Report to the General Assembly

House Joint Resolution 13

Statewide Task Force on Limited English-Proficient Patient Access to Quality Interpreter Services

State of Illinois
JB Pritzker, Governor

Illinois Department of Public Health
Director's Office
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To the Members of the General Assembly:

It is our pleasure to share with you the report of the Statewide Task Force on Limited English Proficient Patient Access to Quality Interpreter Services. The report is in response to the requirements set forth in HJR0013, adopted by both Houses on May 19, 2023. The LEP Task Force officially convened eight meetings, beginning May 2024 and ending December 2024.

The House Resolution provided a timely opportunity to examine facilitators and barriers to receiving language access services throughout Illinois and identify recommendations for improving access to and utilization of language access services. This report focuses on providing recommendations regarding quality interpretation services for Limited English Proficiency (LEP) patients in Illinois.

Language barriers are associated with significant challenges to ensuring effective and culturally responsive health care for LEP patients. Ineffective and substandard communication can result in medical errors, misdiagnoses, delays in treatment, higher health care costs, avoidable hospital readmissions, and poor health care outcomes, to name a few. Providers may also be impacted when they cannot communicate effectively with those they serve.

The recommendations outlined in this report are designed to help ensure that individuals with LEP have their communication needs addressed when encountering the health care system. We also offer recommendations to help strengthen the medical interpreter workforce, such as training and certification issues.

Special thanks to the members of the Task Force for their expertise and commitment to completing this report.

We hereby respectfully submit the Report of the Statewide Task Force on Limited English Proficient Patient Access to Quality Interpreter Services.

Sincerely,

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Dedication

The Illinois Department of Public Health dedicates this report to ALL medical interpreters throughout Illinois who work to ensure that patients have access to quality language interpretation services.

Acknowledgments

We want to thank the members of the LEP Task Force for their time and commitment in preparing this report. Special thanks to the patients, providers, and medical interpreters who completed surveys or interviews to help inform the recommendations. Additionally, the Task Force would like to recognize the following IDPH staff, Andrea Vogt and Thomas Schafer, for their assistance in preparing this report.

Purpose of the Report

The Statewide Task Force on Limited English Proficient Patient Access to Quality Interpreter Services (LEP Task Force) was convened in accordance with the requirements set forth in HJR0013. The LEP Task Force was required to:

1. Provide recommendations regarding access to quality interpreting services for Limited English Proficiency (LEP) patients.
2. Focus on the following:
    a. Submit a report of recommendations to the General Assembly and the Governor no later than January 1, 2025.
    b. Upon filing its final report, the LEP Task Force is dissolved.

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Executive Summary

The growth in a multicultural and linguistic society is undeniable. Increases in diversity and globalization underscore the demand for more interpreters and translators nationwide, including in Illinois. Any effort to this end should also emphasize retaining current interpreters. Specific to Illinois, the number of people who speak English "less than very well" declined between 2008 and 2022. Despite this decline, communication barriers still pose significant challenges when patients with Limited English Proficiency (LEP) navigate the health care system and other social services across the state. The LEP Task Force wishes to highlight that American Sign Language (ASL) is a distinct language from English. A patient who primarily communicates using ASL due to deafness or hearing impairment will be entitled to language services and support as an LEP patient, and the recommendations in this report also apply to this group of patients.

This report covers barriers preventing LEP patients from accessing quality interpreting services in Illinois, such as issues concerning funding for services and reimbursement for health care providers, the number of quality-certified interpreters, and recommendations for the state. With the increased influx of immigration and more LEP patients seeking care, there is an urgent need for our state to address communication barriers effectively when patients with LEP access health care and social services.

Language barriers are associated with significant challenges to ensuring effective and culturally responsive health care delivery, particularly for LEP patients. Ineffective and substandard communication can result in medical errors, misdiagnoses, delays in treatment, higher health care costs, avoidable hospital readmissions, and poor health care outcomes, to name a few. Providers, in turn, may be impacted when they cannot communicate effectively with those they serve.

Federal and state laws provide guidelines to ensure that language access is available to all who need it. However, existing language laws must be evaluated and ensured compliance.

For the purposes of this report, the LEP Task Force conducted a landscape analysis, as well as surveys and interviews with patients and health care providers. Both activities provided insights on improving communication with patients with LEP. A few findings are highlighted here:

Selected Findings

- The top languages in Illinois include English, Spanish, Polish, Chinese (Mandarin, Cantonese), Tagalog (including Filipino), Arabic, Urdu, and other European languages.
- Reliance on unqualified or ad hoc interpretation, particularly in under-resourced areas of the state, can exacerbate communication challenges and poor health outcomes.
- Access to interpreter services for LEP patients varies widely across the state, creating significant health care disparities.
- Patients experiencing communication barriers are three times more likely to experience a preventable adverse event than patients without communication barriers.
- Illinois must prioritize expanding quality interpreter services across all health care settings. Communication barriers to help achieve culturally competent care.
- Like other states, Illinois faces an interpreter shortage after the COVID-19 pandemic, which is particularly severe in rural and under-resourced communities.
- Nationally, it is projected that there will be approximately 7,500 openings for interpreters and translators by 2023-2033. Based on this estimate, statewide demand is also expected to rise accordingly.

These and other findings were used to inform the recommendations outlined in this report.

Recommendations to Enhance Access to Quality Interpreter Services for LEP Patients in Illinois

1. Secure Additional Funding for Interpreter Services Statewide

- **Objective:** Secure additional funding to ensure quality interpreter services are available across Illinois, particularly in underfunded areas.
- **Action Steps:**
    - Advocate for public and private funding to support language services, particularly in underserved rural communities.

2. Enhance Interpreter Certification and Standardize Training

- **Objective:** Improve the quality of interpreter services through thorough and standardized training programs.
- **Action Steps:**
    - Develop uniform training and equal cost of certification standards for medical interpreters across the state to ensure a consistent level of quality, proficiency, and cultural competence.
    - Create and support initiatives offering financial assistance for interpreters' training and certification.
    - Include cultural competence as a core component in certification programs to ensure interpreters can effectively navigate both linguistic and cultural nuances.

3. Strengthen Compliance with Language Assistance Laws

- **Objective:** Ensure health care providers and institutions fully understand and comply with language access laws.
- **Action Steps:**
    - Educate health care providers on federal and state requirements, including Title VI of the Civil Rights Act and the Language Assistance Services Act, along with resources to support compliance. This ensures that providers and health care facilities meet legal standards for language assistance services.

