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3 Title: Equitable Interpreter Services and Fair Reimbursement  
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5 Introduced by: Alice Hou, MA and David Lee, MD, for the Medical Student Section  
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7 Original Author: Alice Hou  
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9 Referred To: Re-affirmation Calendar  
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11 House Action: **REAFFIRMED**  
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14 Whereas, all patients deserve equitable, fair, and high-level care in a language in which they  
15 can comprehend, and

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17 Whereas, more than 25 million Americans speak English "less than very well," according to  
18 the U.S. Census Bureau, and the National Center for Health Statistics reports about 37.6 million  
19 adults have difficulty with their hearing, and

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21 Whereas, this population is less able to access health care and is at higher risk of adverse  
22 outcomes such as medication complications, noncompliance, and decreased patient satisfaction,  
23 and

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25 Whereas, Title VI of the Civil Rights Act and Executive Order 13166 mandate that interpreter  
26 services be provided for patients with limited English proficiency (LEP) who need this service, and  
27 Section 1557 of the Affordable Care Act has also created protections for medical interpreter  
28 services as part of its protections from discrimination on the basis of race, color, or country of  
29 origin, and

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31 Whereas, unfortunately, there are currently only 14 states and 1 district that offer  
32 reimbursements for this service, including Connecticut, District of Columbia, Iowa, Idaho, Kansas,  
33 Maine, Minnesota, Montana, New Hampshire, New York, Texas (only sign language interpreters),  
34 Utah, Vermont, Washington, and Wyoming, and

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36 Whereas, in the aforementioned states, providers can claim an administrative match for 50-  
37 75 percent of translation and interpretation claimed as an administrative expense if they are not  
38 already reimbursed as part of the direct service rates, and

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40 Whereas, as of 2009, oral interpreter services can be claimed using billing code T-1013  
41 along with the CPT Code appropriate for the clinical encounter, and

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43 Whereas, in the 36 other states in which reimbursement for interpreter services is not  
44 codified, physicians sometimes have to bear the burden of the cost, which can cost up to  
45 \$150.00/hour, and

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47 Whereas, studies have shown enforcement of hospital regulations to provide interpreters is  
48 inconsistent, and lack of reimbursement decreases hospital incentive to comply and many hospitals  
49 are not providing language services in a manner consistent with related CLAS standards, and

50           Whereas, although coding methods are available, their use is limited because payers expect  
51 physicians to absorb the cost of interpretation services as part of their business expenses, and  
52

53           Whereas, in 2000, the CPT Editorial Panel responded to a request of the House of Delegates  
54 to review the development of a CPT Code for use of medical interpreters by using the modifier  
55 "32," and  
56

57           Whereas, in addition to accrued cost, physicians often spend more time per visit with  
58 patients requiring medical interpreters due to initial set-up, dialogue in multiple languages, as well  
59 as additional clarifications; therefore be it  
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61           RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask  
62 our AMA to support the standardization of physician reimbursement in regards to interpreter  
63 services, whether it be the usage of a CPT code or more widespread direct reimbursement by the  
64 state; and be it further  
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66           RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask  
67 our AMA to reaffirm Policy D-385.957, which advocates for legislative and/or regulatory changes to  
68 require that payers including Medicaid programs and Medicaid managed care plans cover  
69 interpreter services and directly pay interpreters for such services, and relieve the burden of the  
70 costs associated with translation services.  
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73 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

**Relevant MSMS Policy:** None

**Relevant AMA Policy:**

**Certified Translation and Interpreter Services D-385.957**

Our AMA will: (1) work to relieve the burden of the costs associated with translation services implemented under Section 1557 of the Affordable Care Act; and (2) advocate for legislative and/or regulatory changes to require that payers including Medicaid programs and Medicaid managed care plans cover interpreter services and directly pay interpreters for such services, with a progress report at the 2017.

**Interpreter Services and Payment Responsibilities H-385.917**

Our AMA supports efforts that encourage hospitals to provide and pay for interpreter services for the follow-up care of patients that physicians are required to accept as a result of that patient's emergency room visit and Emergency Medical Treatment and Active Labor Act (EMTALA)-related services. Interpreters For Physician Visits D-90.999 Our AMA continues to monitor enforcement of those provisions of the ADA to assure that physician offices are not subjected to undue burdens in their efforts to assure effective communication with hearing disabled patients.

**Language Interpreters D-385.978**

Our AMA will: (1) continue to work to obtain federal funding for medical interpretive services; (2) redouble its efforts to remove the financial burden of medical interpretive services from physicians; (3) urge the Administration to reconsider its interpretation of Title VI of the Civil Rights Act of 1964 as requiring medical interpretive services without reimbursement; (4) consider the feasibility of a legal solution to the problem of funding medical interpretive services; and (5) work with governmental officials and other organizations to make language interpretive services a covered benefit for all health plans inasmuch as health plans are in a superior position to pass on the cost of these federally mandated services as a business expense.

## **Appropriate Reimbursement for Language Interpretive Services D-160.992**

1. Our AMA will seek legislation to eliminate the financial burden to physicians, hospitals and health care providers for the cost of interpretive services for patients who are hearing impaired or do not speak English.
2. Our AMA will seek legislation and/or regulation to require health insurers to fully reimburse physicians and other health care providers for the cost of providing sign language interpreters for hearing impaired patients in their care.

### **Sources:**

1. Juckett G, Unger K. Appropriate use of medical interpreters. *American family physician*. 2014 Oct 1;90(7):476-80
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4. Medicaid Administrative Claiming. Translation and interpretation services. Medicaid.gov. <https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html> Accessed March 2023
5. Jacobs B, Ryan AM, Henrichs KS, Weiss BD. Medical interpreters in outpatient practice. *The Annals of Family Medicine*. 2018 Jan 1;16(1):70-6
6. Diamond LC, Wilson-Stronks A, Jacobs EA. Do hospitals measure up to the national culturally and linguistically appropriate services standards?. *Medical care*. 2010 Dec 1:1080-7