

SPECIAL REPORT

MIEC Claims Alert

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Interpreters and the medical practice: What every physician should know

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*Special Report
Claims Alert*

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According to the U.S. Census Bureau's year 2000 census, almost 47 million people or 18 % of the U.S. population spoke a language other than English at home.¹ One study concluded that an estimated 10 million people in the United States are identified as hard of hearing, meaning they have difficulty hearing normal conversations and close to 1 million people are functionally deaf.²

Considering these statistics, ensuring effective, meaningful communication between physicians and their patients can be a challenging task. However, good communication is essential to establishing a meaningful physician-patient relationship. In the case of a patient with limited English proficiency or who is hearing impaired, physicians are ethically and legally obligated to assess the communication needs of the patient and take steps necessary to allow for effective communication.

¹ U.S. Census Bureau, "Language Use and English-Speaking Ability: 2000," <http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>.

² Mitchell, Ross E., "How Many Deaf People are there in the United States? Estimates from the Survey of Income and Program Participation," *Journal of Deaf Studies and Deaf Education*, 2006, 11(1): 112-119.

In many instances, meaningful communication can only be achieved through use of interpreting services.

Studies have shown that using an interpreter to assist physician-patient communication improves the overall quality of patient care. When used appropriately, the use of an interpreter increases patient satisfaction, access to preventative care, understanding of treatment recommendations and medications, and compliance with follow-up recommendations^{3, 4}

In addition, federal and state anti-discrimination laws mandate that physicians take the necessary steps to ensure meaningful access to healthcare. This *Special Report Claims Alert* will discuss the general requirements for providing access to services under the Civil Rights Act of 1964 (Limited English Proficiency regulation) and the Americans with Disabilities Act (e.g., auxiliary aids for the hearing impaired).

³ Jacobs, Elizabeth, MD, Lauderdale, Diane, PhD, et al., "Impact of Interpreter Services on Delivery of Health Care to Limited-English-proficient Patients," *Journal of General Internal Medicine*, July 2001, Volume 16, Number 7.

⁴ Iezzoni, Lisa, O'Day, Bonnie L., et al., "Communicating About Health Care: Observations from Person Who Are Deaf or Hard of Hearing," *Annals of Internal Medicine*, March 2004, Volume 140, Issue 5.

By understanding these laws and taking steps to achieve compliance, physicians will reduce their liability risks and improve the quality of care they provide to their patients.

Providing interpreters for persons with Limited English Proficiency (LEP) (Title VI of the Civil Rights Act of 1964)

Federal law imposes requirements for the use of foreign language interpreters when communicating with patients with Limited English Proficiency (LEP).

Title VI of the Civil Rights Act of 1964 provides that “no person in the United States shall, on grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”[42 U.S.C. §2000(d)]

Court cases have applied the Civil Rights Act to prohibit discrimination based on language as it is discrimination against national origin. Under the Act, healthcare providers who receive federal funds must take reasonable steps to ensure meaningful access by persons with limited English proficiency at no cost to the patient. Limited English proficiency generally refers to individuals who do not speak English as their primary language and have a limited ability to read, write, speak, or understand English.⁵

⁵ U.S. Department of Health and Human

According to the U.S. Department of Health and Human Services’ Office of Civil Rights (OCR), physicians should consider the following factors in determining the type of language assistance needed for patients with LEP: 1) the frequency with which LEP persons come into contact with the medical practice; 2) the number or proportion of the LEP population eligible to be served by the practice; 3) the nature and importance of the service provided; and 4) the total resources available and the costs of providing the interpreting service.⁶

There are several options available to physicians when language assistance is needed. A physician group with a large population of patients who speak a particular language may have trained on-site interpreters available. Bilingual staff can be trained to interpret when necessary. Keep in mind that not all bilingual staff members are proficient in interpreting medical terminology; they should receive appropriate training to ensure competency (see *Competency of interpreters*). Telephone interpreter services may be particularly helpful when a patient speaks a language that is not commonly spoken in the area.⁷

Services, Office of Civil Rights, “Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons--Summary”
<http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html>

⁶ *ibid*

⁷ U.S. Department of Health and Human Services, Office of Civil Rights, “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition

In general, physicians are responsible for the fees associated with providing interpreter services as historically third-party payors will not reimburse for these services. However, physicians are encouraged to check state and local regulations and third-party payors to see if there are any reimbursement options available (see *Figure 1*).

