



**UCLA Center for Health Policy Research Webinar:  
“*Confronting Communication Barriers For Limited English  
Proficient Populations On The Eve Of Health Care Reform*”**

---

**April 30, 2013**

By:

Chad M. Silva, JD

Policy Director

Latino Coalition for a Healthy California



## Latino Coalition for a Healthy California (LCHC)

Since 1992, the Latino Coalition for a Healthy California (LCHC) has been a major voice for improving and protecting the health of all Californians. As the leading voice on Latino health, we have assisted decision-makers throughout the state to develop policies, services and the social, economic, and environmental conditions that improve the health of Latinos.



## Latino Coalition for a Healthy California (LCHC)

### Four Regional Networks

- Bay Area
- Central Valley
- Los Angeles
- San Diego



## Latino Coalition for a Healthy California (LCHC)

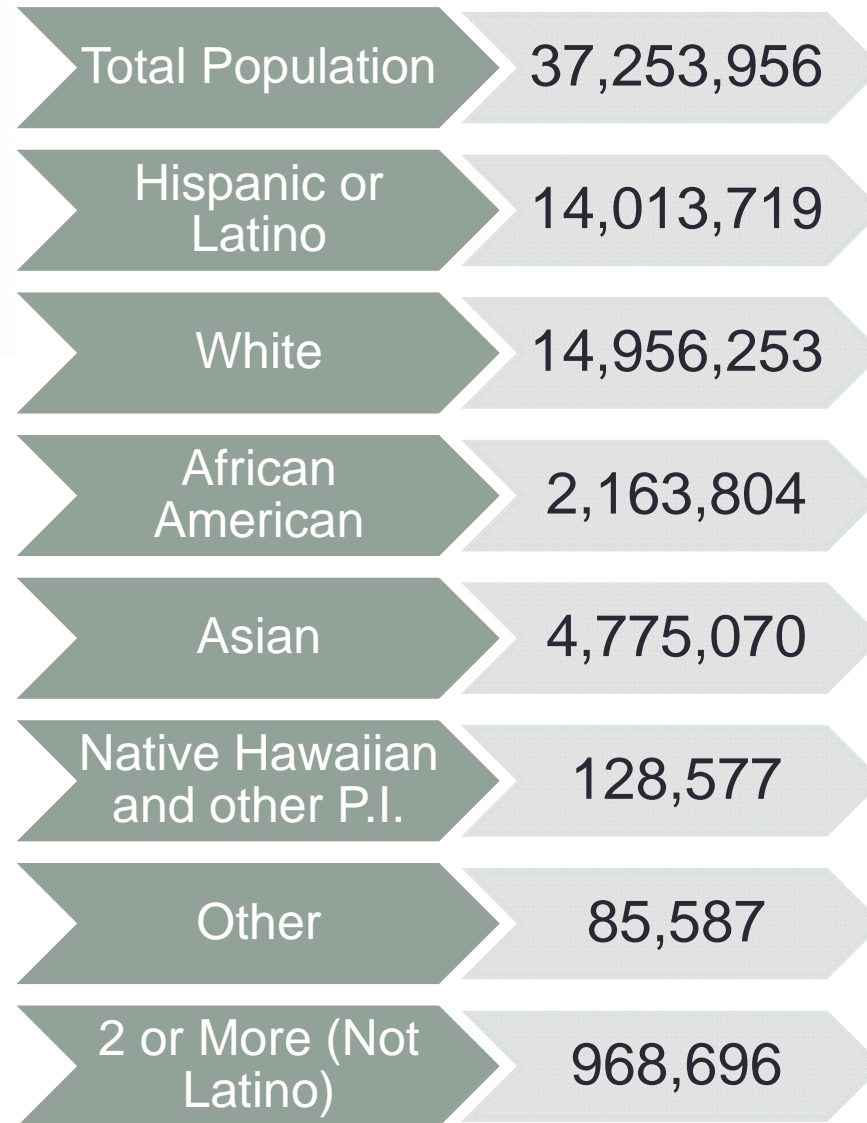
Serve as a conduit of information between community, regionally based organizations and statewide advocates and policy makers.



