

DATE:	February 8, 2023
TO:	The Honorable Rob Nosse, Chair House Committee on House Behavioral Health and Health Care
FROM:	Jay Rosenbloom, MD, PhD Pediatrician, Pediatric Associates of the Northwest Medical Director, Children's Health Alliance
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SUBJECT:	Statement in Support of HB 2538, Clinician Reimbursement for Health Care Interpreters

Chair Nosse and members of the committee, the 170+ pediatrician members of the Children's Health Alliance support HB 2538, which requires commercial health insurance coverage of health care interpretation services. Children's Health Alliance pediatricians care for approximately 190,000 children and their families in the Portland metro area and Salem and are committed to improving the health of all Oregon's Children.

The Children's Health Alliance supports the state's focus on equity and reducing disparities in care for all individuals. Utilization of interpreter services helps to remove language barriers between providers and patients with limited English proficiency and to improve the quality of care and health outcomes. Without an interpreter it is difficult for a provider to elicit a good history, understand the needs of the patient and effectively communicate treatment options and care plans. This can lead to misdiagnosis, inadequate treatment, complications and unnecessary diagnostic testing and costs. Interpreter services can help eliminate these barriers to enable appropriate care to the patient.

The Oregon Health plan has demonstrated the value of these services by reimbursing practices for these services or paying the interpreter service directly. However, there is no current method to reimburse providers for interpreters or translation services (i.e. if a patient needs a care plan translated) for commercial patients, resulting in a significant cost for our practices. Commercial insurance has not followed the direction of the state despite the agreement that health care interpreters can improve patient care and thus result in savings to insurers.

To help with perspective, a commercial insurer might pay between \$180 to \$350 for patient office visit, depending upon the complexity of the office visit. Vendor costs



(billed by the minute) routinely vary from \$30 to \$150 per visit, depending on the length of the visit, absorbing a significant amount of the payment by the insurance company for the entire service before covering the clinical expertise of the visit. Clinics are also charged for interpreter services scheduled regardless of whether the patient cancels last minute or does not show up for the appointment. Currently, these costs are born by the clinic, with no cost share with the health plan.

While clinics have been providing these services without reimbursement from commercial health plans in the past, it is an undue burden to expect clinics to take full responsibility for payment. Oregon has demonstrated its commitment to equity through the Medicaid 1115 waiver; let's extend that commitment by sharing the cost of this important mechanism to reduce disparities in health in the commercial population as well.

The Children's Health Alliance greatly appreciates the opportunity to provide testimony on this bill and urges your support.