Competency of interpreters

Physicians should take reasonable steps to determine that the interpreter is competent to interpret. When assessing competency, the physician should consider the interpreter’s proficiency in both English and the other language; knowledge in both languages of medical terms; sensitivity to the patient’s culture; and understanding of confidentiality and ethical rules.⁸ The interpreter should also be sensitive to the culture of the physician. Sending bilingual staff to a formal training program in medical interpreting goes a long way towards ensuring competency.

Training programs vary in comprehensiveness and length depending upon the objective; a program to train bilingual staff to occasionally interpret will not be as comprehensive as a program to train full-time interpreters. The Language Services Resource Guide for Healthcare Providers published by the National Health Law Program (www.healthlaw.org) contains a list of interpreter training programs

Against National Origin Discrimination Affecting Limited English Proficient Person.”

<http://www.hhs.gov/ocr/civilrights/resources/laws/reviselep.html>

⁸ *ibid*

throughout the country. A detailed list of interpreter training programs in California can be found on the California Healthcare Interpreting Association (CHIA) website (<http://chiaonline.org/>).

Using family and friends as interpreters

LEP patients can never be required to use a family member as an interpreter.⁹ Patients should be told that they have the option of using alternative interpreting services. Family and friends may be used to interpret upon patient request; however, this practice is discouraged because of the risk of interpreting errors or omissions that could compromise the quality of care. Furthermore, there may be times when the nature of the discussion is sensitive and it may be inappropriate or traumatic for the family member or friend to be involved in the discussion. The physician should make arrangements for another qualified interpreter to assist with communication. Extra caution should be used when considering the appropriateness of using a child as an interpreter.¹⁰ For example, a child should never be used to interpret sensitive information or a terminal diagnosis.

Written translation of vital documents

Depending on the number of LEP patients a physician treats, the physician may have the obligation to translate certain vital documents into the language(s) spoken by their eligible patient population. Physicians should use the four fac-

tors mentioned above to assess the translation needs of their patients. For example, if a physician practice has a large Vietnamese-speaking patient population, the physician may determine, using the four factor analysis, that certain documents should be translated into Vietnamese. Not all documents require translation, only documents that are considered “vital.” Examples of vital documents could include consent forms, patient intake forms and patient education materials. More information on the written translation requirements can be found in the Department of Health and Human Services’ Policy Guidance Summary. (<http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html>.)

Penalties for non-compliance

Title VI does not establish a private cause of action for patients to sue their physician alleging that they were not provided with appropriate language assistance. Patients can file a complaint with the Department of Health and Human Services’ Office of Civil Rights. The OCR will investigate all complaints. If the OCR determines a violation occurred, the Office will attempt to obtain the physician’s voluntary compliance. If compliance is not achieved, possible penalties include termination of federal program participation, referral to the Department of Justice, or any other means authorized by law to redress the violation.¹¹

¹¹ CMA ON-CALL, “Language Interpreters,” Document #0813, January 2009, www.cmanet.org.

Providing interpreters for persons who are hearing impaired (Americans with Disabilities Act)

The Americans with Disabilities Act (ADA), a federal law which prohibits discrimination against the disabled, may require a physician to provide and/or pay for an American Sign Language interpreter for a hearing impaired patient.

The ADA’s Title III – Public Accommodations prohibits discrimination against individuals on the basis of disability, including the hearing impaired, in any place of public accommodation. The law specifically lists a professional office of a health care provider as a place of public accommodation. [42 U.S.C. §12101 et seq.] **For information on other ADA provisions, see Figure 2.**

Under the ADA, physicians must provide for auxiliary aids and services in order to effectively communicate with the hearing impaired. Auxiliary aids and services include interpreters, note takers, written materials, and assistive listening devices.¹²

The ADA does not mandate the use of an interpreter for every encounter with a hearing impaired patient. The physician needs to make reasonable attempts, after weighing the circumstances of each individual patient, to deter-

¹² U.S Department of Justice, Office of Civil Rights “Americans with Disabilities Act: Questions and Answers,” <http://www.ada.gov/q%26aeng02.htm>.

