By Merrie Wallace, BSN, MN | Chief Revenue Officer

Sitting at the intersection of language access and healthcare as we do at Boostlingo, the hot topic around our office has been how the proposed Rule Changes to Section 1557 could significantly change language access compliance for providers. We decided to dive in a little deeper and discuss what could be coming up for some of our customers and prospects in the United States.

Here's a few of the big picture proposed changes to Section 1557:

– The scope of Section 1557 (language access) would expand to HHS Health programs and activities, and Medicare part B
– Staff would be required to receive training on availability of language services
– It would undo a 2020 ruling to reinstate rule that language assistant services be posted for patients to see; notice of availability must be posted in English and at least the 15 most common languages spoken by LEP individuals in the state
– Expands language access requirements to telehealth

Many of our healthcare providers already have these practices in place. For tasks like identifying the 15 most common languages and printing out language assistance notices, the administrative burden will likely be minimal as this information is usually widely available.

However, as a language company, we're thinking through how we can be a partner in these new proposed rules. We believe strongly that language support improves healthcare outcomes and patient experiences, so we want to put our effort in line with that belief.

No longer an unfunded mandate?

As most outpatient providers know, the addition of Medicare Part B to these language support reimbursement eligibilities will make a significant difference in the amount of providers willing and/or able to provide language access support.

The question we'll see answered over the coming years is whether the historically lax enforcement from the Office of Civil Rights (OCR) will increase in tandem with funding for language access. As of right now, investigations are really only started if a patient files a claim. Proactive enforcement of language support provision is essentially nonexistent.

As we move toward fully reimbursable language support, could these changes to Section 1557 reflect a growing willingness to enforce language access laws?

Qualified Interpreters

One big change proposed is below:

“HHS proposes to permit an adult, who is a non-qualified interpreter, accompanying the LEP individual serve as an interpreter when the situation involves an emergency or when an LEP individual specifically requests the accompanying adult serve as the interpreter. However, in the second instance, the covered entity must assess whether or not the non-qualified individual can appropriately serve as the interpreter.”

Quoted from great coverage on the proposed rule changes by MGMA – if you’re a member, you can read the full analysis here.

The degree to which guidelines will exist for determining a non-qualified individual vs. qualified individual will have intense impacts on the effect of this law. Will practice administrators be asked to give what is essentially a medical terminology test on the spot when a family member is requested? If they make the wrong choice, and failed interpretation leads to medical complications, will they be liable for that decision?

There’s a lot to tease out in these proposed rules.

Bottom line: There are some things in here to be excited and skeptical about

As a team, we’re still digging into what these proposed changes to Section 1557 could mean for the daily lives of our healthcare customers. We’re thrilled to see more coverage proposed, and glad patients will be even more aware of their rights. We’ll keep you updated as we do our research and hear from people like you.

Public comment closes October 3rd; we’ll all be anxiously waiting to see which changes are here to stay.

What is your team thinking about the proposed changes? Will they meaningfully change your day to day? Comment below!

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