the Department of Managed Health Care (DMHC) to develop regulations for private health plans to provide language assistance services so that all enrollees will receive quality care. The bill was signed into law in 2003 and a draft of the regulations has been made available for public comment. Two public hearings are scheduled to provide the Department with feedback. The first hearing is held today, February 14th in Los Angeles and the second will be February 16th in Oakland at the Oakland Asian Cultural Center. At today's hearing advocates called for tighter regulation of health plan language assistance services, assurance that translators and interpreters are high quality, and for the development of data collection and management systems to track and address racial and ethnic health disparities among their member populations.

“In the fight to track and eliminate discrimination and racial disparities in health care settings, data collection on primary language, race, and ethnicity is essential,” said Sarah Olivia Mercer, Senior Program Manager of Latino Issues Forum. “The collection of this data is standard for public programs such as Medi-Cal and demonstrates the possibility of other plans to collect it as well. In our experience this data has been critical to the quality of health care services provided to enrollees.”

In addition to calling for data collection, advocates want higher standards for quality interpreters. “The current draft of the regulations is a good start but we are very concerned that clearer, higher standards for the quality of interpreters are needed,” said Doreena Wong, Staff Attorney for the National Health Law Program. “A health plan should not contract with network providers and staff who are not trained in their respective fields, and similarly, any interpreters and translators used by health plans should be trained and tested so their competency is assured. Under the current draft, in fact, a health plan or network provider can use

minors as interpreters.”

The 2000 Census reports that a majority (53%) of California’s population are people of color and that almost 40% of Californians speak a language other than English at home. “Studies have shown that the lack of language services limits access to health care and preventive care, and results in increased use of emergency rooms,” according to Hemi Kim, Policy Advocate for the Asian and Pacific Legal Center of Los Angeles. “By collecting more information and holding the HMOs accountable, California can continue to lead the nation in ensuring that millions of non-English speaking patients get the care they need.”

Schedule of Public Hearings:

Los Angeles

February 14

11:00 a.m.

California Hospital Medical Center, Keck Hall

1401 S. Grand Avenue

Oakland

February 16

11:30 a.m.

Oakland Asian Cultural Center

388 Ninth Street, 2nd Floor, Conference Room 4

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