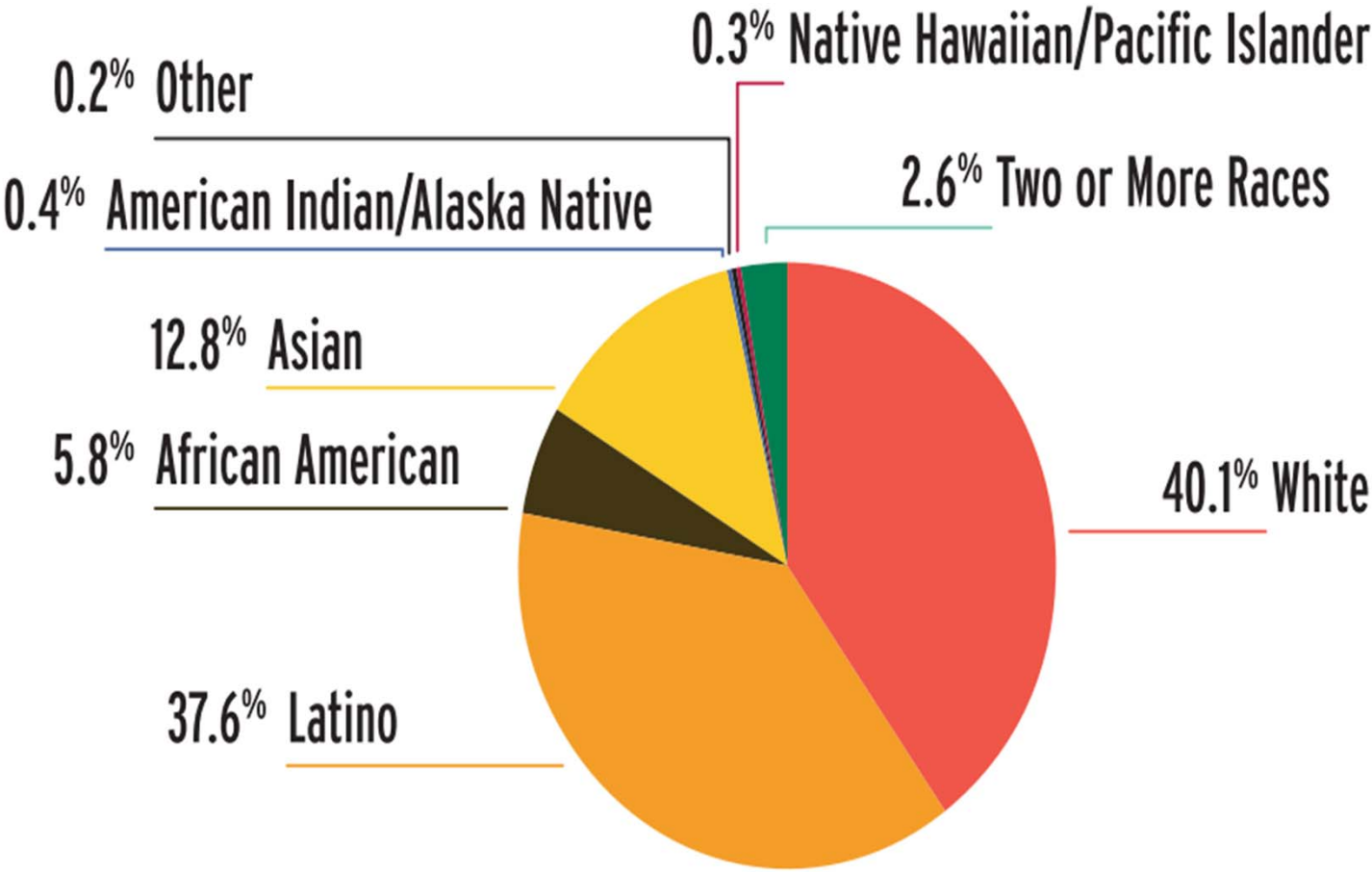
# ACA Components

- Individual Mandate
  - Medi-Cal Expansion to Childless Adults.
  - Covered California's Subsidy-Eligible Individual program
  - Covered California's Small Business Health Options Program (SHOP)
- Healthy Families in Transition to Medi-Cal