4. Increase Interpreter Workforce Capacity

- **Objective:** Address shortages of qualified interpreters and meet growing demand, particularly post-pandemic.
- **Action Steps:**
    - Partner with community organizations and educational institutions to create career pathways for interpreters, offering internships and externships in health care settings.
    - Expand remote interpretation capabilities with video remote interpretation (VRI) training to meet needs in rural and low-resource facilities.
    - Create incentives and resources to support the retention of current medical interpreters.

5. Implement Provider Education and Training on Effective Use of Interpreter Services

- **Objective:** Ensure health care providers are comfortable and proficient in using interpreter services effectively.
- **Action Steps:**
    - Ensure newly mandated continuing education (CE) dedicated to cultural competency, which includes the importance of language services and provides practical strategies for effectively utilizing interpreters in health care delivery.
    - Provide on-the-job training for health care staff to raise awareness about the role of interpreters and dispel concerns or stress associated with using these services over time.
    - Emphasize legal and ethical considerations, highlighting that untrained interpreters, including family members, increase the risk of medical errors and confidentiality breaches.

6. Expand Community Outreach and Engagement

- **Objective:** Increase awareness among LEP populations about their right to language access and available interpreter services.
- **Action Steps:**
    - Develop multilingual community outreach programs to inform LEP patients of their rights and how to access language services in health care settings.
    - Collaborate with community-based organizations to provide educational workshops on navigating the health care system tailored to specific linguistic and cultural groups.
    - Gather and assess feedback from LEP patients about their experiences with interpreter services to identify ongoing gaps and refine service delivery.

7. Leverage Technology to Support Interpreter Accessibility and Training

- **Objective:** Utilize technology to streamline access to interpreters and further enhance training.
- **Action Steps:**
  - Invest in telehealth-compatible platforms that integrate VRI for real-time access to interpreters in rural and resource-limited areas.
  - Establish virtual training modules for interpreters, focusing on medical terminology and situational simulations.
  - Encourage health care facilities to adopt secure, reliable technology that minimizes connectivity issues during virtual interpretations and improves the patient experience.

8. Continue to Promote Research and Data Collection on Language Access and Health Disparities

- **Objective:** Generate evidence to support policies that improve language access and health outcomes for LEP patients.
- **Action Steps:**
  - Partner with academic institutions and local public health departments to conduct studies on the impact of interpreter services on health outcomes, especially among Illinois' diverse linguistic communities.
  - Use findings to continue to develop policy recommendations and to enhance future legislation supporting language access services.
  - Regularly assess the demographic composition of Illinois' LEP population to align interpreter services with the state's evolving linguistic needs.
  - Establish a repository of certified and noncertified medical interpreters in Illinois to ascertain current and emerging workforce and geographic needs.

Introduction

Access to quality interpreter services for Limited English Proficient (LEP) patients in Illinois is a vital issue that directly impacts civil rights and health equity. Despite the legal protections and federal mandates established by Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act, which prohibit discrimination based on national origin and requires language assistance, many health care facilities continue to struggle to meet these obligations.

Several barriers hinder access to interpreter services, including insufficient awareness among LEP patients and health care providers about patient rights and the availability of language resources. Additionally, gaps in service provision, inadequate training for health care providers to utilize these services effectively, and inconsistent qualifications and preparedness among interpreters further complicate the situation. The COVID-19 pandemic has intensified these challenges by disrupting traditionally established models for delivering language services and exposing significant disparities in language access.

Funding and reimbursement issues also pose significant obstacles, as many health care facilities are not compensated for providing essential interpreter services under programs like Medicare, Medicaid, and the state Children's Health Insurance Program.

To create a more equitable health care system, we must establish a comprehensive framework that enhances the recruitment and retention of certified interpreters. It's crucial to secure state-level funding for language services, ensuring that both metropolitan and rural communities can access the language support they need, especially in a health care environment where budgets are increasingly constrained post-pandemic. Additionally, health care providers must have the knowledge and resources necessary to comply with existing language assistance laws. Implementing an effective enforcement plan for violations of the Language Assistance Services Act is essential to uphold these standards and to ensure equitable access for all patients.

By addressing these crucial areas, we can enhance access to care and health outcomes for LEP patients, ultimately ensuring equitable language access for LEP individuals across Illinois.

Background and Significance

The growth in a multicultural and linguistically diverse society is undeniable. According to the 2023 U.S. Census Bureau report, Illinois' population was 76.0% White, 14.6% Black or African American, 6.3% Asian, 2.3% two or more races, 0.1% Native Hawaiian or Pacific Islander, and 0.6% Alaskan Native or American Indian. Additionally, 19.0% of the population identified as Hispanic or Latino (of any race). From 2018-2022, 14.1% of Illinois residents were foreign-born.[1]

The top 10 languages spoken in Illinois include English, Spanish, Polish, Chinese (including Mandarin and Cantonese), Tagalog (including Filipino), Arabic, Urdu, other Indo-European

[1] United States Census Bureau, Quick Facts Illinois, 2023

languages, Gujarati, and Hindi (Williamson, Simon, PhD., State Epidemiologist email communication, 8/27/24).

Nine percent of Illinois' population—representing more than 1.1 million residents—has LEP.[2] This places Illinois in the middle range nationally, where state LEP rates vary from as low as 1% in West Virginia to as high as 18% in California. Although U.S. Census data shows an overall decline in Illinois residents who speak English "less than very well" between 2008 and 2022, significant regional variations exist. During 2018-2022, trends varied notably by county, with 56 counties showing increased English proficiency rates while 47 counties experienced decreases. Despite the gradual statewide decline in LEP rates, the substantial number of Illinois residents requiring language assistance underscores the continued importance of federal and state laws protecting LEP individuals' access to essential services.

For purposes of this report, we use the definition of Limited English Proficiency (LEP) as outlined by the U.S. Department of Human Services (DHHS):

"Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance with respect to the particular service, benefit, or encounter."[3]

Title VI of the Civil Rights Act guarantees access to interpretation services for individuals receiving services in federally-funded health care settings, such as hospitals, health departments, health plans, social services agencies, nonprofits, clinics, or physicians. Entities receiving federal funding are required to provide language access services to patients.

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."[4]

Although the number of people who speak English "less than very well" in Illinois declined between 2008 and 2022, the recent influx of immigration and increasing numbers of LEP patients seeking care has created an urgent need for Illinois to address communication barriers within the health care delivery system and other social services across the state.

