

## Background

In the complex world of medicine, it is important that patients understand their doctors, and that doctors understand their patients. This can be nearly impossible when a language barrier prevents them from communicating with each other. Under California law, written medical services, materials, and information must be given to most health plan members in their spoken languages. This law also requires that interpretation services be provided for those of no or limited English proficiency (LEP) at each point of service, such as the doctor's office, a laboratory, or a therapy facility.

## Summary

- Most health plans, and all large health plans, must provide written material in the top language(s) spoken by their members. All health plans must provide a verbal interpreter when requested. Interpreters may be provided either in-person, or through a telephone or video-conferencing system.
- Examples of the types of materials health plans may have to translate are:
  - Standard letters and notices of health plan eligibility and membership requirements;
  - Notices of any denial, reduction, modification, or termination of services and benefits;
  - Notices of the right to file grievances or appeals.
- These services are free to the patient. The health plan must pay for these services.
- Plans must re-assess their enrollee populations every three years, and adjust the languages for written translation if the populations have changed.

If a consumer has a problem getting an interpreter or translated materials, they should call the DMHC Help Center at 1-888-466-2219, or file a complaint at [www.healthhelp.ca.gov](http://www.healthhelp.ca.gov).

## Related Content

Language Assistance home page:

<http://dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/LanguageAssistance.aspx>