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HMOs Enter Homestretch Before New Language Law Takes Effect

August 18, 2008 – California Healthline

By: George Lauer

It's boom time for translators in California.

Starting Jan. 1, 2009, HMOs in California will be required to provide written or verbal language assistance to any member who needs it in whatever language and form it's needed. In a state as large and diverse as California, that's a lot of languages. And a lot of translating and interpreting.

"Health plans have been working toward this for some time, but there is something of a push now toward the homestretch," said Nicole Kasabian Evans, vice president of communications for the California Association of Health Plans. "Midsize and small plans especially have their work cut out for them. Larger plans for the most part have been dealing with multiple languages for a while now."

California will be the first state in the country requiring health plans to provide comprehensive language assistance.

Plans with more than one million members must provide materials in the top two non-English languages spoken by its members. Plans with 300,000 members to one million members are required to provide one non-English translation. Plans with fewer than 300,000 members must provide translations if 5% of their members (or 3,000, whichever is smaller) express a preference for a language other than English.

The law covers written and spoken communications. Plans must provide interpreters for any language requested.

Long Time Coming

"We've been working toward this for a long time, and we're really looking forward to the law taking effect," said Ellen Wu, executive director of the California Pan-Ethnic Health Network, which started lobbying for language regulations in 2001.

"We started pushing for this shortly after the state Department of Managed Care was formed in 2000, I think it was," Wu said.

"It's a pretty basic concept: Materials and all communications with your health care provider have to be understandable for them to do any good," Wu said.

Estimates suggest more than 40% of Californians -- as many as 15 million people -- do not speak English at home. The number of Californians with "limited" English proficiency is estimated between six million and seven million.

The new law is aimed at reducing some of the language and cultural barriers non-English speakers face when seeking health care.

The bill was signed into law in October 2003 as Democratic Gov. Gray Davis was on his way out the door. After losing a recall vote, Davis signed several bills intended to protect the rights of immigrant workers and their families in the areas of health and economic security.

The new governor, Republican Arnold Schwarzenegger, put a moratorium on new legislation, including the language assistance bill, SB 853, by Marta Escutia (D-Norwalk). Eventually the moratorium was lifted and the new law began to take shape. DMHC staged dozens of meetings between stakeholders and two public hearings.

The homestretch officially began July 1 of this year -- the deadline for HMOs to submit their plans for complying with new language assistance requirements.

'People Need to Understand'

Health plan officials say they recognize the importance of the new law and are working "earnestly, not grudgingly" to get ready. But they also say the new regulations mean investing more time and money.

"On one hand it's very important. People who buy HMO coverage need to understand what they're getting," said Rebecca Downing, chief compliance officer for Western Health Advantage, a small HMO in the Sacramento area.

Western Advantage, with 77,000 members in seven counties, will provide Spanish translations of written materials, but like all health plans they must also make provisions for interpreting in-person and phone conversations for speakers of any language. Most small plans will contract with subcontractors who will provide interpreters when needed.

"There's no question it's important, and I think most plans are doing it willingly, not grudgingly. But it is an administrative task and it will require time and money," Downing said.

Initial costs associated with compliance are estimated between \$12 million and \$25 million for more than 100 health plans licensed by the state, according to a report from HealthLeaders-InterStudy, a managed care research company.

"Health plans are having to spend some money, certainly, and it will be difficult for some medium and smaller plans to set up their systems," said Chris Lewis, an analyst with HealthLeaders-InterStudy and author of the report.

"Larger plans and plans with Medi-Cal populations are somewhat further along because they've already done a lot of this for Medi-Cal," Lewis said.

'A Matter of Capacity'

There is some concern that not all plans will be able to put systems in place to satisfy the new regulations.

"I think some health plans are very committed and doing a good job and there are some health plans that need a lot of help," said Wu of the Pan-Ethnic Health Network.

"Part of it is a matter of capacity. Some plans just simply don't have the wherewithal to pull this off without help," Wu said.

Researcher Lewis echoed similar concerns in a written statement announcing her report:

"To meet these new requirements, health plans had to survey their memberships to assess the language needs of enrollees. However, there is some concern that health plans are not doing enough to truly gauge the needs of the membership, as well as notify them of their new rights," Lewis said.

The homestretch is six months long, HMOs have had years to get ready and state officials are geared up to help.

"People at the Department of Managed Health Care -- especially Bobbie Reagan (Barbara "Bobbie" Reagan, assistant deputy director in charge of the California HMO Help Center) -- are working very hard to help plans," Wu said. "They're trying to make it a meaningful implementation and we appreciate that."