In response to HJ R0013, this report aims to provide recommendations regarding access to quality interpreting services for LEP patients.

For purposes of this report, we define a qualified health care interpreter as a trained professional fluent in the languages they interpret, proficient in medical terminology, and skilled in interpreting techniques. They possess knowledge of relevant terminology, adhere to ethical standards, maintain confidentiality, and demonstrate cultural competence to ensure accurate and effective communication. Qualified interpreters are typically certified or credentialed, such

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[2] Haldari, 2023
[3] U.S. Department of Health and Human Services, 2024
[4] Civil Right Act of 1964, 42 U.S.C. § 2000(d); 45 C.F.R. § 80

as by Certified Healthcare Interpreter (CCHI) or National Board of Certification for Medical Interpreters (NBCMI) and comply with laws like Title VI of the Civil Rights Act and the Language Assistance Services Act, ensuring equitable access to health care services.

A trained interpreter is an individual who has completed formal education or training in interpreting as a profession. This training equips them with foundational knowledge and skills to facilitate accurate and effective communication between speakers of different languages. Although a trained interpreter may not hold certification, they are prepared to perform interpreting tasks professionally across various settings.

This report focuses on increasing the number of qualified interpreters and ensuring that current interpreter training aligns with the standards required by the health care industry in the state of Illinois. By addressing these priorities, access to high-quality interpreting services can be improved, supporting equity and effective communication in health care for LEP patients.

Issues Related to Limited English Proficiency: Language Barriers in Health Care

The following discussion highlights findings gleaned from the landscape analysis. Unless specified, examples are from across the country. Language barriers pose significant challenges to effective health care delivery, particularly for LEP patients, and can lead to serious risks to patient safety and health outcomes. When LEP patients cannot communicate clearly with health care providers, the consequences can be severe, including medical errors, misdiagnoses, and delays in treatment. Research indicates that these communication gaps increase the likelihood of adverse outcomes, such as medication errors and avoidable hospital readmissions. [5,6] LEP patients often struggle to report crucial information about drug reactions, pain, or other symptoms, which can result in dangerous complications, worsening their health, leading to hospitalization, and increasing health care costs.

Moreover, LEP patients can frequently find it challenging to understand complex medical terminology, treatment plans, and discharge instructions. Many health care providers report noticeable disparities in the care of LEP families, primarily due to inadequate access to interpretation services.[7] The absence of a qualified interpreter can lead to longer hospital stays and delayed discharges for LEP patients.[8]

Reliance on ad hoc interpretation (e.g., family members as interpreters) further exacerbates the situation by increasing the risks of confidentiality breaches and malpractice claims.[9] This practice often results in patients misunderstanding the procedures to which they are consenting, creating particularly dangerous scenarios in critical settings such as emergency departments. Although

[5] Lindholm et al., 2012
[6] de Moissac & Bowen, 2018
[7] Gutman et al., 2020
[8] Ali et al., 2018
[9] Marcus et al., 2020

not specific to Illinois, one example case involved a Spanish-speaking child who underwent an unnecessary surgical procedure due to the lack of a qualified interpreter, leading to a harmful misdiagnosis.[10] In another national case, a LEP patient with NSAID-induced nephritis experienced renal failure because of inadequate communication regarding medication risks and instructions.[11]

These examples seen across the country exemplify the profound impact language barriers have on clinical care, underscoring the urgent need for improved interpretation services to enhance patient safety and health outcomes.

Language Access Services

Access to interpreter services for LEP patients in Illinois remains inconsistent, with significant regional disparities. Findings from national research in rural and underserved areas assert that budget funding constraints can create a lack of in-person interpreters, which often forces reliance on telephone or video interpretations.[12] Uneven resource distribution can exacerbate health disparities, leaving many LEP patients without essential language support.

While health care providers typically offer various language access services, in-person interpretation is considered the most effective because it enables interpreters to observe vital nonverbal cues and establish rapport. Telephone interpretation, although more accessible, lacks visual elements that are crucial for accurate communication.[13] Video Remote Interpretation (VRI) offers a compromise by allowing remote observation, but challenges such as poor internet connectivity and inadequate funding hinder its widespread adoption, particularly in rural areas.[14]

The effectiveness of language services is further diminished by limited awareness among health care providers about the legal mandates requiring equitable language access and inadequate training in utilizing these resources. Many providers express reluctance to use these services, citing concerns about time and perceived stress.[9] Consequently, some resort to untrained bilingual staff or family members for interpretation, risking errors and compromising patient confidentiality.[15]

To improve health care outcomes for LEP patients, it is essential to equip providers with the necessary knowledge, tools, and training to effectively integrate professional language services into patient care. Addressing barriers to accessing quality interpreter services, examining the COVID-19 pandemic's impact, resolving funding and reimbursement issues, enhancing the number and quality of certified interpreters, effectively communicating legal requirements to

[10] Jacobs et al., 2018
[11] Green et al., 2017
[12] Al Shamsi et al., 2020
[13] Hsieh, 2015
[14] Gany et al., 2019
[15] Diamond et al., 2019

providers, and creating a realistic enforcement plan for the Language Assistance Services Act are crucial steps toward achieving a more equitable health care system that meets the needs of LEP patients.

Health Equity and Outcomes

Disparities in health outcomes between LEP and English-proficient populations can be seen throughout health care. For LEP patients, providers often reported feeling less connected and spending less time updating the patient's family members. Family members also reported receiving less information and having fewer decision-making conversations with the medical team.[16,17] In a study of patients and family members in an intensive care setting, Spanish-speakers were statistically less satisfied with managing patients' pain and breathlessness and with the ease of getting information.[18] Providers may be slower to ask questions to LEP patients, to assess their pain, or to notice a change in their condition. LEP patients also had statistically longer lengths of stay when admitted to a hospital.[19]

As a result, patients facing barriers to communication are three times more likely to experience a preventable adverse event than patients without communication barriers.[20] LEP patients are more likely to have an incomplete understanding of their treatment plans and disease processes, lower satisfaction, and a higher incidence of medical errors resulting in physical harm.[11] A full understanding of one's diagnosis and treatment plan is crucial to complying with follow-up care or treatments and preventing hospital re-admission.

