

June 8, 2021

Xavier Becerra, Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Room 120F
Washington, DC 20201

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Translations of Medicare & You

Dear Secretary Becerra and Administrator Brooks-LaSure:

The COVID-19 crisis has focused a spotlight on the stark disparities in health care access, quality and outcomes experienced by people of color, immigrants and people with limited English proficiency.ⁱ For people with Medicare coverage, accessing basic information about the program and how to navigate its complexities is a fundamental challenge, and that challenge is even more overwhelming for those who need information in non-English languages.

According to a 2017 report by CMS's Office of Minority Health, over 4 million Medicare enrollees have limited proficiency in English, 2.1 million of whom are Spanish speakers. The report identified eight of the most prevalent other languages, each of which is spoken by over 50,000 Medicare enrollees. Another 900,000 speak other non-English languages.ⁱⁱ

HHS, and especially the Centers for Medicare and Medicaid Services, should be leading the nation's health care community in language access. Although progress has been made in recent years,ⁱⁱⁱ HHS has also taken steps backwards, and the agency continues to lag behind many states in making program information accessible to people with limited proficiency in English.^{iv} It is well past time to catch up.

We appreciate recent steps, particularly the establishment of the COVID-19 Health Equity Task Force and the agency's broad commitment to address health inequities. We urge HHS to make language access a focus of the agency's equity work. An area of particular concern is the failure of CMS to translate many vital documents, including the Medicare & You Handbook, into languages beyond Spanish.

The undersigned national and state-based organizations urge CMS to prioritize the important work of translating documents Medicare enrollees need to fully understand and use their benefit.

As an initial step in this broader translation effort, we ask that CMS make a commitment to expedite translation of the Medicare & You Handbook so that by 2024 the Handbook is available in at least the seven additional written languages, beyond Spanish, specifically identified in its report: Chinese, Vietnamese, Tagalog, Korean, Russian, Italian, and French Creole.^v

The Medicare & You Handbook is a core resource for people with Medicare coverage and CMS is required by statute to distribute it to every Medicare enrollee annually. The Handbook provides essential information on enrollment, program benefits, coverage options, appeal rights and more. Advocates and counselors report that it is a valuable tool for assisting individuals in utilizing Medicare effectively. Making the Handbook more accessible to the many hundreds of thousands of Medicare enrollees whose primary language is not English or Spanish would be one easily achievable and important step in the complex journey toward a more equitable healthcare system. Translation of the Handbook would be consistent with the agency's obligations under Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act.^{vi}

We look forward to working with you to promote health equity and improve the lives of all people with Medicare. For questions about our request, please contact Georgia Burke with Justice in Aging at gburke@justiceinaging.org.

National Organizations

AARP
Alliance for Aging Research
Alzheimer's Association
Alzheimer's Impact Movement
American Geriatrics Society
Asian & Pacific Islander American Health Forum
Association for Community Affiliated Plans (ACAP)
Association of Asian Pacific Community Health Organizations
Caring Across Generations
Center for Medicare Advocacy
Cityblock Health
Community Catalyst
Disability Rights Education and Defense Fund (DREDF)
Diverse Elders Coalition
Families USA
Family Caregiver Alliance
Hispanic Federation
Justice in Aging
Medicare Rights Center
National Academy of Elder Law Attorneys
National Asian Pacific Center on Aging (NAPCA)
National Association of Nutrition and Aging Services Programs (NANASP)
National Association of Social Workers (NASW)
National Center for Transgender Equality
National Consumer Voice for Quality Long-Term Care
National Disability Rights Network (NDRN)
National Health Law Program
National Hispanic Council on Aging
National Immigration Law Center
National Indian Council on Aging

Shriver Center on Poverty Law
The Arc of the United States
The Gerontological Society of America
Transform Health
UsAgainstAlzheimer's

