

## Best Practices for Caring for Patients with Non-English Language Preferences and/or Who Are Deaf/Hard of Hearing in Emergency Departments

In the United States, over 350 languages are spoken, with 22% of households speaking a language other than English. Over 25 million people in the United States report limited English proficiency (LEP). LEP can exacerbate health inequities by introducing difficulties when accessing medical care in an English-dominant health care system. When LEP is combined with social determinants of health, it poses a significant risk for the exacerbation of health inequities.

### ***What are emergency departments required to provide:***

- Under the Emergency Medical Treatment & Labor Act (EMTALA), emergency departments (EDs) *must provide screening examinations to all patients* regardless of insurance status, ethnicity, gender, sex, religion, or other identifying characteristics.

### ***What are emergency departments required to provide for patients who have a non-English language preference, or for those who are non-English speakers, deaf, or blind?***

- All ED patients are entitled to language assistance under Title IV of the 1964 Civil Rights Act.
- Furthermore, in accordance with Section 1557 of the Affordable Care Act (ACA), covered healthcare entities which receive funds via Medicare Part A,C, or D are required to post notices of nondiscrimination and taglines that alert individuals with non-English language preference (NELP) to the availability of language assistance services.
  - Translated resources can be found at the following: [Translated Resources for Covered Entities | HHS.gov](#)

### ***What are the best practices for providing language services to patients in the emergency department?***

1. Do not utilize bilingual family or friends as interpreters.
2. In-person medical interpreters are best, but telephonic and video interpreters can provide a more readily available, cost-effective alternative to language access services.
3. If a certified medical interpreter is not available for interpretation, utilize bi- or multi-lingual healthcare staff as an adjunct if available.
4. Develop and distribute dual language discharge papers and health related educational documents.
5. Consider efforts to recruit and retain healthcare staff who are bi- or multi-lingual.
6. Encourage healthcare staff to obtain language education, with consideration of providing reimbursement and/or buydown clinical time reductions for staff who obtain medical interpreter certification.