

# *National Council on Interpretation in Health Care*

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**For Immediate Release: September 25, 2000**

## **National Council on Interpreting in Health Care (NCIHC) lauds new Federal rules on improving access to health care for limited English speakers**

**Baltimore, MD:** The National Council on Interpreting in Health Care (NCIHC) welcomes and is supportive of the release of the new policy guidelines for implementation of Title VI of the Civil Rights Act of 1964, in response to the U.S. Department of Health and Human Services guidance on improving access to Federally funded services for persons who are limited in their English proficiency (LEP).

As an **advocate for providing medical interpreting in the delivery of health care to LEP patients** the, NCIHC views these guidelines as a very positive step towards improving access to health care services for the LEP patient. These rules will not only improve access for the LEP patient but will also, over time, help health care organizations avoid the hidden costs of medical errors in serving these patients with language assistance.

The new rules provide health care organizations with specific information and guidance for providing a language interpretation program with particular focus on:

- Assessing the patient population being served
- Development of written policy on language access.
- Training of staff
- Vigilant monitoring to assure equal access to LEP patients.

Elements of the new rules clearly specify how to approach such issues as;

- Informing patients of the availability and use of interpreter resources.
- When interpreters are required
- Training and qualifications for multilingual staff acting as interpreters
- Printed translation of written patient information and signage
- Primary language identification and record keeping requirements
- Requirements for receiving complaints
- The role and use of family and friends as interpreters.

The guidelines also;

- Specifies the role and use of Family and friends as interpreters
- Requires the use of and defines competent interpreters

Language barriers in health care increasingly prevent millions of LEP speaking Americans from accessing health care normally afforded English-speaking Americans. Particularly effected are those LEP persons who access services through Child Health Insurance Program (CHIP) or Medicaid. Since passage of the 1964 Civil Rights Act, the HHS Office for Civil Rights and other health care regulatory agencies and review organizations have consistently said that equal access to health care is essential in providing quality, cost effective, health care. Yet even today many LEP speaking Americans have difficulty with accessing health care services due to a lack of adequate interpreter services.

Through the implementation of these rules and guidelines health care organizations will not only improve access but will also reduce the total cost of care to their LEP patients. Research has shown that not providing adequate communication through the use of interpreter increases health care costs due to inappropriate testing, poor compliance with medical instructions missed diagnosis and increased use of emergency and urgency care facilities.

[insert mission statement].

The Council and its members offer extensive information and resources about model medical interpretation service and training programs around the country. It also sponsors an email discussion group where participants can raise issues, ask questions, share information and resources and network with each other around topics related to medical interpretation and access to health-care services for limited English proficient persons. NCIHC-list is open to anyone with an interest in these issues. To subscribe to the list, visit this website:  
<http://lists.diversityrx.org/mailman/listinfo/ncihc-list>

For more information, contact NCIHC Board Co Chairs Julia Puebla Fortier (301-588-6051) or Cindy Roat (206-621-4472).

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