

May 20, 2024

Office of Minority Health
1101 Wootton Parkway, Suite 100
Rockville, MD 20852

Re: Request for Information: Development of a Universal Symbol for Language Assistance Services in Health Settings

To whom it may concern:

The 101 undersigned organizations that advocate for improved access to health care and language access for individuals with limited English proficiency (LEP) appreciate the opportunity to comment on the Office of Minority Health's [Request for Information regarding Development of a Universal Symbol for Language Assistance Services in Health Settings](#) (the RFI).

Overall, we strongly support the development of a universal symbol for language assistance services. Language access is essential to ensuring effective communication between individuals and the health care system and their health care providers. Without language services, Individuals with limited English proficiency (LEP) may not enroll in programs for which they are eligible, may not receive timely or comprehensive healthcare, and may not know their rights to free, timely and competent language services. We believe having a universal symbol – with comprehensive education of Individuals with LEP about the symbol and widespread adoption by all entities participating in the health and health care arenas – would help improve understanding about how to request language assistance services and ensure effective communication for Individuals with LEP.

Meaningful Access for Individuals with LEP

Under both Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act, individuals with LEP have the legal right to receive language assistance services. Yet many go without these services because they do not know how to request them. The need for language access in health care is significant: more than 8% of the U.S. population – more than 26 million individuals – is limited English proficient (LEP).¹ The provision of language access in health care is correlated with better patient outcomes, better compliance with instructions such as prescriptions and hospital

¹ See American Community Survey, Language Spoken at Home, Table S1601 -- 2019: ACS 5-Year Estimates Subject Tables, <https://bit.ly/3nBFPCi> (last visited Apr. 25, 2024).

discharge orders, and greater patient satisfaction.² Given the strong desire across the federal government to address racial disparities and social determinants of health, improving awareness of language access services, and how to access them, is important. For example, patients with LEP who are provided with interpreters make more outpatient visits, receive and fill more prescriptions, and report a high level of satisfaction with their care. Additionally, these patients do not differ from their English proficient counterparts in test costs or receipt of intravenous hydration and have outcomes among those with diabetes that are superior or comparable to those of English proficient patients.³

Response to RFI Questions

The RFI asks whether a new graphic symbol could increase access to information about health services, programs and/or products. We believe it would. Many individuals with LEP never receive information about their rights, do not know how to access interpreters, and do not know how to file a complaint or a grievance. Current methods of informing individuals about language access tend to be at the end of multi-page notices or on hard to find web-pages. A symbol prominently placed on the header of paper letters or at the top of websites would be a significant improvement.

The RFI asks for what should be considered in development of a new symbol. We believe that, to be effective, a new symbol needs to be user tested with a diversity of individuals from differing linguistic communities and with differing levels of health literacy. It also must be designed with the input of the entities intended to use it, including HHS operating divisions, health insurance companies, providers, and hospitals.

The RFI asks about what steps should be taken in implementing, disseminating, and ensuring effectiveness of a new symbol. We believe that the symbol cannot be effective

² See, for example, Karliner et al., "Convenient Access to Professional Interpreters in the Hospital Decreases Readmission Rates and Estimated Hospital Expenditures for Patients With Limited English Proficiency," *Medical Care*, March 2017, vol. 55, issue 3, pp. 199-206.

³ Truda S. Bell et al., *Interventions to Improve Uptake of Breast Screening in Inner City Cardiff General Practices with Ethnic Minority Lists*, 4 *ETHNIC HEALTH* 277 (1999); Thomas M. Tocher & Eric Larson, *Quality of Diabetes Care for Non-English-Speaking Patients: A Comparative Study*, 168 *WESTERN J. OF MEDICINE* 504 (1998); David Kuo & Mark J. Fagan, *Satisfaction with Methods of Spanish Interpretation in an Ambulatory Care Clinic*, 14 *J. OF GENERAL INTERNAL MEDICINE* 547 (1999); L.R. Marcos, *Effects of Interpreters on the Evaluation of Psychopathology in Non-English-Speaking Patients*, 136 *AMERICAN J. OF PSYCHIATRY* 171 (1979).

unless HHS engages in a significant education campaign involving community organizations, direct service providers, immigrant service agencies, health industry groups and others aimed at helping individuals with LEP understand its intent and utilization. It should be adopted by HHS in all programs and communications, and HHS should provide technical assistance to hospitals, Medicaid agencies, health care providers, health insurance companies and other health entities in adoption. There should be an evaluation component to ensure there is sufficient awareness among the target population and entities before any campaign is concluded.

