U.S. COMMISSION ON CIVIL RIGHTS

LANGUAGE ACCESS for Individuals with LIMITED ENGLISH PROFICIENCY

BRIEFING REPORT

MAY 2026

U.S. COMMISSION ON CIVIL RIGHTS

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- Investigate complaints alleging that citizens are being deprived of their right to vote by reason of their race, color, religion, sex, age, disability, or national origin, or by reason of fraudulent practices.
- Study and collect information relating to discrimination or a denial of equal protection of the laws under the Constitution because of race, color, religion, sex, age, disability, or national origin, or in the administration of justice.
- Appraise federal laws and policies with respect to discrimination or denial of equal protection of the laws because of race, color, religion, sex, age, disability, or national origin, or in the administration of justice.
- Serve as a national clearinghouse for information in respect to discrimination or denial of equal protection of the laws because of race, color, religion, sex, age, disability, or national origin.
- Submit reports, findings, and recommendations to the President and Congress.
- Issue public service announcements to discourage discrimination or denial of equal protection of the laws.

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Language Access for Individuals with Limited English Proficiency

United States Commission on Civil Rights
2025 Briefing Report

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UNITED STATES COMMISSION ON CIVIL RIGHTS

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Letter of Transmittal

May 18, 2026

President Donald J. Trump
Vice President J.D. Vance
Speaker of the House Mike Johnson
President Pro Tempore of the Senate Chuck Grassley

Dear President Trump, Vice President Vance, Speaker Johnson, and President Pro Tempore Grassley:

On behalf of the United States Commission on Civil Rights (the "Commission"), I am pleased to transmit our report, *Language Access for Individuals with Limited English Proficiency*. The report is also available in full on the Commission's website at www.usccr.gov.

The Commission undertook this investigation because language access remains a significant civil rights issue for millions of people in the United States. More than 27 million people in this country are limited English proficient and often rely on language assistance to access essential services. These services include health care, food assistance, public benefits, schools, courts, law enforcement, and other government-funded programs.

The need for language access is not abstract. Life-changing decisions are often made in ordinary moments: at a doctor's office, while applying for benefits, signing a lease or consent form, or attempting to understand a government notice or communicating with an official. When people cannot understand what is being asked of them, the consequences can be serious. A patient may be misdiagnosed. A family may miss a benefits deadline. A parent may not understand information about their child's education. A person may agree to something without understanding their rights or obligations. In the most serious cases, a lack of qualified interpretation in medical settings can lead to long-term harm or death.

The Commission's work on this issue builds on prior reports examining the civil rights consequences of language barriers. In 2018, the Commission's report, *An Assessment of Minority Voting Rights Access*, found that noncompliance with language access provisions under the Voting Rights Act placed the voting rights of millions of limited English proficient Americans at risk. In 2023, the Commission's report, *The Federal Response to Anti-Asian Racism in the United States*, found that language barriers affected the ability of limited English proficient victims to report hate crimes and access support services.

The Commission's State Advisory Committees have also identified language access concerns across several areas of public life. Recent advisory committee reports have addressed language barriers in public health, special education, and access to legal counsel. These reports underscore that language access directly impacts whether people can meaningfully participate in systems that shape their health, safety, family, rights, and future.

The Commission voted in December 2024 to investigate the extent to which federal agencies and recipients of federal funds provide language access for individuals with limited English proficiency. The Commission focused on two essential areas: social safety net programs and health care. Specifically, the report examines language access in the Supplemental Nutrition Assistance Program, administered by the U.S. Department of Agriculture, and in hospitals that receive federal funding through Medicare and Medicaid and are regulated by the U.S. Department of Health and Human Services.

As part of this investigation, the Commission held a public briefing on March 21, 2025. The Commission received testimony from academic and policy experts, government agency representatives, health care providers, community advocates, and impacted individuals. The Commission also reviewed academic, government, and nonprofit research; sent interrogatory and document requests to USDA and HHS; analyzed county, state SNAP, and hospital websites; and surveyed community organizations that serve limited English proficient populations.

The report finds that language access remains inconsistent across programs and communities. Some agencies and institutions have built language access into their systems. Others rely on chance, including whether someone happens to be available to interpret or whether information has been translated at all. The report identifies several recurring challenges, including limited data on language needs and services, insufficient staff use of available language tools, difficulty finding interpreters for less commonly spoken languages, overreliance on machine translation, and the use of untrained interpreters, including family members or children.

The report also finds that language access is especially important in health care and public benefits. In terms of access to health care, people with limited English proficiency may be unable to explain symptoms, understand diagnoses, follow discharge instructions, or make informed decisions about treatment. In social safety net programs, language barriers may prevent eligible

people from understanding notices, completing applications, meeting deadlines, or maintaining benefits. These failures do not simply create confusion – they can affect health, food security, family stability, legal rights, and public trust.

To capture the scope of the issue and the federal response, the Commission organized this report into five chapters. Chapter 1 describes the limited English proficient population in the United States and examines language access in social safety net programs and health care. Chapter 2 outlines the legal framework for language access, including Title VI of the Civil Rights Act of 1964, *Lau v. Nichols*, Executive Order 13166, Executive Order 14224, and other federal, state, and local protections. Chapter 3 reviews language access in federally funded programs, including SNAP and hospitals, and examines USDA and HHS oversight. Chapter 4 presents the Commission's original analysis of county, state SNAP, and hospital websites, as well as survey responses from community organizations. Chapter 5 sets forth the findings and recommendations adopted by the majority of the Commission.

Among the Commission's major recommendations:

- **Congress should consider codifying Executive Order 13166 into federal law** to ensure meaningful access for individuals with limited English proficiency in federally operated and federally funded programs.
- **Congressional legislation should consider a tailored framework for determining when language assistance should be provided** for specific public-facing federal programs and federally funded services. That framework should consider: the number or proportion of limited English proficient persons in the eligible service population; the frequency with which they come into contact with the program; the importance of the benefit, service, information, or encounter to the LEP person (including the consequences of lack of language services or inadequate interpretation/translation); and the resources available and costs of providing language services.
- **Congressional legislation should consider directing agencies and departments to translate vital documents and mission-critical public materials** created for the public into any languages the agency frequently engages, and the dominant languages spoken in the United States based on current U.S. Census data.
- **Congressional legislation should consider directing agencies and departments to develop systems to identify and track the spoken and written language needs** of people who engage with the agency and ensure their language services meet those needs and are meaningfully accessible.
- **Federal departments and agencies should ensure accurate and meaningful language assistance in implementation**, including staff training, use of qualified interpreters and

translators, and appropriate quality controls for technology such as machine translation and artificial intelligence.

The Commission submits this report to provide Congress, the President, and the American people with a clear record of how language access impacts civil rights. Language access is not a matter of convenience or preference. It is about whether people can understand the decisions they are being asked to make, whether those decisions are truly their own, and whether public systems are accessible to the people they are meant to serve.

Speaking English does not define what it means to be an American. But the ability to understand decisions affecting one's health, family, benefits, rights, and future is fundamental to dignity, fairness, and equal protection under the law. The Commission urges Congress and federal agencies to preserve and strengthen meaningful language access for individuals with limited English proficiency.

For The Commission,

Rochelle M. Garza
Chair, U.S. Commission on Civil Rights

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Acknowledgements

This report was produced under the direction of and with the contribution of Dr. Marik Xavier-Brier, Director of the Commission's Office of Civil Rights Evaluation (OCRE). OCRE Social Scientists Dr. Heather Hicks and Dr. Bridget Brew performed principal research and writing.

The lead Commissioner for this report was Commissioner Glenn D. Magpantay. Commissioner Magpantay and his Special Assistant, Stephanie Wong, assisted in the planning and execution of the research plan. Commissioners' Special Assistants Nathalie Demirdjian-Rivest, Alexis Fragosa, John Mashburn, Carissa Mulder, Thomas Simuel, Irena Vidulovic, and Yvesner Zamar assisted their commissioners in reviewing the report.

The Commission's General Counsel David Ganz and Attorney-Advisors Sheryl Cozart and Pilar Velasquez McLaughlin assisted with legal sections of this report and reviewed and approved the report for legal sufficiency.

