

## Talking Points Regarding the Proposed Budget Cuts to the DSHS Interpreter Services Program

### The 2011 Washington State Legislature Needs to take Prompt Action to Preserve and Improve the DSHS Interpreter Services Program!

Governor Gregoire's Executive Order 10-04 of September 2010 directed all state departments to cut their budgets by 6.3% across the board. As a result, the most recent budget includes elimination of essential services for many of Washington's most vulnerable, including eliminating the reimbursement for medical interpretation for Medicaid clients, the Interpreter Services (IS) program within the Office of Community Services. (Separate funding that public hospitals receive for language services will be retained.) The Governor has extended the termination date for the program, from January 1 to March 1, 2011. This gives you an opportunity to act quickly to promote equal access to healthcare by encouraging your legislators to restore the programs' funding and improve the delivery of services for LEP recipients of these services. Here are some key facts to consider:

- **Civil Rights laws –the Civil Rights Act of 1964, Title VI and the WA Law Against Discrimination-ban discrimination on the basis of national origin.** Title VI prohibits recipients of federal funding from discriminating on the basis of race, color, or national origin. 42 U.S.C. §2000d. The 1974 Supreme Court decision in *Lau v. Nichols* defined language as a factor in national origin discrimination. The IS program itself was created in response to civil rights complaints in the 1980's.
- **Federal matching funds are available to help cover the cost of IS.** Washington was the first of some dozen states to utilize federal Medicaid and Children's Health Insurance Program (CHIP) funds available specifically for language services. The match rate is from 50-75%, the higher amount for CHIP. Eliminating IS would mean forgoing ~ 12M in federal funds, to save 3.3M in state spending.
- **Interpreter Services are vital to healthcare for Limited English Proficient (LEP) persons.** Currently, approximately 8 % of Washington's population is LEP (out of nearly 17% who speak a language other than English at home). U.S. Census Bureau, 2007 American Community Survey. When providers and their patients cannot communicate, they must rely on an interpreter. Without interpreter services, provision of care is jeopardized.
- **Eliminating IS would harm all patients covered by Medicaid and CHIP, not only LEP patients and their families.** Ultimately, medical providers are responsible for providing language access services to those patients who are LEP. As a response to the potential loss of IS for the Medicaid program, some providers have indicated to DSHS that they would stop accepting Medicaid patients. Currently, Medicaid covers 1 million Washingtonians. It is unclear if individual medical providers are prepared to meet the language access needs of their LEP patients should this program be ended: transitional planning, at a minimum, is necessary to avoid harm to LEP patients.
- **Eliminating IS jeopardizes work mandated by the Governor in April 2010 towards improving the quality and efficiency of language services statewide.** In FY 2009, IS served some 70,000 clients during almost 250,000 medical encounters. In her partial veto message of SSB 6726, Gov. Gregoire directed the Office of Financial Management (OFM) and DSHS to conduct an internal review resulting in recommendations for efficiencies and effectiveness in Interpreter Services. This report has been seen submitted to the Governor but these programs need time to assess the recommendations and determine if there are ways to reduce costs and increase efficiencies.

We urge you to utilize the coming months to engage in advocacy efforts to promote language access for all. WASCLA's monthly language access update is one way to stay connected on these issues and more. You may also email us at: [wascla.lep@gmail.com](mailto:wascla.lep@gmail.com).