Conclusion

Thank you for the opportunity to comment on this important issue. If you have further questions, please contact Mara Youdelman, National Health Law Program, youdelman@healthlaw.org or Ben D'Avanzo, National Immigration Law Center, davanzo@nilc.org.

Sincerely,

National Health Law Program
National Immigration Law Center

ACA Consumer Advocacy
ACCESS (Arab Community Center for Economic and Social Justice)
ACCESS REPRODUCTIVE JUSTICE
AHRI Center
AIDS Alabama
AIDS United
AltaMed Health Services Corporation
American Academy of Family Physicians
American Association of Interpreters and Translators in Education
American Association on Health and Disability
American Cancer Society Cancer Action Network
American Muslim Health Professionals
American Translators Association
America's Essential Hospitals
Asian American Legal Defense and Education Fund (AALDEF)
Asian Resources, Inc.
Association for Community Affiliated Plans
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Language Companies
Autistic Self Advocacy Network

Buen Vecino
California Primary Care Association
CARECEN
CASA
Catholic Health Association of the United States
Center for Civil Justice
Center for Elder Law & Justice
Center for Law and Social Policy (CLASP)
Certification Commission for Healthcare Interpreters
Coalition for Asian American Children and Families
Coalition for Humane Immigrant Rights (CHIRLA)
Community Catalyst
Community Clinic Association of Los Angeles County
Community Legal Aid Society, Inc. (Delaware)
CRLA Foundation
Deschutes County Health Services
Disability Rights Education and Defense Fund (DREDF)
Disability Rights Louisiana
Diverse Elders Coalition
East Bay Sanctuary Covenant
Epilepsy Foundation
Every Texan
Georgians for a Healthy Future
Hawai'i Coalition for Immigrant Rights
Health Outreach Partners
Healthy House Within A MATCH Coalition
Hispanic Society Rare Diseases
Illinois Coalition for Immigrant and Refugee Rights
Inland Empire Immigrant Youth Collective
International Community Health Services
Jewish Women International
Just Neighbors
Justice in Aging
Kaiser Permanente
Lakeshore Foundation
Latino Commission on AIDS
LeadingAge
Legal Action Center
Legal Council for Health Justice
Legal Services of Eastern Missouri
Long Island Language Advocates Coalition

Maine Equal Justice
Massachusetts Law Reform Institute
Medicare Rights Center
Minkwon Center for Community Action
MomsRising
NAACP
National Asian American Pacific Islander Mental Health Association
National Association of Community Health Centers
National Association of Councils on Developmental Disabilities
National Association of Pediatric Nurse Practitioners
National Association of Social Workers (NASW)
National Center for Parent Leadership, Advocacy, and Community Empowerment
(National PLACE) and their 70 national, state, and local members
National Coalition of STD Directors
National Council of Jewish Women
National Council on Aging
National Family Planning & Reproductive Health Association
National Latina Institute for Reproductive Justice
National Partnership for New Americans (NPNA)
National Partnership for Women & Families
New Disabled South
North East Medical Services
Northwest Health Law Advocates
Oasis Legal Services
Pennsylvania Health Law Project
Physicians for Reproductive Health
Planned Parenthood Federation of America
Public Justice Center
Shriver Center on Poverty Law
Special Service for Groups/PALS for Health
Stakeholders Advocating Fair and Ethical AI in Interpreting
The Children's Partnership
The Leadership Conference on Civil and Human Rights
The Legal Aid Society
Trellus
UnidosUS
Virginia Poverty Law Center
Whitman-Walker Health
William E. Morris Institute for Justice