Language Access Laws in Healthcare

Quick Guide for Interpreters

Carol Velandia
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Equal Access
Language Services LLC

Federal Legal Foundations

01

“No person shall be subjected to discrimination under any program or activity receiving federal financial assistance.”

What this means for healthcare:

- Applies to most hospitals, clinics, community health centers, and many private practices receiving federal funds
- Language is part of national origin—denying interpreters to LEP patients = discrimination
- Healthcare facilities must provide meaningful language access (oral interpretation + translated vital documents)

Title VI of the Civil Rights Act (1964)

02

“Prohibits discrimination based on race, color, national origin (including LEP), sex, age, and
disability in health programs receiving federal funds or administered by HHS.

What this means for healthcare:

- Covered entities must take reasonable steps to ensure meaningful access for each LEP patient
- Must provide free, timely access to qualified interpreters
- Must translate vital documents (consent forms, discharge instructions, billing notices)
- Applies to patients AND LEP companions (family members with the patient)

Section 1557 of the Affordable Care Act

03

National Standards for Culturally and Linguistically Appropriate Services—HHS best practice framework.

What this means for healthcare:

- Offer language assistance at no cost to LEP patients at all points of contact
- Inform patients of language services availability in their preferred language
- Ensure competence of interpreters and bilingual staff
- Avoid using untrained individuals and minors as interpreters

National CLAS Standards (HHS)

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Under Section 1557 and HHS regulations, a qualified interpreter must:

- Be proficient in English and the target language, including medical and technical vocabulary
- Interpret effectively, accurately, and impartially, preserving tone, register, and emotion
- Adhere to interpreter ethical principles: confidentiality, role boundaries, impartiality

What does NOT automatically count as qualified:

- Bilingual staff without assessment or training
- Friends, spouses, or family members of the patient
- Minor children (except in true emergencies)

Key point:
Simply being bilingual is not enough. Providers must ensure interpreters are actually qualified.

How to Use This Guide: Ready-to-Use Advocacy Phrases

> **When a provider asks, "Why do we need an interpreter?"**

Your response:

"Language services are not optional. Federal civil rights and healthcare laws require meaningful access for patients with limited English proficiency. That includes a qualified medical interpreter, free of charge to the patient."

Legal basis:

Title VI, Section 1557

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When asked to use family, friends, or a child as interpreter:

Your response:

"Federal regulations and guidance say family members and friends should generally not be used as interpreters, especially children, except in emergencies. The responsibility to provide a qualified interpreter belongs to the facility, not the family."

Legal basis:

Section 1557 qualified interpreter standard, CLAS Standards

When told: "Just interpret the important parts" or "Make it quick".

Your response:

"For meaningful access and patient safety, I need to interpret the full message. Rushing or skipping parts can lead to misunderstandings about diagnosis, treatment, or consent, and that risks non-compliance with federal requirements."

Legal basis:

Meaningful access standard, informed consent requirements

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When you see untrained bilingual staff interpreting:

Your response:

“Federal standards require qualified interpreters or qualified bilingual staff. Being bilingual is not always enough. To reduce risk of errors and stay compliant, it’s best to use an assessed, trained interpreter.”

Legal basis:

Section 1557 competence requirement

When you suspect the working language is not the patient’s strongest

Your response:

“I have concerns that [current language] may not be the patient's primary or strongest language. Their responses suggest limited comprehension. For meaningful access and informed consent, I recommend checking the patient’s preferred language and, if needed, arranging an interpreter in that language.“

Legal basis:

Meaningful access standard, informed consent requirements

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When staff say the patient must bring their own interpreter:

Your response:

"Under federal civil rights protections, patients with limited English proficiency cannot be required to bring their own interpreters. The responsibility to provide and pay for interpreter services lies with this facility."

Legal basis:

Title VI, Section 1557—legal duty on covered entity, not patient

Remember: Your Role as Healthcare Interpreter

- You are a communication specialist ensuring accurate, complete, impartial communication
- You are a civil rights safeguard, helping facilities comply with legal obligations
- You are not a legal advocate or decision-maker, but you can and must speak up when language access is compromised
- Language services are civil rights protections, not favors or "nice-to-have" extras
- The facility's legal duty includes providing services that are timely, free, and competent

Resources

- HHS Section 1557 Information: www.hhs.gov/civil-rights/for-individuals/section-1557
- CLAS Standards: thinkculturalhealth.hhs.gov/clas
- Title VI Guidance: www.justice.gov/crt/fcs/TitleVI-Overview
- National Council on Interpreting in Health Care: www.ncihc.org