On the other hand, the use of interpretation services has been shown to lead to much greater satisfaction from LEP patients. Migrant and refugee families with LEP reported greater satisfaction with aspects of care when a trained interpreter service was used compared with using ad hoc interpreters.[21] In outpatient settings, interpreter use was also associated with higher satisfaction with doctor communication, office staff helpfulness, and ambulatory care.[22]

Perhaps less well documented is the impact of LEP on the United States health care system nationally or in Illinois. Himmelstein and colleagues analyzed adult responses from the Agency for Healthcare Research and Quality's Medical Expenditure Panel Survey (MEPS), 1998–2018.[23] Findings showed that Hispanic adults with LEP underutilized health care services by having 35%

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[16] Barwise et al, 2019
[17] Thornton et al, 2009
[18] Hagerty et al, 2016
[19] Chua et al, 2022
[20] Hurtig et al., 2018
[21] Boylen et al., 2020
[22] Talamantes et al., 2014
[23] Agency for Healthcare Research and Quality's Medical Expenditure Panel Survey (MEPS), 1998–2018

lower health care spending, making fewer inpatient and outpatient care visits, and receiving fewer prescription drugs compared to English-proficient patients.

However, these findings may signal the underutilization of health care services across the continuum of care.[24] Barriers to appropriate provider-patient communication and other deficiencies in language access services can result in later-stage diagnosis of medical conditions and less-than-favorable treatment and follow-up of preventable conditions. All of this may lead to higher health care costs and poorer health outcomes for patients with LEP.

Cultural Competence in Health Care

Culturally competent care is vital for effectively addressing the diverse needs of LEP populations in Illinois. Cultural differences profoundly influence patients' perception of illness, treatment options, and end-of-life care. Beyond language barriers, these cultural nuances affect patients' understanding of symptoms, adherence to medical advice, and willingness to engage with health care providers. Access to quality interpreter services is essential for bridging communication gaps and ensuring that health care professionals can connect meaningfully with their patients.

When clinicians understand the cultural context of LEP patients, they can tailor treatment plans to align with patients' values and expectations. For example, some cultural groups may prioritize holistic or traditional healing practices, necessitating adjustments to medical recommendations.[25] Quality interpreter services facilitate these critical conversations, fostering trust and enhancing patient engagement, ultimately leading to better health outcomes.

To achieve culturally sensitive care, Illinois must prioritize expanding quality interpreter services across all health care settings. This involves investing in comprehensive training for interpreters, ensuring they are proficient in language and cultural nuances. Research indicates that effective communication through trained interpreters significantly improves patient-provider interactions and health outcomes for marginalized groups.[26]

Moreover, health care organizations must actively engage with LEP communities through outreach initiatives to understand their unique health care needs and preferences. This engagement is most effective when supported by qualified interpreters who can ensure accurate communication and cultural understanding. Gathering feedback from LEP patients about their experiences with interpreter services is crucial for evaluating the effectiveness of these initiatives and fostering continuous improvement.[27]

Enhancing access to quality interpreter services in Illinois is critical for delivering culturally competent care to LEP populations. By prioritizing standardized interpreter training, comprehensive cultural competence education, and proactive community engagement, health

[24] Himmelstein, 2021
[25] Betancourt et al., 2016
[26] Majumdar et al., 2019
[27] Zhang et al., 2021

care institutions can better meet the diverse needs of their patient populations. This commitment to quality interpreter services will ultimately promote equitable health care outcomes for all individuals, irrespective of their language or cultural background.

Certification and Training

Various training programs and resources promoting culturally competent care have emerged, but the qualifications and preparation required to become a trained interpreter remain inconsistent. Interpreter training programs can vary significantly, ranging from 40 to 100 hours, with some offering externship opportunities. This lack of standardization results in varying levels of interpreter quality, underscoring the urgent need for uniform qualifications.

Research shows that standardized, comprehensive training that integrates cultural sensitivity is essential for elevating the quality of interpretation services and facilitating more accurate and compassionate communication with LEP patients.[15] Such training is vital for fostering patient trust and instilling confidence in health care providers regarding the effectiveness of these services. Well-trained interpreters are crucial links between cultural competence and improved health care outcomes for LEP patients.

Interpreter training, however, comes with considerable costs that can be burdensome for individuals, especially those working in underserved or low-income areas with limited financial support. Typical training programs cost around $645, with additional fees of $90 for language proficiency assessments.[28] Furthermore, the costs of maintaining certification—including exam preparation, travel, and registration fees—discourage many interpreters from pursuing additional qualifications. This financial strain can limit career growth and income potential. It may ultimately reduce the quality of health care interpreter services, as some professionals exit the field or forego essential continuing education.

Continuing medical education (CME) and certification programs are essential for advancing the skills of medical interpreters. These programs enable interpreters to engage more effectively with LEP patients, promoting empathy and understanding—qualities that research has shown to significantly improve patient trust and outcomes.[29] However, these programs come at a high price. National certification fees range from $300 to $1,000, depending on language and specialization, with renewal costs averaging $300 to $400 every four years. Certification also requires 20-32 continuing education units (CEUs), often through paid conferences or events, which can present financial challenges, particularly for freelancers and part-time interpreters who may lack employer financial support or reimbursement options.

A notable example of a community addressing this issue and working to increase the number of trained interpreters is the St. Joseph Community Health Foundation in Fort Wayne, Indiana. The foundation has played an active role in supporting initiatives that help individuals overcome

[28] Certification Commission for Healthcare Interpreters (CCHI) Certification, The Interpreter Network

[29] Lavizzo-Mourey, 2020

language barriers to access care. One of its key efforts includes providing scholarships of up to $650 per person to help interpreters receive training in best practices. These scholarships are available to those working with the foundation's grantees and community partners, helping offset professional development costs. By easing the financial burden of interpreter training, the foundation is actively contributing to expanding high-quality interpreter services and ensuring that language access in health care is equitable and sustainable. This initiative serves as a model for how communities can drive positive change by investing in developing skilled interpreters.

Interpreter Shortage after the COVID-19 Pandemic

A significant shortage of in-person language interpreters existed in Illinois even before COVID-19. However, the pandemic further intensified this issue. As health care systems became overwhelmed, the demand for interpreters surged, particularly in critical care and emergency settings in areas with large populations of LEP patients. Simultaneously, the rapid shift to telehealth introduced new challenges, as many interpreters lacked the technology and training needed for effective remote services.