⁹ *ibid*

¹⁰ *ibid*

mine the most appropriate auxiliary aid to be used.

It is ultimately up to the physician to decide the appropriate auxiliary aid **as long as the goal of effective communication can be achieved.**¹³ However, the patient's opinion weighs heavily in determining whether communication is effective; patients should be consulted as to their preference for the type of auxiliary aid and be included in the needs assessment process.

The nature of the information being discussed is a significant factor in determining the appropriate auxiliary aid. Note writing might be an appropriate form of communication for a simple, routine matter; however a complex treatment plan or informed consent discussion might call for the use of a sign language interpreter.¹⁴ As with LEP patients, a family member or friend may be used to interpret but the appropriateness must be evaluated on a case by case basis.

Undue burden

A physician is not required to use a sign language interpreter if he or she can show that to do so would create an undue burden. However, demonstrating that providing an interpreter would impose an undue burden may be very difficult. The "undue burden" refers to the over-

all operating costs of the practice, not the cost of the individual patient visit. In other words, even if providing an interpreter for a patient costs more the reimbursement received for the patient visit, that in and of itself, does not create an undue burden. Courts would consider factors such as the overall operating income of the practice and the frequency of patient visits requiring an interpreter.¹⁵

Interpreters for the hearing impaired-other relevant laws

In addition to the ADA, there are other federal and state laws that are relevant to the issue of providing auxiliary aids to the hearing impaired. The federal Rehabilitation Act prohibits physicians who receive federal funds from discriminating against or denying benefits to any qualified individual with a disability. State-specific civil rights laws also contain anti-discrimination laws which apply to the hearing impaired (See *Figure 3*).

Penalties for non-compliance

When a hearing impaired patient brings an action alleging the failure to provide the appropriate auxiliary aid, the patient may allege a violation of the ADA, the Rehabilitation Act and any relevant state anti-discrimination statute. There are numerous penalties that may be imposed on a physician depending on the formal allegations and the

severity of the alleged discrimination.

A patient who alleges that he or she was denied an accommodation in violation of the ADA may bring an action for injunctive relief (i.e., an order to stop the discriminatory behavior). The Court may also award damages to the patient when requested by the Attorney General and find the patient is entitled to attorneys' fees and costs of litigation.¹⁶

If a physician is alleged to have violated the Rehabilitation Act, possible penalties include payment of damages to the person who suffered discrimination, attorneys' fees, and termination from the Medicare/Medicaid program.¹⁷

State anti-discrimination laws vary from state to state but may provide for damages, attorneys' fees and injunctive relief for patients who allege violation of the law. For example, in California, patients who allege that they have been discriminated against on the basis of a disability may be entitled to triple damages for each offense (but in no case less than \$4000) and attorneys' fees.¹⁸

Considering the serious legal and monetary ramifications of being

¹³ "Americans with Disabilities Act and Hearing Interpreters," American Medical Association, www.ama-assn.org/ama/pub/physician-resources/legal-topics/regulatory-compliance-topics/the-americans-disabilities-act-hearing-interpreters.shtml.

¹⁴ *Ibid*

¹⁵ Carolan, Jacqueline M., "Physicians Face Potential Liability for Failure to Provide Interpreter for Deaf Patients," *Health Law Group Alert, Fox Rothschild, LLP*, November 2008, <http://www.foxrothschild.com/newspubs/newspubsArticle.aspx?id=6666>.

¹⁶ 42 U.S.C §12188

¹⁷ CMA ON-CALL, *The Americans with Disabilities and Rehabilitation Acts: General Requirements and Defenses*, Document #0806, January 2009, www.cmanet.org

¹⁸ CMA ON-CALL, "Disabled Patients: Provision of Healthcare Services," Document #0814, January 2009, www.cmanet.org

found in violation of the above-mentioned laws, if a patient insists that an interpreter is the only way

to achieve effective communication, the physician would be well-

advised to provide a sign-language interpreter.

