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In the U.S., several laws address discrimination as a means to ensure access to education, employment, and services such as health care. While they were initially passed to protect against discrimination based on race and/or national origin, protections have expanded to include a person's primary language. Today, organizations that serve people with limited English proficiency (LEP) need to meet certain requirements regarding language access. For health care systems, this typically means complying with Title VI of the Civil Rights Act of 1964 (a topic our Language Access Director, Caroline Remer, discussed last month).

What Is Title VI of the Civil Rights Act?

Title VI states that people can't be denied access to certain services—including covered health care services — due to national origin, race, or color. The U.S. Department of Health and Human Services later extrapolated this list of protected classes to include primary language. Therefore, in order to comply with non-discrimination, health care organizations that receive federal funding must make reasonable accommodations to ensure that LEP patients have access to:

- Free language assistance
- Translated essential documents.
- Translated signage.
- Medical interpreters

These requirements apply to a broad range of health care providers including:

- Hospitals
- Clinics
- Extended care facilities
- Nursing Homes
- Mental Health Centers
- Alcohol and Drug Treatment Centers
- Family Health Centers
- Public Assistance Programs
- And other health organizations receiving federal funding

Please note: Under Title VI, federal funding includes Medicare and Medicaid payments, financial assistance through the Hill-Burton Act, grants, and certain other federal sources.

Even if an organization doesn't receive financial assistance, it must still adhere to other laws that address discriminatory practices.

How to Comply with Title VI and Other Discrimination Laws

Although providing translated materials and access to an interpreter is a straightforward directive, complying with that mandate can be a major challenge for rural communities and for uncommon languages regardless of area.

Additionally, when a language is uncommon in a region, healthcare facilities aren't always required to have translated documents or signage or to provide an onsite interpreter. Remote interpretation options such as over-the-phone (OPI) and video remote (VRI) interpreting are considered suitable substitutes in some instances. Under Section 1557 of the Affordable Care Act, bilingual minors, adult family members and staff are prohibited from acting as a medical interpreter.

The Office of Health and Human Services provides four-part guidance on what type of language support must be provided based on: (1) the number or proportion of Limited English Proficiency (LEP) patients in your eligible service population (2) the frequency that LEP individuals come into contact with your program (3) the nature and importance of your program (4) resources available to your team as well as the costs of implementing support.

Remote Interpretation as a Part of the Mix

According to HHS, "Recipients with limited resources may find that entering into a bulk telephonic interpretation service contract will prove cost effective."

Fortunately, an interpretation platform such as Boostlingo makes it easier than ever to connect with medical interpreters remotely. With Boostlingo, you'll gain access to interpreters who speak over 300 languages within minutes—either over the phone or via a video call.

Regardless of the remote platform used, providers can think of virtual interpretation as a tool to use in the toolkit of language support. Based on the guidelines above, not every language in your network may require onsite support. Complying with language support mandates can get done more cost-effectively when a mixture of onsite, video and over the phone solutions are implemented dependent on the situation.

How are you meeting requirements today? Let us know in the comments.

Author





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