

COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

May 8, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Lack of Critical Language Services during COVID-19 Pandemic

Dear Secretary Azar:

I write to express my concern about the lack of critical language services during the ongoing COVID-19 pandemic. I am especially concerned that individuals with disabilities and those with Limited English Proficiency (LEP) are being left behind as they seek up-to-date information on prevention, testing, diagnosis, and treatment. There are more than 25 million LEP individuals in the United States along with an additional 30 million suffering from hearing impairment. Thus, I ask for you to take immediate action to ensure that civil rights for these populations are being protected, and I urge you to issue guidance describing how organizations and providers can use COVID-19 funding to support language services. The COVID-19 pandemic is a dire public health emergency that affects us all, but for those who are deaf, hard-of-hearing, or who have LEP, there are additional hurdles and communication barriers to receiving effective testing and treatment.

Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act each require entities receiving federal funds (including health care providers, hospitals, nursing homes, long-term care facilities, and local and state agencies) to ensure equal access to their programs and services for hard-of-hearing, deaf and LEP populations. This requirement includes providing interpreters and translated materials to help individuals with disabilities or LEP communicate about their health care needs and treatment.

Even before coronavirus, access to interpreters or translated materials was limited and inequitable. These services include paying for sign language interpreters; foreign language interpreters; translated, large print, and Braille materials; and any other auxiliary aids and

services to ensure effective communication. Now with the pandemic, access challenges are getting even worse and, in some cases, resulting in worse outcomes for patients.^{1 2 3}

Given these challenges, the Department of Health and Human Services (HHS) should amplify best practices from expert entities like the National Association of the Deaf and the Certification Commission for Healthcare Interpreters^{4 5} Further, HHS should clarify the extent to which federal funds disbursed to address COVID-19 can be used to pay for necessary language services.

For example, hospitals treating uninsured deaf, hard-of-hearing, or LEP patients should be able rely on COVID response funding to assist with the costs of providing language services in conjunction with any COVID-related treatment. As testing capacity ramps-up, HHS should ensure entities using federal funding to pay for testing can also receive funds to cover language services as needed to ensure effective communication with deaf, hard-of-hearing, and LEP patients.

I understand the difficulties associated with rapidly and equitably disbursing federal funds across the country in response to the COVID-19 pandemic, but as we confront these challenges we must also assure that we stand firmly committed to the federal government's obligation to civil rights and individuals who are deaf, hard-of-hearing- or LEP. As paying for language services is often cited as a challenge by providers, ensuring COVID-19 relief funds can cover the costs of these services will promote access to care and ease the financial burdens many health care providers, testing entities, and public health departments face.

If you have questions about this matter, contact Orriel Richardson on the Ways and Means Majority Health Staff at Orriel.Richardson@mail.house.gov or (202) 225-3625. Thank you for your immediate attention to this matter.

¹ *Hospitals Have Left Many COVID-19 Patients Who Don't Speak English Alone, Confused and Without Proper Care*, <https://www.propublica.org/article/hospitals-have-left-many-covid19-patients-who-dont-speak-english-alone-confused-and-without-proper-care>.

² *When Coronavirus Care Gets Lost in Translation*, <https://www.nytimes.com/2020/04/17/health/covid-coronavirus-medical-translators.html?referringSource=articleShare>; *Language Access Issues a Barrier During COVID-19*, <https://www.usnews.com/news/healthiest-communities/articles/2020-04-16/language-access-problems-a-barrier-during-covid-19-pandemic>; *How Are People Who Don't Primarily Speak English Getting Information About Coronavirus?*, <https://www.wgbh.org/news/local-news/2020/03/20/how-are-people-who-dont-primarily-speak-english-getting-information-about-coronavirus>; *Fresno-area translators race to get coronavirus info to Hmong, Punjabi, Spanish speakers*, <https://www.fresnobee.com/fresnoland/article241450391.html>.

³ *Coronavirus poses added challenges for hospital patients who are deaf or hard of hearing*, <https://www.latimes.com/california/story/2020-04-16/coronavirus-deaf-hearing-hospitals-interpreters>; *COVID-19 accentuates barriers for the deaf and hard of hearing*, <https://www.northcarolinahealthnews.org/2020/04/01/covid-19-deaf/>.

⁴ *COVID-19: Deaf and Hard of Hearing Communication Access Recommendations for the Hospital*, <https://www.nad.org/covid19-communication-access-recs-for-hospital/>.

⁵ *Open Letter on Ensuring Healthcare Interpreters' Safety during the COVID-19 Pandemic*, <https://cchicertification.org/covid-19/covid-19-update/>.

Sincerely,

A handwritten signature in blue ink, appearing to read "Richard E. Neal". The signature is fluid and cursive, with a long horizontal stroke at the end.

Richard E. Neal
Chairman
Committee on Ways and Means