

File Number

06-3124

Last Changed Date

03/19/2007

Title

LANGUAGE SERVICES / HEALTH CARE PLANS

Initiated by

Huizar Mover 2006 / Cardenas

Subject

Motion - The Knox-Keene Health Care Service Plan Act of 1975 requires that the services provided by the health care service plans be available to enrollees at reasonable times and states that it is a crime if these provisions are violated. The California Department of Managed Health Care oversees the enforcement of and compliance with this act.

A recent amendment to the Knox-Keene Health Care Service Act now requires the California Department of Managed Health Care to also oversee and regulate language services in licensed HMOs, including interpreter and translation services. Currently, commercial and public HMOs receive federal funds and are required to provide language services to members as described in the policy guidance from the Office of Civil Rights.

The Center for Health Policy Research at the University of California at Los Angeles (UCLA) conducted a study that indicates there is a need for increased language services in both commercial and public HMOs. UCLA reports that HMOs have been inconsistent in offering such services to their enrollees. According to the study, there are 9.4 million adults, ages 18-64, enrolled in either commercial or public HMOs in California. Of the 9.4 million adults enrolled in commercial and public HMOs, 10.2% report that they have limited English proficiency.

UCLA further states that the absence of language services creates language barriers between patients, their doctors, and medical staff, which can restrict access to and decrease the quality of health care for non-English speaking individuals. In 87% of cases where a patient needed interpretation/translator services, it was usually provided to them by family members, non-medical office staff or medical staff, rather than professional interpreters. Moreover, about 5% of patients reported not having anyone available to help them understand their doctor.

Language barriers in health care can lead to fatal consequences for patients. HMOs need to further develop their language services, in order to ensure that their patients are receiving the best health care possible. The City of Los Angeles has become one of the largest and most diverse metropolitan areas in the country, with residents from a wide array of ethnic backgrounds. Improving language services will thus improve the quality of health care that residents of the City receive at local hospitals.

THEREFORE MOVE that the City Council of Los Angeles request the Center for Health Policy Research at the University of California at Los Angeles to present its study to committee, provide further information on how language barriers can affect patient-doctor relations and quality of care, and include recommendations on how language services can be improved in the City of Los Angeles.

Date Received

12/12/2006

File History

- 12-12-06 - This day's Council session
- 12-12-06 - Ref to Arts, Parks, Health and Aging and Audits and Governmental Efficiency Committees
- 12-12-06 - File to Arts, Parks, Health and Aging Committee Clerk
- 3-6-07 - Council Action - Audits and Governmental Efficiency Committee report ADOPTED to NOTE and FILE the UCLA report presented on February 14, 2007, relative to the effect of language barriers on health services and recommendations for improvement of language services in the City, inasmuch as the report is for information only and no Council action is necessary.
- 3-14-07 - File to Audits and Governmental Efficiency Committee Clerk OK
- 3-16-07 - File in files