

- SUBJECT:** Medicaid coverage for deaf and hearing impaired interpreter services
- COMMITTEE:** Human Services — favorable, without amendment
- VOTE:** 7 ayes — Hupp, Eissler, A. Allen, J. Davis, Goodman, Paxton, Reyna
0 nays
2 absent — Gonzalez Toureilles, Naishtat
- WITNESSES:** For — Jonas Schwartz, Lucy Wood, Advocacy, Inc.; Mary Wambach, Deaf Abused Women and Child Advocacy Service; Georgina Kuehne; Darlene Nobles; Joni Shouse
Against — None
On — Terry Smith, Department of Assistive and Rehabilitative Services
- BACKGROUND:** Medicaid, the state-federal health care program for low-income families, children, the elderly, and the disabled, is governed by both federal and state laws. The program is administered by the Centers for Medicare and Medicaid Services (CMS) at the federal level and by the Health and Human Services Commission (HHSC) in Texas.

CMS permits states to deviate from the federal Medicaid laws under limited circumstances. In order to implement a program not envisioned by the federal law, a state must submit a waiver and have it approved by CMS.

Federal law requires providers to offer interpreter services for their Medicaid and Children’s Health Insurance Program (CHIP) patients. Both programs give states the option of reimbursing providers for this service. Ten states do so, but Texas does not.
- DIGEST:** HB 3235 would require the Health and Human Services Commission and departments administering the Medicaid program to provide upon request, for those receiving medical assistance, interpreter services for patients or their guardians who are deaf or hard of hearing. The bill would direct the state to obtain any needed federal waiver or authorization.

The bill would take effect September 1, 2005.

**SUPPORTERS
SAY:**

HB 3235 would improve medical services for people and their guardians who were deaf or hard of hearing. Because good communication is vital to treating patients, some hospitals or doctors have interpreter services, but they are not widespread, and many providers rely on family members or office staff. It is inappropriate and poor practice to filter medical information through a patient's young child or a staff member who may know only a few words of sign language.

The fiscal note attached to this bill assumes a cost of only \$600,000 in the biennium, which would generate more than \$750,000 in federal funds. Both the House and Senate budget proposals include sufficient general revenue to pay for the program.

**OPPONENTS
SAY:**

The state should not further expand the Medicaid program. It already is one of the largest and fastest-growing budget drivers in the state. The goals of this bill could be met without spending general revenue.

NOTES:

The companion bill, SB 214 by Van de Putte, was referred to the Senate Health and Human Services Committee.

Both the House and Senate budget proposals include a contingency rider for this bill.

HB 1396 by Zedler, which was on the calendar for April 19 and postponed until today, would create a pilot program and use local hospital funds to draw down federal funding for interpreter services.