



Changing healthcare to work for you.

Date: February 13th, 2023

To: Senate Committee on Health Care

From: Stick Crosby, Sr. Director, Network Management, AllCare Health, Inc.

Subject: SB 584

Dear Senator Patterson, Vice-chair Hayden, and committee members,

It is the policy of AllCare to provide timely meaningful access for Limited English Proficiency (LEP) persons to all AllCare programs and activities. Title VI of the Civil Rights Act (Title VI), Section 1557 of the Affordable Care Act (ACA), and the corresponding Code of Federal Regulation (CFR) at 45 CFR Part 92 (Section 1557) require that any entity who receives federal funding, such as Medicaid dollars, must provide “meaningful access” to each individual with limited English proficiency (LEP) who is likely to be encountered or eligible to be served in its health programs or activities.

The size or the type of the provider’s office does not matter. This applies to all entities that accept Medicaid or Medicare dollars, for example, pharmacies, hospitals, primary care offices, occupational therapists, dentists, mental health providers, labs, community-based organizations, etc.

Given the nature of medical appointments and the importance of communication between a patient and a provider, interpreter services for LEP individuals should always be available in order to ensure meaningful access. Interpreter services must be free, timely, and protect the privacy and independence of the LEP individual. The interpreter must be a Certified and Qualified healthcare interpreter.

AllCare supports the general intent of SB 584, but would ask that the legislature implement rules and regulations that would not further constrict the access and availability of Certified and Qualified Interpreters. That the Oregon Legislature has already invested significant dollars in Electronic Health Records, Health Information Exchanges, and Community Information Exchanges. Though not perfect, the addition of the CMS interoperability rules has created the most data-informed decade in Oregon’s history to refer and connect patients to services. When Interpreters are treated as providers, they can be added to an Electronic Health Record and referrals can be made to them.

By creating a separate system for handling the billing, referral, and scheduling of Certified and Qualified Interpreters, the legislature is risking the gains that have been made for wage growth in this industry, and will not be responsive to the market needs of this industry.

Interpreters must be treated as providers so that the Coordinated Care Organizations and Fee for Service Medicaid delivery systems are truly accountable for providing these services. When Interpreters are treated as providers, the OHA is able to audit LEP claims and know what providers are rendering services without an interpreter.



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AllCare has successfully demonstrated that Interpreters are able to bill on a CMS 1500 the same as all other health services provided by an insurer. The Oregon Health Authority should be utilizing the existing administrative structure to be tracking these services. When Interpreters are providers, the interpreter or language service provider is reimbursed within 90 days of submitting a claim.

The Oregon Health Authority does not need to wait to implement the recognition of interpreters as providers. Multiple examples across the Medicaid delivery system of codes being utilized for tracking purposes go against CMS billing guidance for Quality Payments, Compliance Tracking, and Payment Methodologies. When Interpreters are providers, they are able to share in savings for Value-Based Payment programs.

AllCare would be able to support this legislation and respectfully asks the legislature to engage in a dialogue to amend that bill to ensure that interpreters are recognized as providers, and not lose the gains we have had and still need to have for Interpreter's wages. A single point of contracting and scheduling with the OHA would create an opportunity for wage compression and continued gaps in Interpreter Adequacy across the State.

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