

Current Guidelines for Healthcare Language Access

ULG stays informed of all requirements in the healthcare industry to ensure compliant and optimal language access.

ACA Section 1557 and LEP Patients

ACA 1557 defined the requirement of interpreters provided by covered entities as qualified and effective; previous definitions only mentioned the need for competent linguists. Additionally, ACA prohibits the use of family, friends, children, and untrained bilingual staff in lieu of trained and qualified interpreters. Qualified interpreters abide by interpreter ethics and confidentiality, proven proficiency in English and at least one other spoken language and can effectively and accurately use necessary medical terminology. ACA does not define a qualified interpreter as credentialed or certified.

ADA Title II and III and Deaf/Hard of Hearing Patients

The Americans with Disabilities Act requires that Title II and Title III covered entities provide people with vision, hearing, or speech disabilities effective modes of communication. Included in effective modes of communication are the use of qualified ASL interpreters. National standards in the ASL industry require national certification with RID. Additionally, several state laws require state licensure which includes RID certification.

Language and Interpreting Proficiency

ULG works with interpreters who reflect the ACA 1557 standards for quality and effective interpreting. Interpreters are evaluated by their professional medical interpreting experience, training, and where necessary, a third-party medical interpreting assessment.

- At least one year of documented professional medical interpreter experience and training
- Third Party Evaluation: Medical interpreting assessment that examines in areas of accuracy, fluency, and overall performance in the target language.

Bilinguals vs Professional Interpreters

Professional interpreters are more than just bilingual; even medical professionals who are bilingual are not qualified to provide interpreting services unless they have received proper training. Training in areas such as interpreting, ethics, and industry specific terminology separate bilinguals from professional interpreters. Working with professional interpreters that comply with ACA 1557 ensures that clinicians are meeting their legal obligation to provide quality and effective communication.

The Joint Commission Language Access Roadmap

“The Roadmap for Hospitals [is organized] in such a way as to provide a comprehensive look at many of the systems and processes necessary to support effective communication, cultural competence, and patient- and family-centered care.”

- Hospitals must define qualifications for interpreters that evaluate proficiency, assessment, education, training, and experience.
- Complete assessments of language proficiency in English and target languages
- Use qualified interpreters and not untrained individuals such as family, friends or untrained bilingual clinicians.

Det Norske Veritas-Germanischer Lloyd (DNV-GL) Accreditation

DNV-GL is an organization accepted by the Centers for Medicare and Medicaid Services (CMS) to survey hospitals for compliance with federal regulations. The National Integrated Accreditation for Health Organizations (NIAHO) outline the requirements for language access.

- Requires communication in the language the patient and/or legal representative understands
- Will provide interpreters for individuals who do not speak English or are Deaf, blind or otherwise impaired