



Coordinated by *Comunidades Unidas* www.cuutah.org (801)487-4145 & funded by the Utah Department of Health, Center for Multicultural Health

HB 144 Medical Language Interpreter Act

Rep. Rebecca Chávez-Houck

Updated: February 19, 2009

OBJECTIVE OF HB 144

HB144 improves communication between health care provider and patients, by allowing individuals who provide language interpretation services to voluntarily obtain certification as a certified medical language interpreter through the Department of Occupational and Professional Licensure.

UTAH'S NEED FOR HB 144

- Currently, there is no statewide standard for certification, meaning that we cannot tell if interpreters are proficient unless medical complications arise. These complications can be damaging and expensive.
- Individuals who do not have access to professional interpreters have to rely on family members and medical staff who may not be fluent in languages used or do not know the proper medical terminology and process, resulting in potentially life-threatening mistakes.
- Medical interpreting is protected under the Patient's Bill of Rights, as well as the Civil Rights Act of 1964 (Title VI) and the CLAS standards 4 and 6 of the Office of Minority Health, however it is up to the states to enforce these provisions. This bill establishes a cost-free mechanism and *voluntary* incentives to improve the quality of medical interpretation.

HB 144 WILL REDUCE HEALTH CARE COSTS

- By 2012, Utah will spend over 2.1 billion per year on Medicaid. We can limit cost growth by using quality interpreters to avoid misdiagnoses and shortening the lag time between diagnosis and treatment. Voluntary certification of interpreters will help to stimulate the demand in the marketplace for quality, cost-effective medical interpretation.
- The Federal government reimburses Utah Medicaid spending on interpreters. We can limit waste and thus improve accountability to the taxpayer by improving the quality of Medicaid interpreters.
- Quality interpreting services will reduce the growing burden on our hospitals and clinics. The inability of an individual to access proper care shifts health care costs to the emergency room. The cost of a non-urgent Medicaid visit to the emergency department is \$274 while a visit to a suburban clinic is \$88. In the most recent year for which data is available (2006), 23% of emergency department visits were for "primary care sensitive" conditions, i.e. conditions that could have been addressed in primary care settings. (Utah Emergency Department Encounter Database, Bureau of Emergency Medical Services, Utah Department of Health, retrieved through IBIS, 2008).

HB 144 IMPROVES EFFICIENCY IN HEALTH CARE DELIVERY

- The nationwide average for time spent by a physician with a patient is 15 minutes. In 2007, a study showed that 51% of physicians reported that they used an additional five to fifteen minutes when treating an individual who needed the aid of an interpreter. Physicians would receive long-term savings from using certified interpreters because the cost of hiring an interpreter is lower than the compensation lost on appointments that required the skills of an interpreter.
- Pursuing voluntary certification of medical language interpreters is another way to reform our health care system by improving quality of care and containing costs in physician-patient settings.