



California Healthcare Interpreters Association

Supporting and promoting the healthcare interpreting profession by setting standards of excellence that ensures equal access to quality medical care for all people.

Tuesday, April 09, 2002

Assembly Member Wilma Chan
California State Assembly
State Capitol Room 4098
Sacramento, CA 94249-0001

RE: Support for AB 2739

Dear Assembly Member Chan:

I am writing, on behalf of the California Healthcare Interpreters Association (CHIA) to support AB 2739, which would ensure that the diverse clientele of the Medi-Cal Managed Care (MMC) Program and Healthy Families Program (HFP) are provided culturally and linguistically appropriate health care.

CHIA is a 501 (c)(3) organization with a mission of representing the healthcare interpreting profession, and represents 246 healthcare interpreters and 20 organizations, including hospitals, training organizations, and interpreter agencies, across California. CHIA's mission is to facilitate the development of the medical interpreting profession, through the development of standards of practice and professional education for interpreters and providers. CHIA's website, <http://www.CHIA.ws>, has more information about our organization.

The need for culturally and linguistically appropriate health care for California's increasingly diverse populations is clear. According to the 2000 Census and its Supplementary Survey, over one-third of the California population speaks Spanish as a first language, while over 224 languages are spoken in California. Of the 3 million MMC beneficiaries, almost 55% speak a primary language other than English. Among enrollees in the HFP, almost half speak a primary language other than English. The latest Institute of Medicine report, in summarizing the evidence-based research in this area over the last five years,¹ is clear in identifying language barriers in health care as a major source of disparities in health outcomes, and recommends the use of trained, professional interpreters as a means of improving health outcomes and provider and patient satisfaction.

Assembly Bill 2739 will codify and make more uniform existing cultural and linguistic (C/L) requirements currently placed by contract on health plans participating in the MMC and HFP. The services required under these contract provisions and policy letters are vital to individuals who are limited English proficient or from different cultural backgrounds.

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The C/L requirements now appear in the contracts privately negotiated between the health plans and the state agencies responsible for MMC and HFP (DHS and MRMIB, respectively) as well as the MMC policy letters issued by the DHS. By codifying these existing C/L policies, AB 2739 will ensure that these requirements will not be arbitrarily weakened in the future, putting at risk thousands of California residents who rely on culturally and linguistically appropriate services. By making the requirements more uniform, the bill ensures that enrollees in the two programs would receive consistent C/L services. It also allows participating MMC and HFP health plans and providers to more easily comply with the C/L requirements due to greater uniformity.

AB 2739 would also require the Department of Health Services (DHS) and the Managed Risk Medical Insurance Board (MRMIB) to submit annual reports on the status of the implementation of the requirements codified in this legislation. These reports will provide the state, health plans, providers and advocates with important information on the needs of Californians who do not speak English well, and on the way health plans and providers are complying with the C/L requirements. This information will help inform policies to improve the C/L services and quality of health care provided.

Assembly Bill 2739 ensures that low-income Californians that receive health care through these two vital public programs will receive services that are culturally and linguistically appropriate. Such culturally and linguistically appropriate services will lead to increased access to preventive and diagnostic services as well as more appropriate utilization of services, ultimately resulting in healthier Californians and decreased health costs.

Thank you for your leadership on this issue, and we fully support and urge the passage of AB 2739.

Sincerely,



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ⁱ Unequal Treatment: Confronting Racial & Ethnic Disparities in Health Care. Institutes of Medicine report: March 2002.