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FISCAL IMPACT REPORT

ORIGINAL DATE 02/08/08

SPONSOR SRC _____ LAST UPDATED _____ HB _____

SHORT TITLE Health Care Interpreter Training _____ SB 582/SRCS _____

ANALYST Geisler _____

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	FY09		
	\$120.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to: SB 62

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Health Policy Commission (HPC)

SUMMARY

Synopsis of Bill

The Senate Rules Committee substitute for Senate Bill 582 would appropriate \$120,000 from the general fund to DOH to establish and implement a program to train culturally and linguistically competent interpreters to be employed in health care delivery contexts. Any unexpended balance remaining at the end of fiscal year 2009 shall revert to the general fund.

FISCAL IMPLICATIONS

The appropriation included in this bill was not included in DOH' FY09 budget request. This appropriation would build upon current DOH efforts for interpreter training.

SIGNIFICANT ISSUES

DOH notes they are currently providing bilingual interpreter training in Spanish and Navajo to direct service health care providers. The interpreter training has been provided by DOH since late 2005 to 143 staff and community-based health care providers. In addition, DOH has been providing ongoing training to staff and other health care providers on the Federal Cultural and Linguistically Appropriate Service (CLAS) Standards. These standards were promulgated by the

National Office of Minority Health of the Federal Health and Human Services Department in 2001 and require that health care be provided to racial and ethnic minorities in culturally and linguistically appropriate ways. There are 14 CLAS Standards with Standards 4 through 7 mandating linguistic access for Limited English Proficient patients/clients. The linguistic access standards mandate that health care organizations receiving federal funds must provide an interpreter to patients in their preferred language. In addition, health care providers must provide verbal and written notices to patients/clients informing them of their right to receive language assistance services at no cost to the patients.

The purpose of providing culturally and linguistically appropriate health care is to close the state's gap on health disparities, as measured in the DOH Racial and Health Disparities Report Card 2007 (see Disparities Section). Cultural Competency provides more effective communication with, and delivery of higher quality and timely health services to, the full cultural and socioeconomic spectrum of residents throughout the State. In New Mexico, Hispanics comprise forty-four percent (44%) of the population and American Indians comprise nearly ten percent (9.7%) of the population. (2006 American Community Survey, <http://factfinder.census.gov>). According to the 2007 DOH "Racial and Ethnic Health Disparities Report Card" both of these groups are negatively impacted by several health status disparities when compared to the white population.

The appropriation in the committee substitute for SB 582 would support ongoing efforts in DOH using federal grant funds to provide training for culturally and linguistically competent interpreters.

RELATIONSHIP

SB 582 relates to SB 62, which would appropriate \$60,000 to the Higher Education Department to continue the work of a Task Force on Cultural Competence in Health Education.

OTHER SUBSTANTIVE ISSUES

HPC provided background on Language Access Services – University of New Mexico Hospital

The University of New Mexico Hospital has been actively concerned with language access at its multiple facilities since at least the early 1990's. Informal efforts to maximize use of bilingual employees as interpreters, however, led to community concerns about the timeliness, availability and quality of interpreting services. While there is insufficient data to track whether and how much the prevalence of limited English proficient (LEP) patients has grown among the UNMH patient population, language barriers are clearly growing among the general population in UNMH's catchment area. In Albuquerque, almost 30% of the population speaks a language other than English at home, and 8.7% of the population speaks English "less than very well." In Bernalillo County, 9.3% of the population is LEP, while in New Mexico as a whole, a total of 11.9%. Clearly, Albuquerque, Bernalillo County and New Mexico are all above the national average of 8.1% LEP. UNMH staff interviewed for this study agreed that language barriers do represent a significant barrier to care. (SOURCE: Review of Language Access Services: Report to the University of New Mexico Hospital, December 2005) <http://hospitals.unm.edu/ILS/Documents/ReviewReport.pdf>