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Language Service Cutbacks Raise Fear of Medical Errors, Misdiagnoses, Deaths

Some 26 million people in the U.S. speak English less than “very well." Policy and funding changes could leave some without lifesaving care.

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Health nonprofits and medical interpreters warn that federal cuts have eliminated dozens of positions in California for community workers who help non-English speakers sign up for insurance coverage and navigate the health care system.

At the same time, people with limited English proficiency have scaled back their requests for language services, which health care advocates attribute in part to President Donald Trump’s immigration crackdown and his executive order declaring English as the national language.

Such policy and funding changes could leave some without lifesaving care, particularly children and seniors. “People are going to have a hard time accessing benefits they’re entitled to and need to live independently,” said Carol Wong, a senior rights attorney for Justice in Aging, a national advocacy group.

Nearly 69 million people in the U.S. speak a language other than English, and 26 million of them speak English less than “very well,” according to the most recent U.S. Census data available, from 2023. A KFF-Los Angeles Times survey from that year found that immigrants with limited English proficiency reported more barriers accessing health care and worse health than English-proficient immigrants.

Health advocates fear that, without adequate support, millions of people in the U.S. with limited English proficiency will be more likely to experience medical errors, misdiagnosis, neglect, and other adverse outcomes. During the start of the pandemic in 2020, ProPublica reported that a woman with coronavirus symptoms died in Brooklyn after missing out on timely treatment because emergency room staffers could not communicate with her in Hungarian. And, at the height of the crisis, The Virginian-Pilot first reported that a Spanish translation on a state website erroneously stated that the COVID-19 vaccine was not necessary.

In 2000, President Bill Clinton signed an executive order aimed at improving access to federal

services for people with limited English proficiency. Research shows language assistance results in higher patient satisfaction, as well as fewer medical errors, misdiagnoses, and adverse health outcomes. Language services also save the health care system money by reducing hospital stays and readmissions.

Trump's order repealed Clinton's directive and left it up to each federal agency to decide whether to maintain or adopt a new language policy. Some have already scaled back. The Department of Homeland Security and the Social Security Administration reportedly reduced language services, and the Justice Department says it is reviewing guidance materials. A link to its language plan is broken.

It's unclear what the Department of Health and Human Services intends to do. HHS did not respond to questions from KFF Health News.

An HHS plan implemented under President Joe Biden, including guidance during public health emergencies and disasters, has been archived, meaning it may not reflect current policies. However, HHS's Office for Civil Rights still informs patients of their right to language assistance services when they pick up a prescription, apply for a health insurance plan, or visit a doctor.

And the office added protections in July that prohibit health providers from using untrained staff, family members, or children to provide interpretation during medical visits. It also required that translation of sensitive information using artificial intelligence be reviewed by a qualified human translator for accuracy.

Those safeguards could be undone by the Trump administration, said Mara Youdelman, a managing director at the National Health Law Program, a national legal and health policy advocacy organization. "There's a process that needs to be followed," she said, about making changes with public input. "I would strongly urge them to consider the dire consequences when people don't have effective communication."

Even if the federal government ultimately doesn't offer language services for the public, Youdelman said, hospitals and health providers are required to provide language assistance at no charge to patients.

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race or national origin, protections that extend to language. And the 2010 Affordable Care Act, which expanded health coverage for millions of Americans and adopted numerous consumer protections, requires health providers receiving federal funds to make language services, including translation and interpretation, available.

"English can be the official language and people still have a right to get language services when they go to access health care," Youdelman said. "Nothing in the executive order changed the actual law."

Insurers still need to include multi-language taglines in their correspondence to enrollees

explaining how they can access language services. And health facilities must post visible notices informing patients about language assistance services and guarantee certified and qualified interpreters.

State and local governments could broaden their own language access requirements. A few states have taken such actions in recent years, and California state lawmakers are considering a bill that would establish a language access director, mandate human review of AI translations, and improve surveys assessing language needs.

“With increasing uncertainty at the federal level, state and local access laws and policies are even more consequential,” said Jake Hofstetter, policy analyst at the Migration Policy Institute.

The Los Angeles Department of Public Health and San Francisco’s Office of Civic Engagement and Immigrants Affairs said their language services have not been affected by Trump’s executive order or federal funding cuts.

Demand, however, has dropped. Aurora Pedro of Comunidades Indígenas en Liderazgo, one of the few medical interpreters in Los Angeles who speaks Akatek and Q’anjob’al, Mayan languages from Guatemala, said she has received fewer calls for her services since Trump took office.

And other pockets of California have reduced language services because of the federal funding cuts.

Hernán Treviño, a spokesperson for the Fresno County Department of Public Health, said the county cut the number of community health workers by more than half, from 49 to 20 positions. That reduced the availability of on-the-ground navigators who speak Spanish, Hmong, or Indigenous languages from Latin America and help immigrants enroll in health plans and schedule routine screenings.

Treviño said staffers are still available to support residents in Spanish, Hmong, Lao, and Punjabi at county offices. A free phone line is also available to help residents access services in their preferred language.

Mary Anne Foo, executive director of the Orange County Asian and Pacific Islander Community Alliance, said the federal Substance Abuse and Mental Health Services Administration froze $394,000 left in a two-year contract to improve mental health services. As a result, the alliance is planning to let go 27 of its 62 bilingual therapists, psychiatrists, and case managers. The organization serves more than 80,000 patients who speak over 20 languages.

“We can only keep them through June 30,” Foo said. “We’re still trying to figure it out — if we can cover people.”

Orozco Rodriguez reported from Elko, Nevada.

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