Concerns about the accessibility of high-quality interpreters have further intensified this shortage. Many LEP patients in underserved or rural areas, already facing limited access to health care services, struggle even more to receive reliable interpretation, as health care institutions often rely on lower-cost, less qualified interpreters, or ad-hoc solutions like using family members. Budget cuts have also reduced funding for trained interpreter services, lowering the quality and availability of interpreters in many health care facilities. These combined factors have deepened existing disparities in access to quality health care, leaving many LEP patients without the language support they need to effectively navigate complex medical situations.

Technology and Innovation in Medical Interpretation Service: Artificial Intelligence and its Role in Health Care

In parallel with regulatory measures, artificial intelligence (AI) is rapidly transforming health care, particularly in enhancing the efficiency, accuracy, and accessibility of electronic medical records (EMRs). By processing extensive data, AI can detect patterns that enable earlier diagnoses and personalized treatment plans. AI-driven natural language processing (NLP) further enhances clinical decision-making by analyzing unstructured data. At the same time, AI automation of routine tasks allows health care professionals to focus more directly on patient care.

In addition to AI's potential uses for health care diagnoses, it has also made advancements in its translation tools and abilities. Yet, although AI translation tools are emerging as a potential resource for health care communication, they cannot replace trained medical interpreters. In-person trained interpreters/translators play a crucial role in ensuring that AI-generated insights for LEP patients are communicated effectively within the appropriate cultural and linguistic contexts. This human element is vital for delivering patient-centered care. However, a significant challenge persists: health care faces a shortage of qualified in-person interpreters/translators.

This shortage can lead to overreliance on AI translation tools without proper human oversight, potentially resulting in miscommunication of diagnoses or treatment plans. Recognizing this issue, the U.S. Department of Health and Human Services Office of Civil Rights has mandated that AI-generated translations be overseen by trained interpreters/translators. This oversight is essential for clarifying complex data and ensuring that health care providers and patients fully comprehend the implications of AI interpretations. Qualified interpreters/translators also address ethical considerations related to data interpretation, ensuring informed consent, and the protection of patient privacy.

In summary, while AI provides transformative benefits for EMRs and patient care, the expertise of trained interpreters remains indispensable. Their presence ensures language barriers are addressed, trust is fostered, and patient outcomes are optimized. Bridging the gap in interpreter availability is essential to achieve truly inclusive and high-quality health care in this era of rapid technological advancement.

Legal and Regulatory Landscape in Illinois

It is essential that individuals with LEP or other language barriers have meaningful access to health care services and information in a language they understand. Both federal and Illinois state laws provide specific guidelines to ensure that language access is guaranteed in health care settings, helping protect the rights of LEP individuals to receive adequate medical care without discrimination. This section outlines key federal and Illinois state laws applicable to language access in a health care facility setting.

As stated above, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color, or national origin, including LEP, in programs and activities receiving federal financial assistance.[6] This provision has been interpreted by the courts and DHHS to require that health care providers receiving federal funds (e.g., Medicare, Medicaid) must ensure that LEP individuals have access to meaningful services. Specifically, Title VI guarantees a patient's right to receive, and requires providers to provide, language access services to patients.[30] In addition, Section 1557 of the Affordable Care Act (ACA), builds upon Title VI and extends protections against discrimination on the basis of race, color, national origin, sex, age, or disability in specified health programs or activities, specifically those that receive federal financial assistance.[31]

As such, health care facilities that receive federal funding must take reasonable steps to ensure that LEP individuals have meaningful access to language interpretation services.[30] Health care providers are required to offer language services, including interpreters, and translated documents, at no cost to the patient.[32] Qualified interpreters must be trained and maintain

[30] Guidance to Federal Financial Assistance Recipients Regarding Title VI, 2003

[31] 42 U.S.C. § 18116. See also, Congressional research service, Legal sidebar, The scope of ACA Section 1557, May 6, 2024

[32] Exec. Order No. 13166, 65 Fed. Reg. 50121 2000

professional boundaries while following established ethical standards for medical interpretation. Further, health care providers must post notices in different languages informing patients about the availability of language assistance services.[33]

In addition, all federal agencies, including health care providers receiving federal funds, are required to implement language access plans to help ensure LEP individuals have access to these services.[32] DHHS provides specific guidelines to assist health care providers in determining how to comply with LEP access requirements, such as identifying LEP patients and assessing their language needs.[33]

The Language Assistance Services Act, (210 ILCS 87/1 *et seq.),* requires health care facilities in Illinois to offer language assistance services to LEP individuals to ensure effective communication in health care settings. For instance, health care facilities are required to provide interpretation services 24 hours a day, seven days a week, either through on-site interpreters or via telephonic or video interpretation services.[34] In addition, the facilities must offer written information (including posting signs) indicating the availability of language services to patients in their preferred language. Further, the facilities must ensure that staff who interact with patients are trained to work effectively with LEP individuals and know how to access language assistance services.[35]

While the Medical Patient Rights Act (410 ILCS 50/1 *et seq.*) focuses on the broader rights of patients receiving health care services, it also includes a provision that requires health care providers to provide medical information to female patients in a language in which she can communicate in accordance with federal law.[36]

The Illinois Human Rights Act (775 ILCS §§ 5/1-101) prohibits discrimination in various forms (i.e., sex, race, and national origin).[37] As stated above, health care facilities must ensure that they do not discriminate against individuals based on national origin, which, in our view, includes ensuring access for LEP individuals. In summary, federal and Illinois state laws ensure that LEP individuals have access to meaningful health care information in the language they understand. To comply with both federal and state laws, health care facilities must proactively identify LEP individuals during the intake process, offer qualified interpreters who are trained to handle medical terminology; incorporate written translation of vital documents when possible (including consent forms and discharge instructions); train staff to properly assist LEP individuals; monitor and improve their language access plan, policies, and procedures to ensure compliance with both

[33] USDHHS, Language Access Plan 2023
[34] 210 ILCS 87/15
[35] *Id*
[36] 410 ILCS 50/3.4
[37] 775 ILCS §§ 5/1-101

federal and state requirements; and, above all, provide equitable and non-discriminatory health care services.

Health Care Utilization and Access to Language Services: Provider and Patient Perspectives

Surveys and interviews captured the perspectives of medical interpreters and patients to glean a personal perspective related to accessing and delivering quality interpreter services throughout Illinois. Appendix II summarizes and depicts a more detailed overview of these responses.

Summary of Limited English Proficient (LEP) Survey Results

Five medical interpreters representing urban northern Illinois and five medial interpreters representing rural southern Illinois completed surveys and interviews regarding their experiences providing interpretation services to Illinois residents.