OCRE interns Noor Alramadan (B.A. Candidate 2026, University of California, Berkeley), Julian Applebaum (MPhil 2025, University of Oxford), Lauren Berg (B.S. Candidate 2026, Pennsylvania State University, Abington), Shayna Kieley (B.A. 2025, University of Maryland, College Park), Nehal Naqvi (B.S. 2025, University of Maryland, Baltimore County), Gurnasib Rataul (B.S. Candidate 2026, George Washington University), Jayce Sibley (B.A. Candidate 2026, Stanford University), Ren Szabo (B.A./B.S. Candidate 2026, University of Texas at Dallas), and Chinoso Udoye (B.A. 2025, University at Albany, SUNY) provided valuable research assistance. Commissioner interns Justin Cayago (J.D. Candidate 2026, George Washington Law School), Noorkaran Chima (B.S. Candidate 2026, University of North Carolina at Charlotte), Trinity Duggan (M.A. Candidate 2026, Hillsdale College), Chelsea Hernandez (J.D. Candidate 2028, Cardozo School of Law), Jack Kelly (B.A. Candidate 2026, Harvard College), Josephine Kim (J.D. Candidate 2028, Duke University School of Law), Jessica Kweon (J.D. 2025, University of Baltimore School of Law), Lavleen Mahadar (B.A. Candidate 2026, Brown University) and Katelin Wong (B.S. Candidate 2027, Cornell University) offered valuable assistance. Office of General Counsel (OGC) paralegal Cody Bowler and OGC intern Trinity MacArthur (J.D. Candidate 2027, Penn State Dickinson) offered valuable legal assistance.

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EXECUTIVE SUMMARY

The United States is one of the most linguistically diverse countries in the world.[1] The many languages spoken in American homes reflect the nation's rich history of cultural pluralism.[2] While this language diversity can be considered a national strength, particularly in the global economy,[3] there is also the need for uniformity in public life. Before recently becoming the official national language,[4] English was the de facto national language throughout American history.[5] It is the language of our laws and the language through which we educate children in public schools. There are clear economic benefits to speaking English in the U.S., including more secure employment and higher wages.[6]

Still, the U.S. is home to over 27 million people–approximately 8.7% of the population over the age of five–who have a limited ability to speak, read, and/or write in English.[7] The federal government defines these individuals who speak English less than "very well" as limited English proficient (LEP).[8] Of the approximately 71 million people in the U.S. who speak a language other than English at home, about 38% (27.6 million) are LEP.[9] This population often requires language assistance, such as translations or interpreters, to access government services.

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[1] World Economic Forum, "Ranked: The Countries with the Most Linguistic Diversity," Mar. 24, 2021, https://www.weforum.org/stories/2021/03/these-are-the-top-ten-countries-for-linguistic-diversity/.
[2] Juan F. Perea, *Demography and Distrust: An Essay on American Languages, Cultural Pluralism, and Official English*, 77 Minn. L. Rev. 269 (1992).
[3] Rubén G. Rumbaut and Douglas S. Massey, "Immigration & Language Diversity in the United States," *Daedalus*, 2013, vol. 142, no. 3, https://direct.mit.edu/daed/article/142/3/141/26991/Immigration-amp-Language-Diversity-in-the-United.
[4] Designating English as the Official Language of the United States, Exec. Order No. 14224, 90 Fed. Reg. 11363 (Mar. 1, 2025).
[5] Kim Potowski, "Language Diversity in the USA: Dispelling Common Myths and Appreciation Advantages," In K. Potowski (Ed.), *Language Diversity in the USA* (Cambridge University Press, 2010), pp. 1-24.
[6] Alisha Rao, Drishti Pillai, Samantha Artiga, Liz Hamel, Shannon Schumacher, Audrey Kearney, and Marley Presiado, "Five Key Facts About Immigrants with Limited English Proficiency," KFF, Mar. 14, 2024, https://www.kff.org/racial-equity-and-health-policy/five-key-facts-about-immigrants-with-limited-english-proficiency; Jill H. Wilson, "Investing in English Skills: The Limited English Proficient Workforce in U.S. Metropolitan Areas," Brookings, Sep. 24, 2014, www.brookings.edu/wp-content/uploads/2014/09/metro_20140924_investing_in_english_skils_report.pdf.
[7] U.S. Census Bureau, "Selected Social Characteristics in the United States," American Community Survey, ACS 2023 1-Year Estimates, Population 5 Years of Age or Older That Speaks English Less Than "Very Well," Table DP02, https://data.census.gov/table/ACSDP1Y2023.DP02 (accessed June 30, 2025).
[8] U.S. Department of Justice, Federal Coordination and Compliance Section, "Commonly Asked Questions and Answers Regarding Limited English Proficient (LEP) Individuals," Apr. 2011, https://www.lep.gov/sites/lep/files/media/document/2020-03/042511_QA_LEP_General_0.pdf (accessed May 15, 2025).
[9] U.S. Census Bureau, "Selected Social Characteristics in the United States," American Community Survey, ACS 2023 1-Year Estimates, Population 5 Years of Age or Older That Speaks English Less Than "Very Well," Table DP02, https://data.census.gov/table/ACSDP1Y2023.DP02 (accessed June 30, 2025).

In March 2025, President Trump issued Executive Order (E.O.) 14224, *Designating English as the Official Language of the United States*, which emphasized the importance of learning English.[10] The E.O. states:

> In welcoming new Americans, a policy of encouraging the learning and adoption of our national language will make the United States a shared home and empower new citizens to achieve the American dream. Speaking English not only opens doors economically, but it helps newcomers engage in their communities, participate in national traditions, and give back to our society. This order recognizes and celebrates the long tradition of multilingual American citizens who have learned English and passed it to their children for generations to come.[11]

Importantly, the order does not require federal agencies to make any changes to language access policies and explicitly permits agencies to continue to provide language assistance "necessary to fulfill their respective agencies' mission and efficiently provide government services to the American people."[12]

Learning a new language takes time and becomes more difficult with age.[13] While LEP individuals recognize the importance of learning English,[14] they may be unable to do so when their basic needs are not met. Providing language assistance for people who have not yet mastered English allows LEP individuals to access vital government-funded services, such as health care, emergency services, law enforcement, courts, and social services while in the process of learning a new language. Language assistance, therefore, helps to ensure that each individual can participate fully and contribute to society.

Over the past several decades, many federal agencies have taken important steps to provide LEP individuals with access to government-funded services.[15] While there is room for improvement, as this report will demonstrate, there has also been substantial progress. Leadership from the federal government on language access can help increase the efficiency and efficacy of government-funded programs. Federal agencies have historically provided guidelines for language

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[10] Designating English as the Official Language of the United States, Exec. Order No. 14224, 90 Fed. Reg. 11363 (Mar. 1, 2025).
[11] *Id.*
[12] *Id.*
[13] Kenji Hakuta, Yuko Goto Butler, and Daria Witt, "How Long Does It Take English Learners to Attain Proficiency?" Linguistic Minority Research Institute, Jan. 2000, https://escholarship.org/content/qt13w7m06g/qt13w7m06g_noSplash_df2b5d328565a9a2ce99012a6d0ca4b3.pdf; Joshua K. Hartshorne, Joshua B. Tenenbaum, and Steven Pinker, "A Critical Period for Second Language Acquisition: Evidence from 2/3 Million English Speakers," *Cognition,* 2018, vol 177, https://pubmed.ncbi.nlm.nih.gov/29729947/.
[14] Wilson, "Investing in English Skills." *See also infra* notes 712-764 (discussing qualitative results of organization surveys).
[15] *See e.g., infra* notes 47, 57-62.

access to funding recipients, assisted with standard document translations, and provided venues for sharing resources and best practices for assisting LEP clientele. When language access is not provided, research shows that a program may be less effective because sectors of the eligible population are not reached due to language barriers.[16] Government-funded services are also less efficient when program staff struggle to communicate with LEP individuals and miscommunication creates problems that take additional time and resources to address.[17] Robust language access policies can help remedy these issues by ensuring that communication assistance is available, such as providing translated documents or phone lines for interpretation and training staff on how to interact with LEP individuals.

The mission of the U.S. Commission on Civil Rights (Commission) is to "inform the development of national civil rights policy and enhance enforcement of federal civil rights laws."[18] As federal agencies review their language access policies for compliance with President Trump's E.O. 14224, this report provides a summary of the empirical research on the importance of language access, discusses the historical precedent and legal landscape for language access, and examines the current state of language access, including successes and areas for improvement.

Previous Commission reports demonstrate the importance of providing language access. In 2023, the Commission's report entitled *The Federal Response to Anti-Asian Racism in the United States* found that language barriers were a significant obstacle for LEP victims in both the reporting of hate crimes and in receiving necessary support services following an incident.[19] As a result, the report recommended that law enforcement agencies "identify critical deficiencies in Limited English Proficient (LEP) programs for individuals who need language assistance."[20] Additionally, in 2018, the Commission published a report entitled *An Assessment of Minority Voting Rights Access*, which found that "widespread noncompliance with the language access provisions of the [Voting Rights Act (VRA)]" put the voting rights of millions of LEP Americans at risk.[21] The

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[16] *See e.g.,* Edson Chipalo, Zainab Suntai, and Simon Mwima, "Factors Associated with Receiving Supplemental Nutrition Assistance Program (SNAP) Among Newly Resettled Refugees in the United States," *Journal of Sociology & Social Welfare,* 2022, vol. 49, no. 23, https://scholarworks.wmich.edu/cgi/viewcontent.cgi?params=/context/jssw/article/4573/&path_info=Chipalo_6.pdf; Dana Thomson, Yiyu Chen, Lisa A. Gennetian, and Luis E. Basurto, "Earned Income Tax Credit Receipt by Hispanic Families with Children: State Outreach and Demographic Factors," *Health Affairs*, 2021, vol. 41, no. 12, https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00725?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed.