Arizona

Area Agency on Aging, Region V Arizona

California

Alliance For Leadership & Education (in Adult Day Services)
Asian Resources, Inc.
Bet Tzedek
C.A.R.E.
California Health Advocates
California Senior Legislature (CSL)
California State Independent Living Council (SILC)
Chinatown Service Center
Choice in Aging
Contra Costa HICAP
E. Boyd Esters Manor
Elder Options, Inc.
Family Bridges Inc
Independent Living Center of Southern California
Jewish Family Service of Los Angeles
Law Foundation of Silicon Valley
LeadingAge California
Legal Assistance for Seniors
Marin Center for Independent Living
Partners in Care Foundation
Personal Assistance Services Council
SCAN Health Plan
Self-Help for the Elderly
Senior Advocates of the Desert
Senior Services Coalition of Alameda County
Special Service for Groups/API Forward Movement
Spectrum Community Services, Inc.
St. Barnabas Senior Services
Sunny Cal ADHC
Well and Fit ADHC, Inc.
Winters Elder Day Council

Connecticut

Ashford Senior Center

Georgia

Atlanta Regional Commission

Idaho

Intermountain Fair Housing Council, Inc.

Illinois

Illinois Association of Area Agencies on Aging
Legal Council for Health Justice

Indiana

Center for At-Risk Elder, Inc.

Kansas

Disability Rights Center of Kansas

Louisiana

State of Louisiana, Governor's Office of Elderly Affairs

Massachusetts

Community Legal Aid
Disability Law Center
Disability Policy Consortium
Greater Boston Chinese Golden Age Center

Michigan

Michigan Long Term Care Ombudsman Program

Mississippi

North MS Rural Legal Services

Missouri

Legal Services of Eastern Missouri
VOYCE

New Jersey

Disability Rights New Jersey
SOMA Two Towns for All Ages

New York

CDPAANYS
Center for Elder Law & Justice
Center for Independence of the Disabled, NY
Empire Justice Center
Sundance Adult Day Care

North Carolina

Charlottesville Department of Social Services

Ohio

Catholic Charities Southwestern Ohio
DeafPhoenix

Pennsylvania

Center for Advocacy for the Rights and Interests of the Elderly (CARIE)

Texas

Middle Rio Grande Dev. Council

Vermont

AGE WELL (State Health Insurance and Assistance Program)

Virginia

AARP Virginia
Virginia Poverty Law Center

Washington

Asian and Pacific Islander Coalition of Washington State
Asian Counseling and Referral Service
Northwest Health Law Advocates
Pike Market Senior Center & Food Bank
SouthEast Seattle Senior Center

cc:

Rachel Pryor, Office of the Secretary HHS, Counselor for Health Policy
Steven Lopez, Office of the Secretary HHS, Counselor to the Secretary – Equity
Cheri Rice, Acting Deputy Administrator, Center for Medicare
RADM Felicia Collins, MD, MPH, FAAP, Deputy Assistant Secretary for Minority Health
Dr. Marcella Nunez-Smith, Chair, COVID-19 Health Equity Task Force
Robinsue Frohboese, Acting Director, HHS Office for Civil Rights
Alison Barkoff, Acting Administrator and Assistant Secretary for Aging, Administration for Community Living

ⁱ See, e.g., NPR, The Pandemic Imperiled Non-English Speakers in a Hospital (April 23, 2012), available at www.npr.org/sections/health-shots/2012/04/23/989928262/the-pandemic-imperiled-non-english-speakers-in-a-hospital.

ⁱⁱ CMS, Understanding Communications Needs of Medicare Beneficiaries (Office of Minority Health, 2017), p. 9, available at www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Issue-Briefs-Understanding-Communication-and-Language-Needs-of-Medicare-Beneficiaries.pdf. The eight languages are: Chinese, Vietnamese, Tagalog, Korean, Russian, Italian, Cantonese, and French Creole.

ⁱⁱⁱ We note for example the agency's oversight of telephone language assistance by Part D and Part C plans; multi-language consumer materials during the annual flu vaccination campaign; and current materials promoting Covid-19 vaccinations.

^{iv} Several state Medicaid programs do a significantly better job than CMS in translation. California's Medi-Cal program, for example, routinely translates almost all consumer-facing communications it generates into at least 12 threshold languages.

^v Though eight spoken languages were identified, Chinese and Cantonese use a common written form, reducing the list to seven for purposes of document translation.

^{vi} 42 U.S.C. § 2000d et seq. and 42 U.S.C. § 18116.