Don't let this happen to you

A recent New Jersey case clearly demonstrates the extent of potential physician liability with regard to interpreters and the hearing impaired. A rheumatologist treated a deaf patient for lupus for about 20 visits spread out over a year and a half. The patient stated that she repeatedly asked the physician for a sign language interpreter but he refused. Instead he communicated with the patient through written notes and family members. The patient eventually went to a different physician who subsequently changed her course of treatment.

The patient sued the rheumatologist under the Americans with Disabilities Act, the Federal Rehabilitation Act and the New Jersey state anti-discrimination law. The patient argued that she was deprived of the opportunity to have meaningful communication with her physician, and that for the most part, she never completely understood her medical situation or her physician's recommendations for treatment, including the risks, benefits and alternatives. The physician countered that to provide her with an interpreter would have created an undue burden since an interpreter may cost \$150.00 to \$200.00 per visit and he was only reimbursed \$49.00 per visit. However, the physician's tax returns showed he earned over \$400,000 a year making the undue burden argument questionable for the jury.

In the end, the jury found that the physician had violated the law by not providing and paying for a sign language interpreter and awarded the plaintiff \$400,000 which included punitive damages.

*American Medical News, January 5, 2009
Law.com, October 5, 2008*

Recommendations

Know that it is the responsibility of the physician to ensure that patients receive the assistance necessary to achieve effective, meaningful communication.

- ❑ Develop office policies and procedures that identify and address the needs of patients with limited English proficiency and the hearing-impaired.
- ❑ Take steps to ensure effective communication when using interpreters.

(a) Address the patient, not the interpreter. Pose questions directly to the patient instead of turning to the interpreter to ask the question.

(b) Allow for extra time for the appointment when communicating with a patient through an interpreter. Speak slowly and pause to allow time for interpreting.

(c) Ask the patient if he or she has any questions during the discussion, in particular after key points have been made or vital information was discussed.

(d) Use drawings and diagrams, if appropriate, to help the patient understand what is being said.

(e) Remind the interpreter that all information discussed must be kept confidential.

(f) Ensure patient privacy if using a telephone interpreter by using a private room or telephone headsets.¹⁹

¹⁹ Herndon, Emily, Joyce, Linda, "Getting the Most from Language Interpreters", *Family Practice Management*, June 2004, Vol. 11, No. 6, pages 17.

- ❑ Train bilingual staff who will act as interpreters to ensure competency. A formal training program should strongly be considered.
- ❑ Use caution when utilizing a family member as an interpreter. Issues such as competence, appropriateness, and confidentiality must always be considered.
- ❑ Document the name of the interpreter in the patient's medical record. If a family member or friend is used to interpret, also document his/her relationship with the patient and that the patient requested the family member/friend be used.
- ❑ Consider the nature of the information discussed when assessing the needs for language or communication assistance. A

friend may be appropriate to interpret for a patient who is being seen for a common cold; a trained interpreter should be used when discussing a complicated diagnosis and treatment plan.

- ❑ Distribute written patient education materials to supplement your oral discussion. Provide translated information when possible such as the materials available at the Exchange website. (See *Resources*). Document that written information was dispensed.
- ❑ Contact the MIEC Claims Department if there is a dispute between the physician and patient over the provision of an accommodation such as an interpreter as it may be challenged in court.

To Reach MIEC

Phone:

Oakland Office: 510/428-9411
 Honolulu Office: 808/545-7231
 Boise Office: 208/344-6378
 Outside: 800/227-4527

Fax:

Loss Prevention: 510/420-7066
 Oakland: 510/654-4634
 Honolulu: 808/531-5224

Our thanks to Carmen Castro-Rojas, Program Director, Alameda County Coalition for Language Access in Healthcare, for her expert consultation.