[17] *See e.g.,* Lucas Fonseca, testimony, *Language Access for Individuals with Limited English Proficiency,* Briefing Before the U.S. Commission on Civil Rights, Washington, D.C., Mar. 21, 2025, transcript, p. 99 (hereinafter *Language Access Briefing* testimony).

[18] U.S. Commission on Civil Rights, "Our Mission," https://www.usccr.gov/about/mission (accessed Aug. 29, 2025).

[19] U.S. Commission on Civil Rights, *The Federal Response to Anti-Asian Racism in the United States*, Sep. 2023, pp. 168-169, https://www.usccr.gov/files/2023-10/fy-2023-se-report.pdf.

[20] Ibid., p. 195.

[21] U.S. Commission on Civil Rights, *An Assessment of Minority Voting Rights Access,* Sep. 2018, p. 184, https://www.usccr.gov/files/pubs/2018/Minority_Voting_Access_2018.pdf.

report noted that the Department of Justice (DOJ) had "drastically reduced its level of enforcement" of Section 203 of the VRA, which mandates that states provide language assistance (such as bilingual ballots and voter registration forms) for certain language minority groups.[22] Therefore, the report recommended that the DOJ increase its monitoring and enforcement of language access in voting.[23]

The Commission's State Advisory Committees (SACs) have also highlighted the civil rights implications of language barriers in recent reports.[24] These reports cover a range of topics that illustrate the far-reaching impact of language barriers. On the subject of public health, the Delaware Advisory Committee found that "language barriers further exacerbated the impact of the COVID-19 pandemic on black and brown communities."[25] In public schools, the D.C. Advisory Committee noted that English language proficiency is a barrier to appropriately identifying students with disabilities and communicating with their parents.[26] In the legal system, the Arkansas Advisory Committee found that "courts have struggled to provide sufficient access to bilingual attorneys [for indigent defendants] and appropriate language-interpretation services."[27] Recognizing the importance of research on language access and the limited information available about the efficacy of language services at the federal level, in December 2024, the Commission voted to investigate the extent to which federal agencies and recipients of federal funds provide language access for individuals with LEP.[28]

While language access is necessary across a broad range of government services and federally funded programs, this report focuses specifically on two key sectors: social safety net programs and health care. These sectors were chosen because they include programs for economically vulnerable populations (in the case of social safety net programs) as well as federally funded services that are necessary for LEP individuals of all socioeconomic statuses (in the case of health care). For the original data collection in Chapters 3 and 4 of this report, it was necessary to focus on one program or service from each of these sectors. For the social safety net program, we selected the Supplemental Nutrition Assistance Program (SNAP), which is administered by the U.S.

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[22] Ibid., p. 184.
[23] Ibid., p. 286.
[24] Beyond federal language access requirements, six states (California, Hawaii, Maryland, Minnesota, Nevada, and New York), Washington, D.C, and at least 35 counties and municipalities have their own language access requirements; *see infra* note 70.
[25] Delaware Advisory Committee to the U.S. Commission on Civil Rights, *The Disproportionate Impact of the COVID-19 Pandemic on Communities of Color in Delaware*, June 2024, p. 12, www.usccr.gov/files/2025-04/2024_disp_impact_covid-19_delaware.pdf.
[26] District of Columbia Advisory Committee to the U.S. Commission on Civil Rights, *Accessing Services for Students with Disabilities in DC Public Schools*, Dec. 2024, pp. 12-13, https://www.usccr.gov/files/2024-12/dc-report_special-education.pdf.
[27] Arkansas Advisory Committee to the U.S. Commission on Civil Rights, *The Right to Counsel in Arkansas*, Oct. 2024, p. 16, www.usccr.gov/files/2024-11/2024-right-to-counsel-ar.pdf.
[28] In recent years, federal agencies have moved toward using the phrase "individuals with LEP" instead of "LEP individuals." *See e.g.,* Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37522 (May 6, 2024). In this report, we use the two terms interchangeably.

Department of Agriculture (USDA). For the health care sector, we selected hospitals that receive federal funding through Medicare and Medicaid and are regulated by the U.S. Department of Health and Human Services (HHS).

Social safety net programs provide an arena to investigate how government programs assist particularly vulnerable LEP populations. It is important to investigate language access in this area because socioeconomic outcomes are often related to the ability to speak English.[29] As a result, people with LEP are more likely than people who speak English proficiently to require support from social safety net programs.[30]

However, not all LEP individuals qualify for social safety net programs.[31] Therefore, this report also investigates access to health care, which affects all LEP individuals regardless of their socioeconomic status and eligibility for benefits. Research demonstrates how insufficient language access in health care can have devastating consequences for LEP individuals.[32] For instance, without access to a qualified interpreter, LEP individuals may be unable to describe symptoms or situations that accompany an illness or injury, leading to misdiagnoses that can result in permanent complications or even loss of life.[33] Individuals with LEP may also delay seeking medical care[34] or avoid preventative visits[35] if they do not believe they will be able to communicate with providers.[36]

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[29] *See e.g.,* Barry R. Chiswick and Paul W. Miller, "International Migration and the Economics of Language," in *Handbook of the Economics of International Migration* (North-Holland, 2015), vol. 1, pp. 211-269.
[30] *See e.g.,* Chipalo, Suntai, and Mwima, "Factors Associated with Receiving SNAP," p. 135.
[31] For example, some LEP individuals exceed income cut offs for benefits, others do not qualify due to their immigration status; *see infra* notes 146-155. Additionally, LEP individuals residing in U.S. territories, such as Puerto Rico, are not eligible for some federal benefit programs*; see e.g.,* U.S. Department of Agriculture, Food and Nutrition Service, "Implementing Supplemental Nutrition Assistance Program in Puerto Rico: A Feasibility Study," June 2010, https://fns-prod.azureedge.us/sites/default/files/PuertoRicoSummary.pdf; Michael Stephens, "Estimated Change in Federal SSI Program Cost for Potential Extension of SSI Eligibility to Residents of Certain U.S. Territories—Information," Social Security Administration, June 11, 2020, www.ssa.gov/oact/solvency/SSIEligExt_20200611.pdf.
[32] *See e.g.,* Chandrika Divi, Richard G. Koss, Stephen P. Schmaltz, and Jerod M. Loeb, "Language Proficiency and Adverse Events in US Hospitals: A Pilot Study," *International Journal for Quality in Health Care*, 2007, vol. 19, no. 2, https://academic.oup.com/intqhc/article-abstract/19/2/60/1803865; Mamata Pandey, R. Geoffrey Maina, Jonathan Amoyaw, Yiyan Li, Rejina Kamrul, C. Rocha Michaels, and Razawa Maroof, "Impacts of English Language Proficiency on Healthcare Access, Use, and Outcomes Among Immigrants: A Qualitative Study," *BMC Health Services Research*, 2021, vol. 21, https://link.springer.com/content/pdf/10.1186/s12913-021-06750-4.pdf.
[33] Divi, Koss, Schmaltz, and Loeb, "Language Proficiency and Adverse Events in US Hospitals;" Anika L. Hines, Roxanne M. Andrews, Ernest Moy, Marguerite L. Barrett, and Rosanna M. Coffey, "Disparities in Rates of Inpatient Mortality and Adverse Events: Race/Ethnicity and Language as Independent Contributors," *International Journal of Environmental Research and Public Health*, 2014, vol. 11, no. 12, https://pubmed.ncbi.nlm.nih.gov/25514153/.
[34] Pandey, Maina, Amoyaw, Li, Kamrul, Michaels, and Maroof, "Impacts of English Language Proficiency on Healthcare Access."
[35] Reeti K. Gulati and Kevin Hur, "Association Between Limited English Proficiency and Healthcare Access and Utilization in California," *Journal of Immigrant and Minority Health*, 2022, vol. 24, no. 1, https://doi.org/10.1007/s10903-021-01224-5.
[36] Jerry Raburn, *Language Access Briefing* testimony, p. 164.

This report utilizes several social science methodologies to investigate the extent of language access in social safety net programs and health care. The report synthesizes previous research from academic, governmental, and nonprofit publications to understand the state of current knowledge about language access. The Commission also sent formal interrogatory and document requests to USDA and HHS. However, HHS did not respond to the interrogatories or provide the requested documents to the Commission. On March 21, 2025, the Commission held a public briefing and received written and oral testimony from academic and policy experts, government agency and health care representatives, community advocates, and impacted persons. The Commission collected and analyzed original data for this report through a quantitative content analysis of the websites of a sample of county governments, state SNAP agencies, and hospitals. Additionally, the Commission surveyed community organizations that work with LEP populations and qualitatively analyzed the organizations' open-ended responses.