Medical Interpreter Experience in Urban Illinois

Most of the interpreters in urban Illinois provided at least 16 interpretations per month. All expressed that they are either “Satisfied” or “Very Satisfied” with their experiences providing interpretation.

Of note, they identified several barriers relative to providing interpretation services. One barrier was the perception that health care providers did not value interpretation services. This barrier was described through various interactions. For example, medical and non-medical staff who speak the patient's language choose to interpret themselves, even when a trained interpreter has arrived for a scheduled appointment. Respondents observed health care staff allowing family members to interpret without recognizing the specialized training and qualifications that professional medical interpreters possess. Additionally, respondents shared the observation that medical staff would sometimes fail to inform patients about available interpretation services altogether due to time constraints. These reported practices undermine the role of trained interpreters and can impact the quality of patient care.

A second barrier noted was the need for more training for interpreters. The need for interpreters to have some background information about the case before starting to interpret was also noted, underscoring the need for better protocols when delivering a language access service. One interpreter noted that when he worked in Oregon and Washington State, he felt health care providers more stringently adhered to the requirement of providing trained interpreters than in Illinois.

Recommendations to enhance the delivery of interpretation services included having health providers contract with interpreters directly rather than through language service companies, so interpreters can be paid at a higher rate. One final interesting suggestion was to pay contract interpreters a retention stipend because interpreters who do not get called frequently enough for assignments tend to drop out.

Medical Interpreter Experience in Rural Illinois

In contrast to urban-area interpreters, three of the five medical interpreters representing southern Illinois reported being very disappointed in their experience providing interpretation services. Interpreters emphasized the need for more staff, better planning, and enhanced support for language access and interpreter training to improve health care interpretation services.

Patient Experience in Urban Illinois

Five patients receiving health care in urban northern Illinois and five patients receiving health care in rural southern Illinois completed surveys and interviews regarding their experiences receiving interpretation services in Illinois.

Overall, patients representing urban northern Illinois reported positive experiences when receiving interpretation services. Nearly all preferred in-person interpretation, except for one, who preferred video remote interpreting. One respondent preferred video remote interpreting based on his experience with medical interpreters in New York and California citing better quality in general.

Patient Experience in Rural Illinois

Some reported that interpreters may not know the medical terms in the target language and suggested better training. One wishes that the interpreters would interpret the doctor's sentences word-for-word rather than summarize them. One respondent thinks it is wonderful to have interpretation services provided in the United States.

Other than better training, one respondent suggested that the health providers provide an app for patients to select any language they need interpretation in, and the app will connect to an interpreter.

Individuals representing southern Illinois reported being satisfied with the interpretation services they received, with many expressing very high satisfaction levels. Despite some patients being offered or receiving remote or phone-based services, the clear preference is for in-person interpreting. Patients generally felt well-informed about their health, indicating that interpretation services were effective. Communication between patients and health care providers. The only suggestion for improvement was related to the speed of communication, with one patient asking interpreters to speak slower. Other patients had no major concerns. In general, the data indicates a strong preference for in-person interpretation services, with generally positive experiences and high satisfaction levels from patients representing southern Illinois. Regarding demography, most patients are Spanish speakers residing in rural areas, highlighting a potential need for interpretation services catering to rural health care settings.

In summary, while levels of satisfaction among urban and southern Illinois medical interpreters vary, patients residing in urban Illinois reported greater levels of satisfaction with their experiences with interpretation services compared to patients receiving interpreter services in rural Illinois. This may be due to the greater availability of staff and resources related to providing interpretation services.

Challenges and Opportunities

The findings from this landscape analysis shed light on critical aspects of language access services in health care; however, the Task Force recognizes several key challenges in assessing their availability and accessibility across the state. For example, how can we accurately capture the demographic backgrounds of medical interpreters across Illinois, and do these demographics align with the state's population profile? Furthermore, how can we ensure that patients in under-resourced areas have equitable access to quality interpretation services? What incentives might be necessary to promote access to these services across diverse regions?

Despite these and other challenges, we offer a series of targeted recommendations to address issues related to ensuring access to quality interpretation services throughout the state.

Recommendations to Enhance Access to Quality Interpreter Services for LEP Patients in Illinois

1. Secure Additional Funding for Interpreter Services Statewide

- **Objective:** Secure additional funding to ensure quality interpreter services are available across Illinois, particularly in underfunded areas.
- **Action Steps:**
    - Advocate for public and private funding to support language services, particularly in underserved rural communities.

2. Enhance Interpreter Certification and Standardize Training

- **Objective:** Improve the quality of interpreter services through thorough and standardized training programs.
- **Action Steps:**
    - Develop uniform training and equal cost of certification standards for medical interpreters across the state to ensure a consistent level of quality, proficiency, and cultural competence.
    - Create and support initiatives offering financial assistance for interpreters' training and certification.
    - Include cultural competence as a core component in certification programs to ensure interpreters can effectively navigate both linguistic and cultural nuances.

3. Strengthen Compliance with Language Assistance Laws

- **Objective:** Ensure health care providers and institutions fully understand and comply with language access laws.
- **Action Steps:**
    - Educate health care providers on federal and state requirements, including Title VI of the Civil Rights Act and the Language Assistance Services Act, along with resources to support compliance. This ensures that providers and health care facilities meet legal standards for language assistance services.

4. Increase Interpreter Workforce Capacity

- **Objective:** Address shortages of qualified interpreters and meet growing demand, particularly post-pandemic.
- **Action Steps:**
    - Partner with community organizations and educational institutions to create career pathways for interpreters, offering internships and externships in health care settings.
    - Expand remote interpretation capabilities with video remote interpretation (VRI) training to meet needs in rural and low-resource facilities.
    - Create incentives and resources to support the retention of current medical interpreters.

5. Implement Provider Education and Training on Effective Use of Interpreter Services

- **Objective:** Ensure health care providers are comfortable and proficient in using interpreter services effectively.
- **Action Steps:**
    - Ensure newly mandated continuing education (CE) dedicated to cultural competency, which includes the importance of language services and provides practical strategies for effectively utilizing interpreters in health care delivery.
    - Provide on-the-job training for health care staff to raise awareness about the role of interpreters and dispel concerns or stress associated with using these services over time.
    - Emphasize legal and ethical considerations, highlighting that untrained interpreters, including family members, increase the risk of medical errors and confidentiality breaches.

