

BILL ANALYSIS

Senate Research Center

S.B. 376
By: Madla
Health & Human Services
6/3/2005
Enrolled

AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

Currently, hospitals pay for interpreter services on their own. Some hospitals would like to expand their interpreter services and need more funds to do that. A language interpreter services program funded through intergovernmental transfers and federal matching funds would allow them to do so without cost to the state.

S.B. 376 requires the Health and Human Services Commission (HHSC) to establish a pilot program to provide recipients of medical assistance with oral and written language interpreter services in accordance with federal law and applicable publications of the Federal Centers for Medicare and Medicaid Services (CMS) and the Office for Civil Rights of the United States Department of Health and Human Services (OCR). CMS and OCR require patients be given information about their treatment in their preferred language. In addition to establishing the pilot program, S.B. 376 requires HHSC to ask certain hospital districts to participate in the program and authorizes a participating local governmental entity to provide money to HHSC by certification or intergovernmental transfer to finance the pilot program and requires HHSC to evaluate and report upon the program to the 79th Legislature.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 32, Human Resources Code, by adding Section 32.068, as follows:

Sec. 32.068. LANGUAGE INTERPRETER SERVICES PILOT PROGRAM. (a) Requires the Health and Human Services Commission (HHSC) to establish a pilot program to provide recipients of medical assistance with oral and written language interpreter services in accordance with federal law and applicable publications of the federal Centers for Medicare and Medicaid Services and the Office for Civil Rights of the United States Department of Health and Human Services.

(b) Requires HHSC to establish the pilot program through local governmental entities (entities) in at least five sites. Requires HHSC to request participation by, and give first priority to, certain entities.

(c) Requires HHSC, if one or more of the certain entities decline to participate, to request participation by other entities until the commission obtains agreements from a sufficient number of entities to enable HHSC to establish the program in at least five sites.

(d) Requires HHSC to ensure that the pilot program is financed using certain funding.

(e) Authorizes a participating entity to provide money to the commission by certification or intergovernmental transfer to finance the pilot program.

(f) Requires HHSC, not later than January 1, 2007, to evaluate the pilot program and report to the 80th Legislature on the effectiveness of the program and the feasibility of expanding the program statewide.

(g) Provides that this section expires September 1, 2009.

SECTION 2. Authorizes delay of implementation until any necessary federal waivers or authorizations are obtained.

SECTION 3. Effective date: upon passage or September 1, 2005.