This report is organized into five chapters. Chapter 1 uses data from the Census Bureau to describe the LEP population in the U.S. The LEP population includes U.S. citizens (both native-born Americans and naturalized immigrants) and noncitizen immigrants, with about 19% of the LEP population born in the U.S.[37] For instance, approximately 10% of Native Americans are LEP.[38] In addition to the 26.7 million LEP individuals living in the 50 states and the District of Columbia, 2.3 million people living in Puerto Rico are LEP, which is about 74% Puerto Rico's population.[39] English proficiency varies significantly across languages. For example, 57% of Vietnamese speakers are LEP, compared to only 14% of German speakers.[40] The most common language spoken by LEP individuals in the U.S. is Spanish, which accounts for about 64% (17.6 million) of the LEP population.[41] The next most common LEP language groups[42] are Chinese, Vietnamese,

[37] Jeanne Batalova, "Frequently Requested Statistics on Immigrants and Immigration in the United States," Migration Policy Institute, Mar. 12, 2025, https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states.
[38] Allison Neswood, Senior Staff Attorney, Native American Rights Fund, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 3 (hereinafter Neswood Statement).
[39] Although Puerto Ricans are U.S. citizens, the Census Bureau's count of the U.S. LEP population (27.6 million) does not include residents of Puerto Rico, who are counted separately. *See* U.S. Census Bureau, "Language Spoken at Home," ACS 2023 1-Year Estimates Subject Tables, Table S1601, https://data.census.gov/table/ACSST1Y2023.S1601?t=Populations+and+People&g=010XX00US,$0400000.
[40] *See* Table 1.2 for English proficiency statistics for other languages.
[41] U.S. Census Bureau, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," Table B16001, 2023 American Community Survey 1-Year Estimates Detailed Tables, https://data.census.gov/table/ACSDT1Y2023.B16001 (accessed May 15, 2025).
[42] The Census Bureau categorizes non-English languages into 42 language groups, which often collapse several languages and dialects into a single group. For example, the "Chinese" group includes Mandarin, Cantonese, and Taiwanese and the "Tagalog" group includes Filipino and Tagalog. The Census Bureau occasionally updates these language groups, with the latest update for American Community Survey data used in this report occurring in 2016. Data from previous years may use different categories or names for the language groups. For clarity, when referring to Census Bureau data, we use the Census Bureau names for each language category. *See* U.S. Census Bureau, "About Language Use in the U.S. Population," June 16, 2025, https://www.census.gov/topics/population/language-use/about.html.

Korean, Tagalog, Arabic, and Russian, respectively.[43] The largest populations of LEP individuals live in metropolitan areas, but some rural and suburban areas also have high concentrations of LEP residents.[44]

Chapter 1 also provides a broad overview of the current status of language access in social safety net programs and health care. Based on our review of academic, nonprofit, and government reports, as well as expert testimony and public comments from the Commission's Language Access briefing, Chapter 1 identifies several common challenges for language access in social safety net programs and health care. These include lack of data on language access needs and the availability of services, insufficient staff use of language access tools, difficulty finding interpreters for less widely spoken languages, and over-reliance on machine translation (MT) and untrained interpreters.

Finally, Chapter 1 discusses attributes of successful language access programs. For example, Legal Aid Foundation of L.A. wrote to the Commission that:

> Many federal, state, and local agencies and entities have successfully established safeguards for individuals with LEP in administering their programs and activities, such as translating forms, allowing forms to be completed in different languages, providing scribing services, allowing for applications to be completed orally, and providing interpretation and translation services.[45]

Local governments have had success in centralizing language access by creating a dedicated office to coordinate language access efforts across programs, train staff, and produce translations. This helps to ensure consistency in language access and promotes efficiency through resource-sharing across programs and departments. For example, the Baltimore City Mayor's Office of Immigrant Affairs told the Commission that since the launch of its centralized language access program in 2019, "the usage of telephonic interpretation has increased by more than 500%, more than 3,000 staff have been trained in language access best practices, and 18 city agencies have engaged with the language access onboarding process."[46]

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[43] U.S. Census Bureau, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," Table B16001, 2023 American Community Survey 1-Year Estimates Detailed Tables, https://data.census.gov/table/ACSDT1Y2023.B16001 (accessed May 15, 2025).
[44] U.S. Census Bureau, "Limited English Speaking Households," Table S1602, 2022 American Community Survey 5-Year Estimates, https://data.census.gov/table/ACSST5Y2022.S1602?g=010XX00US$0500000.
[45] Joann Lee, Special Counsel on Language Justice, Legal Aid Foundation of Los Angeles, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, pp. 5-6 (hereinafter Lee Statement).
[46] Mayor's Office of Immigrant Affairs (MIMA), City of Baltimore, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025 (hereinafter MIMA Statement).

In his testimony to the Commission, Jacob Hofstetter, Policy Analyst at the Migration Policy Institute, emphasized the progress governments at all levels have made in language access over the past 25 years, but cautioned that language access remains a "work-in-progress."[47] He stated:

> Federal, state, and local efforts to better support language access in government programs have … expanded in the past 25 years with particularly notable growth at the state and local levels in the last five years. Yet despite long-standing civil rights requirements and the growth of such efforts across levels of government, language access remains a work-in-progress, one that is challenging to fully assess due to the limited availability of relevant data and metrics as well as the vast reach of government programs across the country.[48]

Chapter 2 of this report outlines the legal framework for language access and provides an overview of the history of the federal government's response to language barriers. The foundation for federal language access requirements rests with Title VI of the Civil Rights Act of 1964. Section 601 prohibits entities that receive federal funding from discriminating on the basis of race, color, or national origin,[49] and Section 602 empowers federal agencies to issue rules and regulations implementing Section 601 with the programs and activities they fund.[50] Although Title VI does not explicitly mention language, national origin–a protected class under the statute–is closely tied to language. Therefore, federal agencies have historically interpreted Title VI to prohibit discrimination against LEP individuals.[51] The Supreme Court upheld this interpretation in *Lau v. Nichols* (1974).[52]

Several subsequent court cases, however, substantially weakened the Court's decision in *Lau*. In *Guardians Association v. Civil Service Commission of the City of New York* (1983), a majority of the Court held that Section 601 of Title VI applies only to intentional discrimination.[53] Further, in *Alexander v. Sandoval* (2001), the Supreme Court held that there is no private right of action to enforce disparate impact discrimination under Title VI of the Civil Rights Act because Congress did not expressly provide one.[54] In other words, the decision in *Alexander* means that while individuals may be able to bring a suit for intentional discrimination, individuals cannot sue for disparate impact claims under Title VI.[55]

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[47] Jacob Hofstetter, Policy Analyst, Migration Policy Institute, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 2 (hereinafter Hofstetter Statement).
[48] Ibid.
[49] Civil Rights Act of 1964, Pub. L. 88-352, 78 Stat. 252, Title VI, § 601 (codified as 42 U.S.C § 2000d).
[50] Civil Rights Act of 1964, Pub. L. 88-352, 78 Stat. 252, Title VI, § 602 (codified as 42 U.S.C § 2000d-1).
[51] Jessica Rubin-Wills, *Language Access Advocacy after Sandoval: A Case Study of Administrative Enforcement Outside the Shadow of Judicial Review*, 36 NYU Rev. L. & Soc. Change 465, 474, 486-88 (2012).
[52] *Lau v. Nichols*, 414 U.S. 563 (1974).
[53] *Guardians Association v. Civil Service Commission of the City of New York*, 463 U.S. 582 (1983).
[54] *Alexander v. Sandoval,* 532 U.S. 275 (2001).
[55] Rubin-Wills, *supra* note 51, at 480, 482.

After the passage of the Civil Rights Act of 1964, some federal agencies began issuing guidance on how federal funding recipients should provide language access for LEP individuals to comply with Title VI. Then, in 2000, President Clinton issued E.O. 13166, *Improving Access to Services for Persons with Limited English Proficiency*,[56] which required that all federally provided services and federal funding recipients "take reasonable steps to provide meaningful access to their programs and activities by LEP persons."[57]

In the years following E.O. 13166, both Republican and Democratic administrations implemented and enforced language access provisions for LEP individuals. In 2002, the DOJ under the Bush administration issued compliance guidance to federal agencies regarding E.O. 13166.[58] This guidance emphasized that while funding recipients must take reasonable steps to provide language access, they would have flexibility in how they provide meaningful access to LEP individuals. The guidance instructed recipients to consider the following four factors when determining the extent to which recipients were obligated to provide language services: (1) the number of LEP individuals eligible to be served by the program; (2) the frequency with which LEP individuals interact with the program; (3) the importance of the program; and (4) the costs of language assistance and recipients' available resources.[59] These elements would be called the "Four-Factor Analysis."