6. Expand Community Outreach and Engagement

- **Objective:** Increase awareness among LEP populations about their right to language access and available interpreter services.
- **Action Steps:**
  - Develop multilingual community outreach programs to inform LEP patients of their rights and how to access language services in health care settings.
  - Collaborate with community-based organizations to provide educational workshops on navigating the health care system tailored to specific linguistic and cultural groups.
  - Gather and assess feedback from LEP patients about their experiences with interpreter services to identify ongoing gaps and refine service delivery.

7. Leverage Technology to Support Interpreter Accessibility and Training

- **Objective:** Utilize technology to streamline access to interpreters and further enhance training.
- **Action Steps:**
  - Invest in telehealth-compatible platforms that integrate VRI for real-time access to interpreters in rural and resource-limited areas.
  - Establish virtual training modules for interpreters, focusing on medical terminology and situational simulations.
  - Encourage health care facilities to adopt secure, reliable technology that minimizes connectivity issues during virtual interpretations and improves the patient experience.

8. Continue to Promote Research and Data Collection on Language Access and Health Disparities

- **Objective:** Generate evidence to support policies that improve language access and health outcomes for LEP patients.
- **Action Steps:**
  - Partner with academic institutions and local public health departments to conduct studies on the impact of interpreter services on health outcomes, especially among Illinois' diverse linguistic communities.
  - Use findings to continue to develop policy recommendations and to enhance future legislation supporting language access services.
  - Regularly assess the demographic composition of Illinois' LEP population to align interpreter services with the state's evolving linguistic needs.
  - Establish a repository of certified and noncertified medical interpreters in Illinois to ascertain current and emerging workforce and geographic needs.

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32. Exec. Order No. 13166, 65 Fed. Reg. 50121 (August 16, 2000).
33. USDHHS, Language Access Plan 2023, found at Limited English Proficiency (LEP) | HHS.gov.
34. 210 ILCS 87/15.
35. Id.
36. 410 ILCS 50/3.4.
37. 775 ILCS §§ 5/1-101.

Appendix I House Joint Resolution 13

1 HOUSE JOINT RESOLUTION 13

2 WHEREAS, There are over 1,000,000 Illinois residents that

3 are not proficient in English; and

4 WHEREAS, The State of Illinois recognizes that

5 comprehensive communication with one's health care provider is

6 critical; and

7 WHEREAS, Title VI of the Civil Rights Act of 1964

8 guarantees individuals the right to receive interpreter

9 services from health facilities that receive federal funds;

10 and

11 WHEREAS, The Language Assistance Services Act affirms that

12 the intent of the General Assembly is to provide quality

13 health care despite the persistence of language barriers; and

14 WHEREAS, The COVID-19 pandemic has facilitated a

15 transition to telehealth services in which Limited English

16 Proficiency (LEP) patients face structural barriers in

17 accessing and utilizing, including lack of access to

18 technology, need for medical interpreters, unfriendly patient

19 portals, and increased privacy concerns; and

20 WHEREAS, The American Geriatric Society has published

1 findings indicating LEP patients over 60 are at a higher risk

2 for worse mental and physical outcomes; and

3 WHEREAS, The Illinois Advisory Committee to the U.S.

4 Commission on Civil Rights heard testimony that LEP patients

5 do not always receive interpreter services in health

6 facilities and that, even when interpreter services are

7 provided, it is not always an accurate interpretation; and

8 WHEREAS, A survey of hospitals conducted by the American

9 Medical Association found that over 80% of the hospitals

10 indicated that they frequently encounter patients with limited

11 English proficiency; and

12 WHEREAS, The current law does not hold health care

13 providers and medical interpretation service companies

14 accountable for failing to work with qualified or certified

15 interpreters or for failing to work with best practices in

16 providing medical interpretation services; therefore, be it

17 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE

18 HUNDRED THIRD GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE

19 SENATE CONCURRING HEREIN, that the Statewide Task Force on

20 Limited English Proficient Patient Access to Quality

21 Interpreter Services is hereby created to provide

22 recommendations regarding access to quality interpreting

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1 services for Limited English Proficiency (LEP) patients; and

2 be it further

3 RESOLVED, That the Task Force shall focus on issues

4 including, but not limited to:

5 (1) The barriers preventing LEP patients from

6 accessing quality interpreting services;

7 (2) The impact of the COVID-19 pandemic relating to

8 its effects on access to quality interpreter services;

9 (3) Issues concerning funding for services and

10 reimbursement for health care providers;

11 (4) The number and quality of certified interpreters;

12 (5) Effective communication of the law to health care

13 providers; and
14 (6) Creating a plan for realistic enforcement of
15 violations of the Language Assistance Services Act; and be
16 it further
17 RESOLVED, That the Task Force shall consist of the
18 following voting members, who shall have racial, ethnic,
19 gender, and geographic diversity and include the following:
20 (1) One member appointed by the Director of the
21 Illinois Department of Public Health, who shall serve as
22 chair;
23 (2) Two members of the House of Representatives, one
24 appointed by the Speaker of the House and one appointed by

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1 the House Minority Leader;
2 (3) Two members of the Senate, one appointed by the
3 President of the Senate and one appointed by the Senate
4 Minority Leader;
5 (4) One member of the Governor's policy leadership
6 team appointed by the Governor; and
7 (5) 16 public members appointed by the Task Force
8 chair:
9 (a) 8 members who should equitably represent
10 the following groups:
11 (i) An association that advocates on
12 behalf of the health of the Chinese-American
13 community;
14 (ii) An association that advocates on
15 behalf of the health of the Hispanic/Latino
16 community; and

17 (iii) An association that advocates on
18 behalf of the health of the midwest Asian-American
19 community;
20 (b) Three members who are nationally board
21 certified medical interpreters who can highlight
22 challenges as well as opportunities for State action
23 to enhance the number of nationally board certified
24 medical interpreters;
25 (c) One member from an association that
26 advocates on behalf of hospitals and health care

1 providers;
2 (d) One member from an association that
3 advocates on behalf of civil rights;
4 (e) One member from the Illinois Department of
5 Healthcare and Family Services who deals primarily
6 with non-English speaking residents;
7 (f) One member from the Illinois Department of
8 Human Services who is knowledgeable on how LEP affects
9 rural, low income families; and
10 (g) One physician licensed by the State whose
11 practice focuses on emergency medicine and can speak
12 to the importance of quality communication as it
13 relates to emergency medicine; and be it further
14 RESOLVED, That the Task Force shall have all appointments
15 made within 30 days of the adoption of this resolution; and be
16 it further
17 RESOLVED, That the Task Force members shall receive no
18 compensation for their service but may receive reimbursement