# Demographics



# Demographics





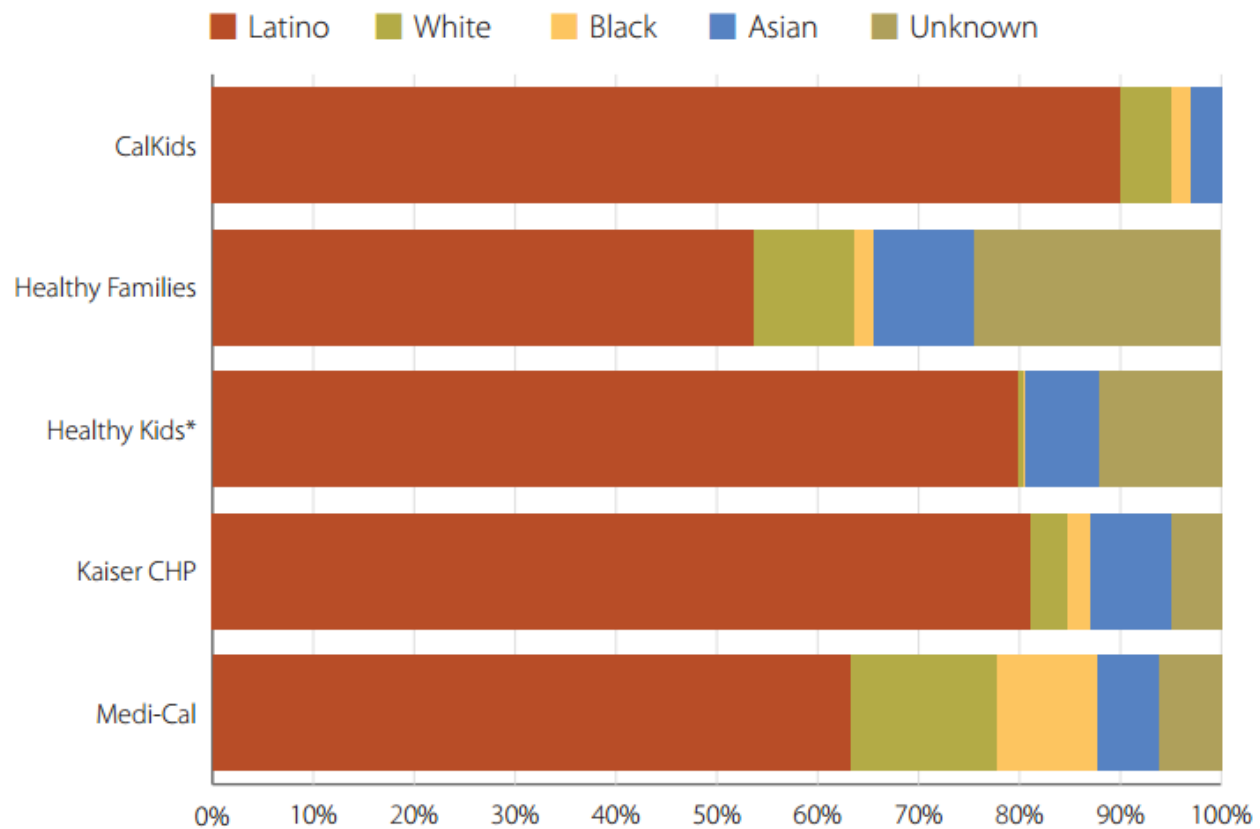
# Demographics

- Latinos are 38.2% (14.4 million) of the state's 37.7 million residents
- The Latino population is very young
  - Latinos have a median age of 27.4, while the non-Hispanic white population's median age is 44.8
  - Just over half (51.6%) of all children in California are Latino
  - Over half of all children (50.4%) born in 2010 in California were to Latinas



# Demographics

## California Enrollment in Insurance Programs by Race, Ages 0-18, 2008/2009



\*Healthy Kids enrollment data was from Los Angeles County only.

Notes: Counts include only those enrollees who provided their race/ethnicity. Asian: Amerasian, Asian Indian, Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, Other Asian, and Vietnamese. Other: Alaska Native, Guamanian, Hawaiian, Native American Indian, Not Given, Other, and Samoan.

Sources: CalKids data from the program office (December 2008). Healthy Kids data on race/ethnicity was available for Los Angeles County only. Healthy Families, [www.mrmib.ca.gov/MRMIB/HFP/Mar\\_09/HFPRpt5A.pdf](http://www.mrmib.ca.gov/MRMIB/HFP/Mar_09/HFPRpt5A.pdf) (March 2009). Kaiser Child Health Plan data from program office (March 2009). Medi-Cal beneficiary files (October 2008).



## Federal Policies Related to Language Access

- **Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d, et. seq.):**
  - Provides that no person shall “on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Failure to provide linguistically-appropriate services has been interpreted by the Supreme Court to be discrimination on the basis of national origin under Title VI. (See: *Lau v. Nichols*, 974.) [<http://tinyurl.com/3p5ays9>]



## Federal Policies Related to Language Access

- **Department of Health and Human Services Regulations (45 C.F.R. §80.1, et. seq):**

- HHS regulations interpreting Title VI prohibit federal aid recipients from utilizing “criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin.” The emphasis on “effect” is important because it means that a federal aid recipient does not have to act in an intentionally discriminatory fashion in order for HHS to take action against it for violating Title VI. It is sufficient that an entity’s actions have a discriminatory impact in order for HHS to commence an enforcement action. Failure to provide language access has a discriminatory impact on the basis of national origin.