In 2011, President Obama's Attorney General, Eric Holder, issued a memorandum asking federal agencies to recommit to the implementation of E.O. 13166.[60] Similarly, in 2022, President Biden's Attorney General, Merrick Garland, issued a memo reaffirming the federal government's commitment to language access and requesting that federal agencies update their language access plans.[61] The DOJ under the Biden administration also established the Federal Language Access Working Group to coordinate language access across the federal government.[62]

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[56] This E.O. was revoked in March 2025 by President Trump's E.O. *Designating English as the Official Language of the United States*, Exec. Order No. 14224, 90 Fed. Reg. 11363 (Mar. 1, 2025).
[57] Improving Access to Services for Persons with Limited English Proficiency, Exec. Order No. 13166, 65 Fed. Reg. 50121 (Aug. 11, 2000).
[58] Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 67 Fed. Reg. 41455 (June 18, 2002).
[59] *Id*. at 41459.
[60] Eric H. Holder, Jr., Memorandum to Heads of Federal Agencies, General Counsels, and Civil Rights Heads, "Federal Government's Renewed Commitment to Language Access Obligations Under Executive Order 13166," Feb. 17, 2011, https://www.lep.gov/sites/lep/files/resources/AG_021711_EO_13166_Memo_to_Agencies_with_Supplement.pdf (accessed May 15, 2025).
[61] Merrick Garland, Memorandum to Heads of Federal Agencies, Heads of Civil Rights Offices, and General Counsels, "Strengthening the Federal Government's Commitment to Language Access," Nov. 21, 2022, www.justice.gov/usdoj-media/ag/media/1260736/dl?inline.
[62] U.S. Department of Justice, "Justice Department Launches New Interagency Language Access Working Group," Nov. 16, 2023, https://www.justice.gov/archives/opa/pr/justice-department-launches-new-interagency-language-access-working-group.

In March 2025, President Trump revoked E.O. 13166 and issued E.O. 14224.[63] As mentioned above, E.O. 14224 does not direct agencies to make any changes to their language access policies and gives agencies broad discretion to determine the extent to which they will provide language assistance. The Order explicitly allows for language assistance if it is necessary to fulfill an agency's mission and it is efficiently provided. In July 2025, Attorney General Pam Bondi provided initial guidance to federal agencies on the implementation of E.O. 14224, stating that DOJ will "lead a coordinated effort to minimize non-essential multilingual services, redirect resources toward English-language education and assimilation, and ensure compliance with legal obligations through targeted measures where necessary."[64] In accordance with the E.O., DOJ guidance encourages agencies to consider "which of their programs, grants, and policies might serve the public at large better if operated exclusively in English," but states that agencies may still provide language services if it is "necessary to fulfill [the agency's] mission and efficiently provide government services."[65]

Federal funding recipients are still required to comply with Title VI and other applicable anti-discrimination laws. For example, the Food and Nutrition Act of 2008 requires language access in SNAP.[66] Similarly, HHS regulations under Section 1557 of the Affordable Care Act[67] require language access in any health-related programs or activities receiving federal funding or administered by an executive agency.[68] Additionally, six states,[69] Washington, D.C, and at least 35 counties and municipalities have their own language access requirements.[70]

Chapter 3 summarizes the steps that USDA and HHS have taken to address language access in SNAP and hospitals, respectively. Building on the foundation created by E.O. 13166, Title VI, and anti-discrimination provisions in other federal laws (e.g., the Affordable Care Act of 2010 and the Food and Nutrition Act of 2008), federal agencies have historically worked to provide

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[63] Designating English as the Official Language of the United States, Exec. Order No. 14224, 90 Fed. Reg. 11363 (Mar. 1, 2025).
[64] Pam Bondi, Memorandum for All Federal Agencies, "Implementation of Executive Order No. 14,224: Designating English as the Official Language of the United States of America," July 14, 2025, https://www.justice.gov/ag/media/1407776/dl?inline=&utm_medium=email&utm_source=govdelivery.
[65] Ibid.
[66] Food and Nutrition Act of 2008, Pub. L. 88–525, 78 Stat. 703 (codified as 7 U.SC. §§ 2011-2036d).
[67] Patient Protection and Affordable Care Act, Pub. L. 111-148, 124 Stat. 260, § 1557 (codified as 42 U.S.C. § 18116).
[68] Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37522, 37699 (May 6, 2024).
[69] California, Hawaii, Maryland, Minnesota, Nevada, and New York.
[70] Jacob Hofstetter, Margie McHugh, and Anna O'Toole, "A Framework for Language Access: Key Features of U.S. State and Local Language Access Laws and Policies," Migration Policy Institute, Oct. 2021, https://www.migrationpolicy.org/sites/default/files/publications/language-access-2021_final.pdf. In addition to the states listed in the report cited above, Nevada passed a language access law in 2021. *See* NRS 232.0081, https://www.leg.state.nv.us/division/legal/lawlibrary/nrs/NRS-232.html#NRS232Sec0081. The City of Baltimore also passed a language access ordinance in 2024. *See* BALT., MD., BALT. CITY CODE art. I, § 52-59, https://codes.baltimorecity.gov/us/md/cities/baltimore/code/1/52-9.

comprehensive guidance to funding recipients, helping them understand their language access obligations and expand meaningful access to federal services.

Implementation, however, has varied across institutions. For example, one study found that about 25% of hospitals in "high need" areas with large LEP populations do not provide language assistance.[71] Similarly, testimony and public comments received by the Commission, academic studies, and government and nonprofit reports have highlighted room for improvement to ensure meaningful access for individuals with LEP. For instance, a study in Illinois found that LEP individuals were over five times more likely to lose Medicaid benefits than English-proficient individuals during the renewal process, in part because LEP individuals did not understand the renewal letters sent to them in English.[72] Additionally, when LEP individuals engage with federal agencies to provide feedback or file a complaint, resolution timelines have historically been lengthy, suggesting an opportunity for growth in federal oversight and enforcement in providing language access.[73]

Chapter 4 presents the results of our quantitative content analysis of county websites, state SNAP program websites, and hospital websites. We examined the extent to which these websites provide translations and other resources for LEP individuals from a stratified random sample of 80 counties.[74] Within this sample, we assessed the availability of translations and other language resources for all 80 county websites, 31 state SNAP websites (in each state where the sample counties are located), and 153 hospital websites. The results indicate that federal funding recipients make a wide variety of decisions about providing language access to their LEP residents online. For instance, some websites provide no language translation or resources and others provide language translation and additional resources in many languages; most are between these poles.

Our analyses also found that state SNAP websites provide more translations and additional language resources than county websites. Most of the state SNAP websites in our sample provide some type of translation (87.1%), while the majority of the sampled county websites do not have embedded or machine translations (52.5%). Many websites use machine translation (MT), especially for languages other than Spanish. While MT can be a helpful tool in aiding LEP individuals to access information on websites, our analysis shows that MT does not work on all browsers (e.g., those blocking popups) and is frequently not intuitive for LEP individuals to find on websites. While few hospitals in our sample provide website translation (18.3%), most have

[71] Melody K. Schiaffino, Atsushi Nara, and Liang Mao, "Language Services in Hospitals Vary by Ownership and Location," *Health Affairs*, 2016, vol. 35, no. 8, https://doi.org/10.1377/hlthaff.2015.0955.
[72] Mansha Mirza, Elizabeth Adare Harrison, Luvia Quiñones, and Hajwa Kim, "Medicaid Redetermination and Renewal Experiences of Limited English Proficient Beneficiaries in Illinois," *Journal of Immigrant and Minority Health,* 2022, vol. 24, https://link.springer.com/article/10.1007/s10903-021-01178-8.
[73] Chi-Ser Tran, Supervising Attorney, Community Legal Services of Philadelphia, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 7 (hereinafter Tran Statement).
[74] *See* Chapter 4 for more details on the sample selection.

some type of resource (e.g., a phone number to call for language assistance) that provides an entry point to language access (87.6%). Some of these resources, however, can be difficult to find and often require LEP individuals to navigate several pages in English before accessing translated information.

Chapter 4 also includes our qualitative analysis of responses to the Commission's survey of community organizations that serve LEP populations. The Commission sent surveys to 121 community organizations in the sample counties and received 20 responses. We found that the responses echo many of the same themes in the empirical literature as well as the testimony and public comments from our briefing, which are summarized in Chapter 1. For example, the organizations noted barriers for LEP populations in their communities in most institutions. While well-intentioned staff in social service agencies and hospitals try to serve LEP individuals, they are often overwhelmed and do not have the training and resources required to meet the needs of all LEP individuals. Although imperfect, many organizations reported that hospitals have better language access than social services offices, perhaps due to HHS regulations requiring language access under Section 1557 of the Affordable Care Act.[75] Most organizations indicated that Spanish-speakers are served well, but speakers of less common languages have difficultly accessing interpreters.