19 for actual expenses incurred in the performance of their

20 duties, subject to the availability of funds for that purpose;

21 and be it further

22 RESOLVED, That the Illinois Department of Public Health

23 shall provide administrative support for the Task Force; and

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1 be it further

2 RESOLVED, That the Task Force shall meet at the call of the

3 chair and then shall meet at least monthly until it completes

4 its work; and be it further

5 RESOLVED, That the Task Force shall submit its final

6 report to the General Assembly and the Governor no later than

7 January 1, 2025, and, upon the filing of its final report, is

8 dissolved; and be it further

9 RESOLVED, That suitable copies of this resolution be

10 delivered to the Director of the Illinois Department of Public

11 Health, the Speaker of the House, the House Minority Leader,

12 the President of the Senate, the Senate Minority Leader, and

13 the Governor.

Appendix II Medical Patient Survey Responses

PATIENTS SURVEYED
14

SURVEY QUESTIONS AND RESPONSES

In the past year, have you ever received interpretation services while seeking health care?	
Yes	10
No	0
Were you offered interpretation services when seeking care? If yes, what kind of services were you offered?	
Video remote interpreting	3
Over the phone interpreting	4
In-person interpreter	7
Select the type of interpretation services you received:	
Video remote interpreting	4
Over the phone interpreting	3
In-person interpreter	7
Regarding your most recent 3 visits during the past year, what has been the most common form of interpretation service you received?	
Video remote interpreting	3
Over the phone interpreting	4
In-person interpreter	7
To what extent were you informed about your health because of the interpretation services you received?	
Much better informed	9
Better informed	5
What type of interpretation services do you prefer?	
Video remote interpreting	2
In-person interpreter	12
On a scale of 0 – 5, how satisfied were you with your interpretation services, with zero being none received to 5 being very satisfied?	
5 = Very Satisfied	8
4	6

Tell us more about your experience when receiving interpretation services:	
I like using an interpreter because I can share more about my health concerns through the interpreter and have my issues explained. More confident in the health care received.	1
Sometimes Mandarin interpreters are impatient with my Cantonese accent when I speak Mandarin.	1

The service was good.	1
Sometimes the interpreter is not familiar with some medical terms.	1
I wait for the doctor to ask questions and wait for the interpreter to speak. Then I answer. It is all very clear.	1
It was a good experience.	1
I was satisfied with the service.	1
Everything was Ok.	1
None	6
What suggestions do you have to improve interpretation services?	
Not every hospital or clinic has interpreters and videos. Using the phone is not clear. Prefer video.	1
Need better training for interpreters.	1
Hope they can be more detailed. Sometimes the doctor talks a lot but the interpreter translates only a little.	1
Better training, especially for interpreters using tablets.	1
Use an app to find an interpreter for any language. Not just Chinese but all languages.	1
Speak a little slower.	1
None	8
Is there anything else you would like to share?	
I consider it a luxury to have an interpreter. It is very good that we have this service in the U.S.	1
None	13

PATIENT DEMOGRAPHIC QUESTIONS

What is the preferred language you speak at home?	
Cantonese	5
Spanish	9
In what geographic area do you receive your health care?	
Urban	5
Urban/Suburban	1
Rural	8
What sex were you assigned at birth, on your original birth certificate?	
Male	2
Female	12
Do you currently describe yourself as male, female, non-binary, or transgender?	
Male	2
Female	12

What is your age?	
25-34	2
35-44	2
45-54	4
55-64	1
65-74	2
75 or older	3
Please specify your ethnicity:	
Asian	5
Hispanic	9
If you selected Ethnicity Hispanic, Latino/a, or Spanish origin, please select one of the following.	
Mexican	2
Other	7
None	5
If you selected Ethnicity American Indian or Alaska Native, what is your main tribe?	
None	14
If you selected Ethnicity Asian, please select one of the following.	
Chinese	5
None	9
If you selected Ethnicity Pacific Islander, please select one of the following.	
None	14
What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.	
No schooling completed.	3
High school graduate, diploma, or the equivalent (for example: GED).	9
Trade/technical/vocational training.	1
Bachelor's degree.	1
What is your marital status?	
Married or domestic partnership	10
Divorced	3
Widowed	1
What is your employment status?	
Unemployed	4
Employed for wages	7
Self-Employed	1
Retired	2

Appendix III Definition of Terms

Terms	Terminology Defined
	Characteristics relevant to social determinants of health.
Language Access	The ability of individuals with LEP to communicate with HHS employees and contractors, and meaningfully learn about, apply for, or participate in HHS programs, activities, and services. (HHS 2023)
Language Assistance Services	All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively with HHS staff and contractors and gain meaningful access and an equal opportunity to participate in the services, activities, programs, or other benefits administered by HHS. (HHS 2023)
Limited English Proficiency (LEP)	An individual who does not speak English as his or her preferred language and who has a limited ability to read, write, speak, or understand English in a manner that permits him or her to communicate effectively with HHS and have meaningful access to and participate in the services, activities, programs, or other benefits administered by HHS. Individuals with LEP may be competent in English for certain types of communication (e.g., speaking or understanding), but have limited proficiency in English in other areas (e.g., reading or writing). LEP designations are also context-specific; an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g., addressing court proceedings). An individual who is deaf or hard of hearing may also have limited proficiency in spoken or written English. (HHS 2023)
Meaningful Access	Language assistance that results in accurate, timely, and effective communication at no cost to the individual with LEP needing assistance. Meaningful access denotes access that is not significantly restricted, delayed, or inferior as compared to programs or activities provided to English-proficient individuals. (HHS 2023)
Preferred/Primary Language	The language that LEP individuals identify as the preferred language that they use to communicate effectively. The language that LEP individuals identify as the preferred language that they use to communicate effectively. (HHS 2023)
Qualified Interpreter or Translator	A bilingual/multilingual person who has the appropriate training and experience or demonstrated ability to fully understand, analyze, and process and then faithfully render a spoken, written, or signed message in one language into a second language and who abides by a code of professional practice and ethics. In the context of disabilities, a qualified interpreter is one who is able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. A child shall not be considered a qualified translator or interpreter, nor shall a family member or employee who does not meet the minimum qualifications specified above. (HHS 2023)