Resources

LEP Patients

American Medical Association
Office Guide to Communicating with limited English
proficient patients

[http://www.ama-
assn.org/ama1/pub/upload/mm/433/lep_booklet.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/433/lep_booklet.pdf)

Language Services Resource Guide for Healthcare
Providers
The National Health Law Program and the National
Council on Interpreting in Health Care
[http://www.healthlaw.org/images/pubs/ResourceGuid
eFinal.pdf](http://www.healthlaw.org/images/pubs/ResourceGuideFinal.pdf)

Office of Civil Rights
U.S. Department of Health and Human Services
Limited English Proficiency
[http://www.hhs.gov/ocr/civilrights/resources/specialto
pics/lep/](http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/)
[http://www.hhs.gov/ocr/civilrights/resources/laws/revi
sedlep.html](http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html)

Limited English Proficiency
A Federal Interagency website
<http://www.lep.gov/index.htm>

California Healthcare Interpreting Association
(CHIA)
<http://chiaonline.org/>

Hearing-Impaired Patients

Americans with Disabilities Act
<http://www.ada.gov/>

American Medical Association
Regulatory Compliance Topics
American with Disabilities Act and Hearing
Interpreters
[http://www.ama-assn.org/ama/pub/physician-
resources/legal-topics/regulatory-compliance-
topics/the-americans-disabilities-act-hearing-
interpreters.shtml](http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/regulatory-compliance-topics/the-americans-disabilities-act-hearing-interpreters.shtml)

DeafMD.org – a website that provides health informa-
tion in American sign language (ASL). Created by the
CDC and the NIH, the site provides information in
disease and illness, understanding tests, and news af-
fecting the deaf and hearing impaired
<http://www.deafmd.org/pub/About-us>

“The Exchange” Resource for MIEC Policyholders

In an effort to assist policyholders with communicating effectively with patients, **MIEC has partnered with the Multilingual Health Resource Exchange (“the Exchange”)** to provide a new policyholder benefit: the Exchange online library. This resource is available at no cost to you, and features more than 4,000 translations of health education materials available through the online library.

- The primary languages featured are: Spanish, Hmong, Somali, Russian and Vietnamese, and to a lesser extent, Lao, Amharic, Khmer, Bosnian, Karen, Nuer, Oromo, Arabic and Tibetan
- Materials can be searched by topic, by language, by topic and language, by format and by keyword

We invite you to access this resource by visiting our web site at www.miec.com, navigating to the **Why MIEC** page and selecting the **Added Benefits** tab. Next, simply log in and click on the Exchange link to be passed directly through to the Exchange web site. No additional log-in is required.

Figure 1: California Senate Bill 853

Hope on the Horizon

California law requires insurers to pay for language assistance for patients

Senate Bill 853, originally passed in 2003, finally went into effect January 1, 2009, after years of delays. The law requires all Department of Managed Health Care full-service health plans, dental, and specialty insurers to develop a Language Assistance Program (LAP). The LAP must contain key components including an assessment of the language assistance needs of enrollees and a plan for the provision of interpretation for medical services and translation of vital documents. In most circumstances, health insurers bear the financial responsibility for providing language assistance services.

Additional information on SB 853 may be found on the California Department of Managed Care website at http://www.dmhc.ca.gov/healthplans/gen/gen_laFAQ.aspx

Figure 2: Americans with Disabilities Act Other Provisions

In addition to the non-discrimination section of the Public Accommodations clause discussed in this *Special Report Claims Alert*, the ADA contains other sections which may potentially impact a physician's practice. The sections impose non-discrimination requirements for certain employers and barrier removal and new construction requirements for places of public accommodation.

ADA Title I – Employment – Applies to employers with 15 or more employees and prohibits discrimination based on a disability. Requires employers to make reasonable accommodations to persons with disabilities unless the accommodations would create an undue hardship. (42 U.S.C. §12112, et seq.)

ADA Title III – Public Accommodations – barrier removal and new construction requirements – requires businesses to remove communication and architectural barriers wherever such removal will be readily achievable. (42 U.S.C. §12183, et seq.)

More information and resources for physician practices may be found on the federal government ADA website (www.ada.gov). The website contains the *ADA Guide for Small Businesses* which provides guidance on how businesses can meet the barrier removal and new construction requirements of the ADA.