Respondents to the Commission's survey also noted successes in language access for individuals with LEP. For example, Lauren Rogers, Director of Community Engagement at International House, explained:

> Many departments and programs have dedicated staff that act as liaisons for community partners who need to make referrals for services. This approach is incredibly helpful to strengthening relationships between partner organizations and ensuring that clients don't fall through the cracks when being referred to different agencies.[76]

Organizations emphasized the importance of continued language access as a civil right, building upon successful programs and expanding access where it is limited, not only for the well-being of LEP individuals, but to strengthen communities in which they live and the nation as a whole. The International Rescue Committee in Salt Lake City, Utah, explained:

> LEP individuals in our communities have so much to offer. Their ability to contribute in meaningful ways and truly be on a trajectory to long-term self-sufficiency really does

[75] Patient Protection and Affordable Care Act, Pub. L. 111-148, 124 Stat. 260, § 1557 (codified as 42 U.S.C. § 18116); Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37522 (May 6, 2024).
[76] Lauren Rogers, Director of Community Engagement, International House, response submitted Mar. 4, 2025 [on file].

> depend on their English ability or their access to language services. [Language access] is such an important piece.[77]

Chapter 5 concludes the report with the Commission's findings and recommendations.

[77] International Rescue Committee, response submitted Mar. 18, 2025 [on file].

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CHAPTER 1: Introduction and Overview

The Census Bureau estimates that about 27.6 million people in the United States are limited in their ability to speak, read, and/or write in English.[78] The limited English proficient (LEP) population equates to about 8.7% of the U.S. population over the age of five and includes about 47% of the foreign-born population.[79] Although most individuals with LEP are immigrants, about 19% of the LEP population was born in the United States, including speakers of Native American languages.[80] Puerto Rico has an additional 2.3 million LEP residents (approximately 74% of Puerto Rico's population), who are not included in the Census Bureau's estimate of the U.S. LEP population.[81]

For the millions of Americans with LEP, access to language support when interacting with government and health care services is vital to their health and well-being. Yet, a recent KFF (formerly the Kaiser Family Foundation)[82] and *L.A. Times* survey found that 31% of LEP immigrants have had difficulty getting health care services; 25% reported difficulty applying for government assistance for food, housing, and health coverage; and 20% reported difficulty reporting a crime or getting help from the police due to difficulty speaking or understanding English.[83] These numbers are even higher among low income LEP immigrants, with 38% reporting difficulty accessing health care, 31% reporting difficulty accessing government assistance, and 26% reporting difficulty interacting with law enforcement.[84]

Language access for individuals with LEP can take many forms. Translations refer to written materials and may include applications for public benefits, informational pamphlets about a program or service, discharge instructions at hospitals, and information on websites. Translated signage in social services offices and hospitals can help LEP individuals know where to go when they arrive. Taglines, or short statements posted in multiple languages, can be used to inform LEP

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[78] U.S. Census Bureau, "Selected Social Characteristics in the United States," American Community Survey, ACS 2023 1-Year Estimates, Population 5 years of Age or Older That Speaks English Less Than "Very Well," Table DP02, Selected Social Characteristics in the United States, https://data.census.gov/table/ACSDP1Y2023.DP02 (accessed June 30, 2025).
[79] Ibid.
[80] Jeanne Batalova, "Frequently Requested Statistics on Immigrants and Immigration in the United States," Migration Policy Institute, Mar. 12, 2025, https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states.
[81] U.S. Census Bureau, "Language Spoken at Home," American Community Survey, ACS 2023 1-Year Estimates, Table S1601, https://data.census.gov/table/ACSST1Y2023.S1601?q=s1601&g=010XX00US,$0400000&moe=false (accessed June 30, 2025).
[82] KFF was formerly known as Kaiser Family Foundation but now goes only by its acronym. *See* "About Us," KFF, https://www.kff.org/about-us/ (accessed May 15, 2025).
[83] Alisha Rao, Drishti Pillai, Samantha Artiga, Liz Hamel, Shannon Schumacher, Audrey Kearney, and Marley Presiado, "Five Key Facts About Immigrants with Limited English Proficiency," KFF, Mar. 14, 2024, https://www.kff.org/racial-equity-and-health-policy/five-key-facts-about-immigrants-with-limited-english-proficiency.
[84] Ibid.

individuals that language assistance is available. Additionally, the use of symbols in signage can be particularly helpful because symbols can be understood regardless of language.[85]

Interpretation refers to oral language services, which can be offered in-person, over the phone, or virtually via video conference. Bilingual staff can also assist individuals with LEP in some instances; however, it is important that staff demonstrate their language proficiency before assisting LEP clients or patients.[86]

During the Commission's March 21, 2025 briefing on language access, experts and impacted individuals testified about the importance of language access for people with LEP. For example, Carlos Alemán, CEO of the Hispanic and Immigrant Center of Alabama (¡HICA!), said:

> We work with the federal government around human trafficking, around labor trafficking. We work with the local government around domestic violence issues. And if people are unable to present their cases in their languages, they will not come forward and they will die. And this is a critical life-and-death issue for many of our communities… so that people can access hospitals, courts, and law enforcement and receive services in their languages.[87]

Similarly, in the field of health care, Adam Carbullido, Director of Policy and Advocacy at the Association of Asian Pacific Community Health Organizations (AAPCHO), testified that:

> Language access is essential to ensure that communications between patients and their health care team are clear and understood. In the health care setting, in-language communication can quite literally be the difference between life and death, and it helps reduce medical errors, which ultimately lowers health care costs.[88]

Insufficient language access can have devastating consequences, especially in the medical field. Jerry Raburn described to the Commission how his Thai LEP mother became a quadruple amputee and nearly died due to miscommunication with doctors who failed to provide an interpreter. He stated:

> I believe that had the hospital provided an interpreter when I first asked, my mother's illness would not have been so prolonged and traumatic for her. My mother may have been able to accurately communicate her symptoms to her providers even before she was

[85] Jamie Cowgill and Jim Bolek, "Symbol Usage in Health Care Settings for People with Limited English Proficiency," Hablamos Juntos, Apr. 2003, https://www.migrationpolicy.org/sites/default/files/language_portal/symbol%20usage%20in%20healthcare1_0.pdf.
[86] Eugene Rhee, *Language Access Briefing* testimony, p. 72; Elizabeth Munoz, *Language Access Briefing* testimony, p. 82.
[87] Carlos Alemán, *Language Access Briefing* testimony, p. 141.
[88] Adam Carbullido, *Language Access Briefing* testimony, p. 116.

> admitted into the [intensive care unit], particularly with her primary care physician, which could have allowed her diagnosis and intervention and maybe prevented her from losing body parts.[89]

Zahra Rahimi, an Afghan refugee and student at William and Mary, told the Commission about the difficulties refugees face when trying to access government services and health care upon arrival in the United States. She testified that:

> One of the most heart-breaking challenges I saw was how language barriers affected not just physical health, but mental well-being, especially for Afghan women. Many of these women had already experienced immense trauma from situations they fled: war, displacement, the loss of lost ones, and the uncertainty of rebuilding life in a new country so different from where they spent most of their lives.
>
> Yet, when they arrived here, the support they desperately needed was often out of reach simply because they couldn't understand English. Mental health resources, counseling, and therapy are almost always offered in English. Even if there were Farsi, Dari, or Pashto speaking mental health professionals available, most women didn't know how to navigate the system to find help.
>
> The struggles extend beyond health care. Many families missed their appointments for asylum or immigration status interviews and meetings because they couldn't understand the forms. Some missed important deadlines for government benefits, while others couldn't enroll their children in a school. The school systems themselves are facing challenges due to the increasing number of Afghan students and the lack of translators. Teachers and the staff often struggle to communicate with students and their families, making it difficult to provide the necessary support for their education. Without proper translation services, students fall behind in their studies, parents remain unaware of school policies and events, and the gap in education continues to grow.[90]

Panelists at the Commission's briefing also testified to the importance of not just providing interpretation and translation but of ensuring that individuals have "meaningful access" to government services. For example, Brian Lynip, a teacher in Richland County, South Carolina, explained how students have been unable to get the resources and assistance they need because language barriers impede parents from having a meaningful voice in their child's education. He told the story of one parent who requested that their student be placed in third grade rather than fourth, but because the child was age-appropriate for fourth grade, the school placed her in fourth grade. Lynip explained that:

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[89] Jerry Raburn, *Language Access Briefing* testimony, p. 164.
[90] Zahra Rahimi, *Language Access Briefing* testimony, pp. 168-169.