## Federal Policies Related to Language Access

- **National Standards on Culturally and Linguistically Appropriate Services (CLAS):**

- Issued by the Office of Minority Health at HHS; standards 4-7 on Language Access Services are requirements for all federal fund recipients.  
[<http://tinyurl.com/gap9h>]



## Federal Policies Related to Language Access

- Enhanced CLAS Standards Released in 2013

<b>Expanded Standards</b>	<b>National CLAS Standards 2000</b>	<b>National CLAS Standards 2013</b>
<b>Culture</b>	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
<b>Audience</b>	Health care organizations	Health and health care organizations
<b>Health</b>	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being
<b>Recipients</b>	Patients and consumers	Individuals and groups



## Federal Policies Related to Language Access

- **Medicaid Managed Care Requirements (42 C.F.R. §438.10):**
  - Under the federal rules governing Medicaid managed care, New York State must identify the major non-English languages spoken by enrollees and potential enrollees in the State and make written information available in those languages. Managed care organizations participating in the program must make oral interpretation services available to enrollees free of charge, and they must notify enrollees about the availability of such services.  
[<http://tinyurl.com/o8eqmp>]



## Federal Policies Related to Language Access

- **Patient Protection and Affordable Care Act § 1557 (Pub.L. 111-149.):**

- Provides that no person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity receiving Federal financial assistance on the grounds of race, color, national origin, gender, or age as prohibited under title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, or Section 4 of the Rehabilitation Act of 1973.

[[http://www.naic.org/documents/index\\_health\\_reform\\_general\\_ppaca\\_ins\\_provs.pdf](http://www.naic.org/documents/index_health_reform_general_ppaca_ins_provs.pdf)]



## California Language Access Policy

- **Dymally-Alatorre Bilingual Services Act of 1973:**
  - Requires that all state agencies providing services to a language population that is 5% non-English speaking employ a sufficient number of qualified bilingual persons to provide interpreter and translation services
- **Knox-Keene Health Care Service Plan Act of 1975**
  - Regulates managed care plans. Amended by SB 853.





## California Language Access Policy

- **California Government Code §11135-11139:**
  - An analogous anti-discrimination state statute to Title VI that applies to state agencies and state-funded entities)
- **Kopp Act of 1983:**
  - Requires that where linguistic barriers exist in general acute hospitals, interpreters or bilingual staff must be available using a 5% threshold



## California Language Access Policy

- **SB 853 (Escutia)-2003**

- Health plans must conduct a needs assessment to calculate threshold languages and collect race, ethnicity, and language data of their enrollees.
- Health plans must provide quality, accessible, and timely access to interpreters at all points of contact, at no cost to the enrollee.
- Health plans must translate vital documents into threshold languages
- Health plans must ensure interpreters are trained and competent and that translated materials are of high quality.
- Health plans must notify their enrollees of the availability of no cost interpreter and translation services.
- Health plans must train staff on language access policies and procedures, as well as how to work with interpreters and limited English patients.



## California Language Access Policy

- **SB 1422 (Soto)-2006 (LCHC sponsored)**
  - Bill not signed but lead to creation of the Medi-Cal Language Access Services Task Force (MCLAS Taskforce)-Chaired by LCHC
  - Created recommendations to increase language access
    - (<http://www.lchc.org/documents/FinalMCLASReport4-09.pdf>)



## California Language Access Policy

- **SB 472 (Corbett)-2007 (LCHC sponsored)**
  - California Patient Medication Safety Act
    - 1707.5 Patient Centered-Labels on Medication Containers
      - (d) The pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand the information on the label as specified in subdivision (a) in the patient's language. The pharmacy's policies and procedures shall be specified in writing and shall include, at minimum, the selected means to identify the patient's language and to provide interpretive services in the patient's language. The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available, during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.



## California Language Access Policy

- **Current Legislation**

- **AB 1263 (Perez):**

- Establishes the Medi-Cal Patient Centered Communication (CommuniCal) program at the Department of Health Care Services (DHCS) to provide and reimburse for certified medical interpretation services to limited English proficient (LEP) Medi-Cal enrollees.
- Establishes a certification process and registry of CommuniCal certified medical interpreters (CCMI) at the State Personnel Board (SPB) and grants CCMI collective bargaining rights with the state.

- **SB 205 (Corbett):**

- Provides that a pharmacist, when labeling a prescription container, shall use translations of the directions for use in non-English languages published on the Board's website.
- Authorizes a pharmacist to translate the directions for use in additional non-English languages if certified translation services are utilized to complete the additional translations. (CPEHN)



# Contact Information

Chad M. Silva, JD  
Policy Director

Latino Coalition for a Healthy California

1225 8<sup>th</sup> Street Suite 550

Sacramento, CA 95814

(916) 448-3234

[www.lchc.org](http://www.lchc.org)