

RESOLUTION 21-43**IMPROVING ACCESS TO MEDICAL INTERPRETIVE SERVICES IN INDIANA**

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Referred to: Reference Committee 3

Whereas, limited English proficiency (LEP) is defined as speaking English “less than very well” among people who are at least 5 years old¹; and

Whereas, ad hoc interpreters are defined as individuals who have not been trained or certified in medical interpreting and include people such as a patient’s family, friends and medical staff who may speak another language but have not been trained in medical interpretation²; and

Whereas, qualified medical interpreters are defined as individuals who follow interpreter ethics and confidentiality, are proficient in both English and the target language and can effectively and accurately use the necessary medical terminology²; and

Whereas, as of 2018, there were 200,877 Indiana residents, or 3.2% of the state population, with LEP³; and

Whereas, inappropriate language services can contribute to higher rates of interpreting errors, patient harm and medical malpractice claims⁴⁻⁶; and

Whereas, federal laws, such as Title VI of the Civil Rights Act of 1964, Section 504 of the Rehab Act of 1973, and the Section 1557 of the Affordable Care Act, require that medical providers who receive funds from the Department of Health and Human Services provide language services to individuals with LEP^{7, 8}; and

Whereas, while Section 1557 of the Affordable Care Act states that LEP patients must receive language services, the law does not detail how the cost of interpreter services should be covered, resulting in the financial burden of providing adequate interpreting services falling onto physicians and institutions that employ them⁹; and

Whereas, under Medicaid and the Children’s Health Insurance Program, states can choose to reimburse translation and interpretation services as an administration or medical-assistance related expenditure and receive federal matching funds for these services⁷; and

Whereas, Medicaid and the Children’s Health Insurance Program of Indiana do not reimburse health providers for the cost of written translation or oral interpretation services^{10, 11}; and

Whereas, LEP patients in Indiana would benefit from qualified medical interpreters because they are more skilled than ad hoc interpreters and they improve clinical care, outcomes, and patient satisfaction¹²⁻¹⁶; and

Whereas, medical trainees and physicians benefit from education on how to effectively communicate with LEP patients and use interpreters^{17,18}; and

Whereas, physicians benefit from financial reimbursement for providing qualified medical interpreters and from centralized systems that reduce the costs of language services¹⁹; therefore, be it

RESOLVED, that the ISMA support initiatives to educate physicians and medical students on the appropriate use of medical interpreters; and be it further

RESOLVED, that ISMA encourage the use of qualified interpreters as a primary resource for patients with limited English proficiency, when available, instead of untrained staff or a patient's family members and friends; and be it further

RESOLVED, that the ISMA encourage policy to fairly reimburse medical providers for the use of qualified medical interpreters for patients with limited English proficiency or who have hearing impairment.

References:

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