> The school later discovered that the child had not attended school her first or second grade year in Honduras because they didn't have any access to education during the Covid crisis. On the one hand, we as teachers are inclined to go, well, we age-appropriately place our students. That's what we're supposed to do. We don't want to put somebody in a lower grade. On the face of it, that would be the right thing to do, except that the parent had information that was not accessible to us or at least in a voice that was loud enough for us to hear. So meaningful access to language is something over and above having access to being able to communicate in the same language.[91]

Providing language access not only ensures that millions of Americans have access to vital services but also promotes efficiency. Lucas Fonseca, CEO of Language Matters, an organization that assists local governments with language access, explained that the inability of governments to communicate effectively with residents causes a great deal of inefficiency. For example, he testified that "when someone is pulled over and they can't communicate, that's a stop that should take five minutes, [instead] it's taking 20, 30 [minutes], or sometimes it's going unresolved and creating…more and more steps that usually are not necessary."[92]

Language access also contributes to a healthy democracy by ensuring that citizens with LEP can exercise their right to vote. Additionally, providing language access may help prevent voter fraud. John Tanner, former Chief of the Voting Rights section at the Department of Justice (DOJ), testified that the lack of translation services at Departments of Motor Vehicles may cause LEP noncitizens to mistakenly fill out voter registration forms because they do not understand the citizenship oath they are asked to take. Tanner argued that, as a result, "the immigrant gets in legal trouble. And illegitimate names remain on the voter rolls where unscrupulous persons will cast ballots in those names in some places."[93] Without language access, immigrants can face consequences for these mistakes, including deportation, simply because they did not understand the form they were given.[94]

Given the importance of providing language access to individuals with LEP, this report investigates the extent to which federal agencies and federally funded programs provide language access. As evidenced by the above testimony, the struggles individuals with LEP face touch almost every aspect of life in the U.S. Although language access is vital across many types of government-funded services, including law enforcement, courts, schools, and voting, this report focuses on language access in two areas: social safety net services and health care. Specifically, the report investigates language access in the Supplemental Nutrition Assistance Program (SNAP) and

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[91] Brian Lynip, *Language Access Briefing* testimony, p. 122.
[92] Lucas Fonseca, *Language Access Briefing* testimony, p. 99.
[93] John Tanner, *Language Access Briefing* testimony, p. 37.
[94] Hillel R. Smith, "Immigration Consequences of Unlawful Voting by Aliens," Congressional Research Service, Sept. 18, 2024, https://www.congress.gov/crs-product/IF12767.

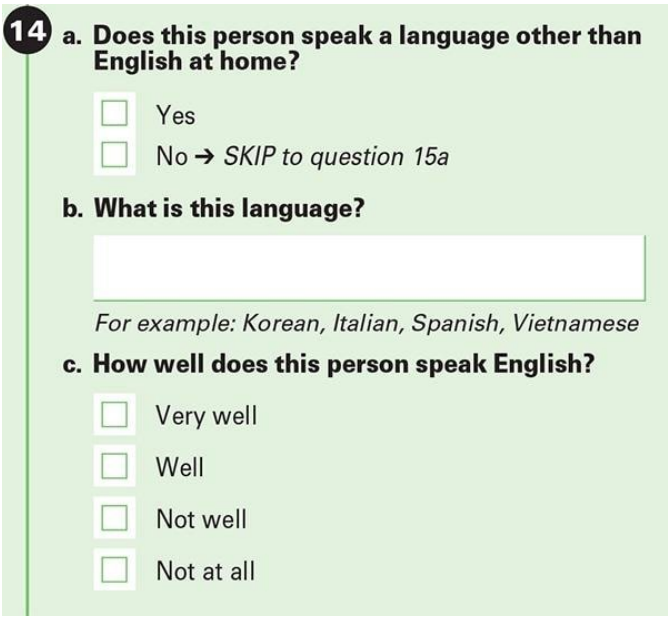
hospitals. The federal agencies responsible for ensuring language access for these services are the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS), respectively. Social safety net services were chosen because they provide essential services to low-income individuals, and LEP individuals are particularly likely to face economic hardships.[95] Health care was chosen because it is a critical need for all individuals, regardless of income.

Defining Limited English Proficient

The DOJ defines LEP individuals as people who "do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English."[96] In order to understand the size of the LEP population for research and policymaking purposes, the Census Bureau (Census) measures primary languages and the ability to speak English with a three-part question.[97] As shown in Figure 1.1 below, the question first asks whether a household member speaks a language other than English at home. If the response is yes, respondents are asked what language the person speaks and how well the person speaks English, with answer choices of "very well," "well," "not well," or "not at all."[98] While some form of a question about primary language spoken or "mother tongue" appeared on decennial censuses going back to 1890, this form of the question first appeared on the 1980 Decennial Census and remained on decennial censuses through 2000.[99] In 2005, the question was moved to the annual American Community Survey (ACS).[100]

[95] *See e.g.,* Lina Guzman, Dana Thomson, and Renee Ryberg, "Understanding the Influence of Latino Diversity over Child Poverty in the United States," *The ANNALS of the American Academy of Political and Social Science*, 2021, vol. 696, no. 1, https://journals.sagepub.com/doi/abs/10.1177/00027162211048780; Barry R. Chiswick and Paul W. Miller, "International Migration and the Economics of Language," in *Handbook of the Economics of International Migration* (North-Holland, 2015), vol. 1, pp. 211-269.
[96] U.S. Department of Justice, Federal Coordination and Compliance Section, "Commonly Asked Questions and Answers Regarding Limited English Proficient (LEP) Individuals," Apr. 2011, https://www.lep.gov/sites/lep/files/media/document/2020-03/042511_QA_LEP_General_0.pdf (accessed May 15, 2025).
[97] U.S. Census Bureau, "Why We Ask Questions About…Language Spoken at Home," https://www.census.gov/acs/www/about/why-we-ask-each-question/language/ (accessed May 15, 2025).
[98] Ibid.
[99] Sandy Dietrich and Erik Hernandez, "Language Use in the United States: 2019," U.S. Census Bureau, August 2022, https://www.census.gov/content/dam/Census/library/publications/2022/acs/acs-50.pdf#page=0.21.
[100] Ibid.

Figure 1.1: Census Bureau Question Measuring English Proficiency



Source: U.S. Census Bureau, "Why We Ask Questions About…Language Spoken at Home," https://www.census.gov/acs/www/about/why-we-ask-each-question/language/ (accessed May 15, 2025).

The Census defines individuals with LEP as those five years old and above who are reported as speaking English less than "very well" on this question. The Census uses this definition to determine the number of LEP individuals in the nation and at the state and local levels. As a result, agencies and programs typically use this definition to determine the number of LEP individuals in the area they serve. Table 1.1 below displays estimates of the distribution of answers to this question in households that speak a language other than English at home from the Census's Public Use Microdata Sample (PUMS) of the 2023 ACS. The PUMS uses a sample of the full ACS data; therefore, the results may be slightly different from the estimates published on the Census website and are only available for larger geographies for confidentiality reasons.[101] Table 1.1 provides an estimate of the percent of individuals ages five and above living in households who spoke a language other than English at home that were reported as speaking English "very well," "well," "not well," and "not at all" across the broad language groups.

[101] U.S. Census Bureau, "American Community Survey 2023 1-Year PUMS User Guide and Overview," p. 4, https://www2.census.gov/programs-surveys/acs/tech_docs/pums/2023ACS_PUMS_User_Guide.pdf.

Table 1.1: American Community Survey Responses to English Ability Question by Language Group

Household Language	ACS English Ability Response			
	Very Well	Well	Not Well	Not at All
Spanish	59%	18%	15%	8%
Other Indo-European Languages	69%	19%	10%	3%
Asian and Pacific Island Languages	56%	25%	15%	4%
Other Language	71%	20%	7%	2%

Source: U.S. Census Bureau, Public Use Microdata Sample, 2023 American Community Survey (ACS).
Note: These responses exclude individuals under the age of 5 and those living in group quarters, such as nursing homes or military barracks, rather than households.

Using self-reports and other household members' reports, however, presents challenges for obtaining a systematic measure of English proficiency. Census researchers have pointed out that "the subjective character of this item makes it vulnerable to a variety of influences."[102] For example, two people who objectively understand English at the same level may rate themselves differently depending on their level of confidence.[103] The standard against which to judge a household member's English proficiency may also differ from one person to another. A respondent might judge another household member's English in relation to their own English skills, that of other members of their ethnic group or community, or to native English speakers.[104] Further, social desirability, or the impulse to present oneself in the most positive light, may impact answers to this survey question, as respondents may feel that it reflects well on themselves to say that they speak English very well.[105] Research also shows that the under- or over-reporting of English speaking abilities can vary across ethnic groups due to differences in the influence of social desirability on survey responses across cultures.[106]

Additionally, the Census question only asks about the ability to speak English, rather than the ability to read and write in English, which may influence one's ability to access services that require filling out forms or responding to written notices. Translated versions of ACS questionnaires themselves are only available in Spanish, although there is a telephone line to call for help in additional languages and bilingual interviewers provide support in more than 30

