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3 **Title: Insurance Coverage for Translator Services**  
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5 **Introduced by: Nancy Crossley, MD, for the Oakland County Delegation**  
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7 **Original Author: Nancy Crossley, MD**  
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9 **Referred to: Reference Committee A**  
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11 **House Action:**  
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13 **Whereas, 49.6 million/18.7 percent of the US population on the 2000**  
14 **census reported that they did not use spoken English as a first language, and**  
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16 **Whereas, patients who face language barriers are less likely to have a**  
17 **primary care provider, are less likely to seek preventive health care and are less**  
18 **likely to take the medications that they are prescribed, delaying adequate**  
19 **control and increasing the complication rate of chronic diseases, ultimately**  
20 **increasing health care costs<sup>1</sup>, and**  
21

22 **Whereas, patients who face language barriers have higher rates of**  
23 **hospitalization, invasive procedures and drug complications, likely as a result**  
24 **of inadequate communication between patient and health care staff<sup>2,3</sup>, and**  
25

26 **Whereas, medical and health-related terms are specialized enough that**  
27 **persons with limited English proficiency may not be able to be adequately**  
28 **informed as to prognosis, treatment options and potential side effects, or to**  
29 **fully ask questions of health care personnel regarding same, and**  
30

31 **Whereas, patient understanding is vital to being able to accurately carry**  
32 **out and actively participate in the plan of care, and**  
33

34 **Whereas, although family and friends may be available to translate for the**  
35 **patient, their use lowers confidentiality and the likelihood that sensitive issues**  
36 **in areas such as sexuality, substance abuse, psychiatric concerns or abuse will**  
37 **be fully shared by the patient, if at all, and**  
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<sup>1</sup>Baker DW, Parker RM, Williams MV, Coates WC, Pitkin K. Use and effectiveness of interpreters in an emergency department. JAMA 1996;275:783-8.

<sup>2</sup> Flores G, Laws MB, Mayo SJ, et al. Errors in medical interpretation and their potential clinical consequences in pediatric encounters. Pediatrics 2003;111:6-14.

<sup>3</sup> Flores G. The impact of medical interpreter services on the quality of health care: a systematic review. Med Care Res Rev 2005; 62:255-99.

39           **Whereas, availability of both primary care physicians, specialists and/or**  
40 **health care staff fluent in the patient’s language may be severely limited within**  
41 **a reasonable distance of patient’s home, and**

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43           **Whereas, a 2002 report from the Office of Management and Budget**  
44 **estimated an average increased cost of \$4.04 (0.5 percent) more per physician**  
45 **visit to provide patients who have limited English proficiency with appropriate**  
46 **language services for emergency-department, inpatient, outpatient, and dental**  
47 **visits, and**

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49           **Whereas, although there is some limited access to telephone translation**  
50 **services through individual carriers or institutions, those services do not**  
51 **address the translation needs in all clinical settings and for all patients,**  
52 **particularly deaf patients who require a translator on-site; therefore be it**

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54           **RESOLVED: That MSMS seek appropriate new coding, regulatory, benefit**  
55 **design or legislative policies that would provide full reimbursement to**  
56 **physicians providing needed translation services to patients in the office**  
57 **setting.**

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59   **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**

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<sup>1</sup>Baker DW, Parker RM, Williams MV, Coates WC, Pitkin K. Use and effectiveness of interpreters in an emergency department. JAMA 1996;275:783-8.

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