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Submitter Information

General Comment

I wish to comment on the 10% threshold for translation and oral interpretation of private plan materials in the internal review and appeals contexts. I am Professor of Pediatrics and Public Health, Director of the Division of General Pediatrics, the Judith and Charles Ginsburg Chair in Pediatrics, and the Director of the Academic General Pediatrics Fellowship at UT Southwestern and Children's Medical Center Dallas. I am a member of the US Preventive Services Task Force, and was a member of the Expert Panel for the Department of Health and Human Services Health Care Language Services Implementation Guide. I have published many articles on language barriers in healthcare, including work in the New England Journal of Medicine. The 10% standard is far too high. A more appropriate standard would be "5% of the plan's population or 500 persons in plan's service area" for large group plans, and 25% of population for small plans. Oral interpretation should be provided in all languages at all times. Research by my team and several other experts documents that quality of care is compromised when LEP patients need but do not get interpreters. Trained professional interpreters and bilingual health care providers positively affect LEP patients' satisfaction, quality of care, and outcomes. Evidence suggests that optimal communication, patient satisfaction, and outcomes and the fewest interpreter errors occur when LEP patients have access to trained professional interpreters or bilingual providers.