Figure 3: State-Specific Civil Rights Laws

State	Citation	Legal Provision
California	CA Civil Code §51(b)	<p>“All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, marital status, or sexual orientation are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever.”</p>
Idaho	Idaho Code §67-5901	<p>“The general purposes of this chapter are:</p> <p>(1) to provide for execution within the state of the policies embodied in the federal Civil Rights Act of 1964, as amended, and the Age Discrimination in Employment Act of 1967, as amended, and Titles I and III of the Americans with Disabilities Act.</p> <p>(2) To secure for all individuals within the state freedom from discrimination because of race, color, religion, sex or national origin or disability in connection with employment, public accommodations, and real property transactions, discrimination because of race, color, religion, sex or national origin in connection with education, discrimination because of age in connection with employment, and thereby to protect their interest in personal dignity, to make available to the state their full productive capacities, to secure the state against domestic strife and unrest, to preserve the public safety, health, and general welfare, and to promote the interests, rights and privileges of individuals within the state.”</p>
Hawaii	Hawaii Revised Statutes §489-3	<p>“Unfair discriminatory practices that deny, or attempt to deny, a person the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodation on the basis of race, sex, including gender identity or expression, sexual orientation, color, religion, ancestry, or disability are prohibited.”</p>
Alaska	Alaska Statutes § 18.80.200	<p>“(a) It is determined and declared as a matter of legislative finding that discrimination against an inhabitant of the state because of race, religion, color, national origin, age, sex, physical or mental disability, marital status, changes in marital status, pregnancy, or parenthood is a matter of public concern and that this discrimination not only threatens the rights and privileges of the inhabitants of the state but also menaces the institutions of the state and threatens peace, order, health, safety, and general welfare of the state and its inhabitants.</p> <p>(b) Therefore, it is the policy of the state and the purpose of this chapter to eliminate and prevent discrimination in employment, in credit and financing practices, in places of public accommodation, in the sale, lease, or rental of real property because of race, religion, color, national origin, sex, age, physical or mental disability, marital status, changes in marital status, pregnancy or parenthood. It is also the policy of the state to encourage and enable physically and mentally disabled persons to participate fully in the social and economic life of the state and to engage in remunerative employment. It is not the purpose of this chapter to supersede laws pertaining to child labor, the age of majority, or other age restrictions or requirements.”</p>

MIEC enhances its policyholder services by offering “Added Benefits”

Medical Insurance Exchange of California (MIEC) is pleased to announce the addition of the following “Added Benefits” that will assist policyholders obtain CME credits, manage diagnostic test results, and improve patient education.

Free-online CME: MIEC has partnered with **Advanced Practice Strategies (APS)** to offer policyholders access to its extensive library of CME core and specialty-specific courses developed with nationally recognized experts. A core set of curriculum modules, applicable across all areas of practice, address general topics in risk and safety. Specialty-specific courses nearly all areas of medicine. **MIEC policyholders can obtain AMA PRA Category 1 CME credits free of charge.**

Automated patient notification system: MIEC is facilitating policyholder introduction to **Secure Reach**, an automated system that tracks referrals, laboratory and other tests from the time they are ordered until your patients are notified of their results. It offers a personalized message system created in the physician’s (or representative’s voice) and preserves the communication indefinitely. It increases office efficiency and reduces the potential for patient injury by facilitating convenient communication between physicians and their patients. **MIEC policyholders who purchase SecuReach are eligible to receive a ten-percent (10%) discount off SecuReach’s standard monthly fee.**

Multilingual patient education: MIEC has partnered with **The Exchange**, a partnership of health plans, health care delivery entities, and corporate affiliates who exchange health communication, information and resources, and shares online **multilingual** health materials. The Exchange website (www.health-exchange.net) is open to everyone, but its online library of translated health materials is available to partners or corporate affiliates only. **MIEC policyholders receive free unlimited access to the Exchange’s online pdf archive of nearly 4,000 translations of health education materials.**

Animated 3D patient education: MIEC has partnered with **Visible Productions**, to allow policyholders access to its library of anatomically structured 3D models of the human body, complete multi-part multimedia programs, 3D medical animations, and topic segments. This media complements the physician-patient informed consent discussions. **MIEC policyholders have unlimited access to this amazing resource.**

To access these resources, go to MIEC’s website at www.miec.com, log in (your username and password is available by calling your MIEC Underwriter) to explore and review all of the resources available to you. Non-policyholders should click on the **Why MIEC** tab and then on **Added Benefits** tab to learn more about these, as well as other resources that our website has to offer.