**Medicare Red Tape Relief Project**

Submissions accepted by the Committee on Ways and Means, Subcommittee on Health

Date: August 25, 2017

Name of Submitting Organization: Physicians Advocacy Institute

Address for Submitting Organization:

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Statutory ✓

Regulatory ✓

**Please describe the submitting organization’s interaction with the Medicare program:**

PAI is a not-for-profit advocacy organization focused on securing fair and transparent payment for physicians. PAI’s Board is comprised of CEOs/former CEOs of state medical associations from California, Connecticut, Georgia, Nebraska, New York, North Carolina, South Carolina, Tennessee and Texas and a Kentucky physician. A significant portion of the members of these and other states’ medical societies treat Medicare patients and submit claims to Medicare.

**Short Description:** Uncompensated translation services

**Summary:** In many situations, physician offices are forced to pay for interpreters when treating patients with limited English proficiency, who are deaf or the deaf companions of patients. Patients’ families and friends cannot be used, except in an emergency. The patient cannot be charged for the cost of interpreters and Medicare does not reimburse the physician for the cost of the interpreter. The Internal Revenue Code allows small businesses to receive a tax credit for the cost of complying with the Americans with Disabilities Act. A small business is one whose gross receipts do not exceed $1,000,000 and does not have more than 30 full-time employees. The business may claim a credit of up to 50% of expenditures that exceed $250 but do not exceed $10,250.

The cost for an interpreter can be two or three times the amount the physician will be reimbursed by an insurance plan for the office visit. For example, many sign-language interpreters charge $50 to $145 per hour with a two-hour minimum plus travel reimbursement. Some language interpreters for the deaf make around $125 per hour. Many physicians in rural areas report that medical interpreters are hard to locate or access.

Physicians are forced to bear the costs of providing special translation services without compensation. The lack of Medicare compensation for these services creates incentives for physicians to limit their services for Medicare beneficiaries with translation needs.

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**Related Statute/Regulation:** 42 USC 1395y (new legislation providing payment for translation services needed ; 28 C.F.R. § 36.303 (c)

**Proposed Solution(s):** There are several possible solutions/policies that would ease the burden and cost to physician practices and improve access for patients with limited English proficiency or other disabilities that impede communication with their physicians.

* Medicare coverage laws should be amended to provide payments to physicians who treat patients requiring language assistance or sign interpretation.
* Increase the tax credit to 75% instead of 50% and remove the gross receipts and full-time employees ceiling.
* Create a fund to which physicians may submit claims to receive reimbursement for the services of the interpreter.
* Ease the rules to allow for family member interpreters and other less expensive options.
* Create a fund that provides grants to physicians to install the technology for video remote interpreting services.
* Provide incentive payments to medical practices and clinics to set up centers of excellence that can serve LEP and deaf patients and require health plans to include them in their networks.

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