[102] Paul Siegel, Elizabeth Martin, and Rosalind Bruno, "Language Use and Linguistic Isolation: Historical Data and Methodological Issues," U.S. Census Bureau, Jan. 26, 2007, p. 6, https://www.census.gov/content/dam/Census/library/working-papers/2007/adrm/ssm2007-02.pdf.
[103] Ibid.
[104] Ibid.
[105] Ibid. *See also* Timothy P. Johnson and Fons Van de Vijver, "Social Desirability in Cross-Cultural Research," in *Cross-Cultural Survey Methods,* ed. Janet A. Harkness, Fons J. R. van de Vijver, Peter Ph. Mohler (New York: Wiley, 2003), pp. 193-209, https://www.researchgate.net/profile/Timothy-Johnson-9/publication/235660939_Social_Desirability_in_Cross-Cultural_Research/links/0deec52e570314b51a000000/Social-Desirability-in-Cross-Cultural-Research.pdf.
[106] Siegel, Martin, and Bruno, "Language Use and Linguistic Isolation," p.6. *See also* Johnson and Vijver, "Social Desirability in Cross-Cultural Research."

languages if the household does not respond to the initial request to complete the survey.[107] Advocates have requested that the Census provide additional translated versions of the survey to increase the accuracy of responses from LEP individuals. For example, The Leadership Conference on Civil and Human Rights asked the Census to "make the online ACS form available in the 12 non-English languages that were available for the 2020 Census online form."[108]

Questions have also arisen regarding which response levels should be classified as English proficient. A 2014 Brookings Institution report notes that while "a less conservative definition counts those who speak English 'well' among the English proficient population, ... most researchers and policymakers follow the Census practice of categorizing the lower three levels as LEP." [109] As Chi-Ser Tran, Supervising Attorney in the Supplemental Security Income (SSI) Unit at Community Legal Services of Philadelphia, pointed out in her testimony to the Commission, "it is crucial to understand that the limited level of English knowledge sufficient to manage simple interactions is not the same as the level required to navigate complex health care or government services."[110]

Due to these concerns, Census researchers conducted several studies to assess the validity of the self-reported question and the categories used to determine English proficiency. In 1982, the agency conducted the English Language Proficiency Study for the Department of Education (ED), which tested the English proficiency of children and adults from households that spoke only English and households that spoke a language other than English at home.[111] This study included oral and written tests to objectively evaluate English proficiency as well as the subjective reports of English-speaking ability used on the Census.[112] While the primary purpose of this study was to estimate the number of LEP children in the U.S. to provide English language learning support in schools, subsequent analyses of these data found a strong correlation between the Census question about English-speaking ability and scores on the test.[113] The analysis demonstrated that test-takers who did not speak English at home but reported speaking English "very well" had passing scores

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[107] U.S. Census Bureau, "American Community Survey and Puerto Rico Community Survey Design and Methodology," Dec. 20, 2024, https://www2.census.gov/programs-surveys/acs/methodology/design_and_methodology/2024/acs_design_methodology_ch09_2024.pdf.
[108] The Leadership Conference on Civil and Human Rights, "Leadership Conference Comments to the Census Bureau on the ACS Methods Panel," Dec. 23, 2024, https://civilrights.org/wp-content/uploads/2025/01/The-Leadership-Conference_ACS-Methods-Panel-Comment-Letter_12.23.24.pdf.
[109] Jill H. Wilson, "Investing in English Skills: The Limited English Proficient Workforce in U.S. Metropolitan Areas," Brookings, Sep. 24, 2014, www.brookings.edu/wp-content/uploads/2014/09/metro_20140924_investing_in_english_skils_report.pdf.
[110] Tran Statement, p. 4.
[111] U.S. Census Bureau, "English Language Proficiency Study (ELPS)," 1982, https://www.icpsr.umich.edu/web/ICPSR/studies/8974/summary.
[112] U.S. Census Bureau, "English Language Proficiency Study (ELPS), 1982 Microdata File, Technical Documentation," https://files.eric.ed.gov/fulltext/ED323814.pdf.
[113] Robert Kominski, "How Good is 'How Well'? An Examination of the Census English-Speaking Ability Question," (paper delivered at the Annual Meeting of the American Statistical Association, Washington, D.C., Aug. 6-11, 1989), https://www.census.gov/content/dam/Census/library/working-papers/1989/demo/1989-Kominski.pdf.

on the test at similar rates to test-takers from English-speaking households.[114] On the other hand, those who reported speaking English "well" or worse had significantly higher rates of failure on the test.[115]

A more recent study found similar results. Erik Vickstrom and his colleagues analyzed responses to the 2003 National Assessment of Adult Literacy (NAAL), which includes both an objective test of English literacy and self-reported English proficiency questions similar to the Census question.[116] This study found that those who rated themselves as speaking English "very well" had slightly lower scores on the literacy test than English-only speakers, but on average fell into the same "intermediate" performance level on the test.[117] On the other hand, the average scores of those who self-reported speaking English "well" fell into the "basic" performance level, while average scores of those who reported speaking English "not well" or "not at all" fell into the "below basic" performance category.[118] This suggests that non-native English speakers "with the best self-reported English ability can perform the same key tasks as the average English-only speaker" while those "reporting an English ability of less than 'very well'… have markedly lower language skills on average."[119]

Given the empirical literature, the availability of Census data defining the LEP population as those reported as speaking English less than "very well," and the predominant understanding of this definition by academics and policymakers, this report utilizes the Census definition of the LEP population (i.e., individuals 5 years and older who are reported as speaking English less than "very well") in our analysis. Additional research, however, should continue testing to verify the adequacy of this measure for determining the size of the LEP population for use in policymaking.

The Limited English Proficient Population in the United States

The most common language spoken by LEP individuals in the U.S. is Spanish, which accounts for about 64% (17.6 million) of the LEP population.[120] The next most common LEP language

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[114] Ibid.
[115] Ibid.
[116] Erik R. Vickstrom, Hyon B. Shin, Sonia G. Collazo and Kurt J. Bauman, "How Well—Still Good? Assessing the Validity of the American Community Survey English-Ability Question," U.S. Census Bureau, Oct. 1, 2015, https://www.census.gov/content/dam/Census/library/working-papers/2015/demo/SEHSD-WP2015-18.pdf.
[117] Ibid.
[118] Ibid.
[119] Ibid, p. 20.
[120] U.S. Census Bureau, "Selected Social Characteristics in the United States," American Community Survey, ACS 2023 1-Year Estimates, Population 5 years of Age or Older That Speaks English Less Than "Very Well," Table DP02, Selected Social Characteristics in the United States, https://data.census.gov/table/ACSDP1Y2023.DP02 (accessed June 30, 2025).

groups[121] are Chinese, Vietnamese, Korean, Tagalog, Arabic, and Russian, respectively (see Table 1.2 below).[122] Overall, of the approximately 71 million people who speak a language other than English at home, about 39% (27.6 million) are LEP.[123] However, the aggregate data do not tell the full story. The percentage of LEP individuals varies considerably by language. For example, Vietnamese speakers had the highest percentage of LEP individuals at 57%.[124] This is followed by Chinese, Korean, and Khmer speakers, each with LEP rates of 52%.[125] On the low end of the spectrum, 13% of those who speak Hebrew at home and 14% of those who speak German at home are LEP.[126] Table 1.2 shows the disaggregated data about the LEP population by the language spoken at home from the 2023 ACS.

Table 1.2: LEP Population by Language Spoken at Home among Individuals 5 Years Old and Above

Language	Population Speaking Language at Home	LEP Population	% LEP
Spanish	43,369,734	17,596,557	41%
French (incl. Cajun)	1,194,555	251,783	21%
Haitian	973,378	405,876	42%
Italian	505,091	123,819	25%
Portuguese	1,091,374	395,517	36%
German	858,682	123,766	14%
Yiddish, Pennsylvania Dutch or other West Germanic languages	614,083	196,152	32%
Greek	252,189	52,749	21%
Russian	998,179	436,396	44%
Polish	498,559	177,667	36%
Serbo-Croatian	249,218	79,183	32%
Ukrainian or other Slavic languages	484,892	208,147	43%
Armenian	244,896	101,727	42%

[121] The Census Bureau categorizes non-English languages into 42 language groups. *See supra* note 42 and U.S. Census Bureau, "About Language Use in the U.S. Population," June 16, 2025, https://www.census.gov/topics/population/language-use/about.html.
[122] U.S. Census Bureau, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," Table B16001, 2023 American Community Survey 1-Year Estimates Detailed Tables, https://data.census.gov/table/ACSDT1Y2023.B16001?q=B16001 (accessed May 15, 2025).
[123] U.S. Census Bureau, "Selected Social Characteristics in the United States," American Community Survey, ACS 2023 1-Year Estimates, Population 5 years of Age or Older That Speaks English Less Than "Very Well," Table DP02, Selected Social Characteristics in the United States, https://data.census.gov/table/ACSDP1Y2023.DP02 (accessed June 30, 2025).
[124] U.S. Census Bureau, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," Table B16001, 2023 American Community Survey 1-Year Estimates Detailed Tables, https://data.census.gov/table?q=B16001 (accessed May 15, 2025).
[125] Ibid.
[126] Ibid.

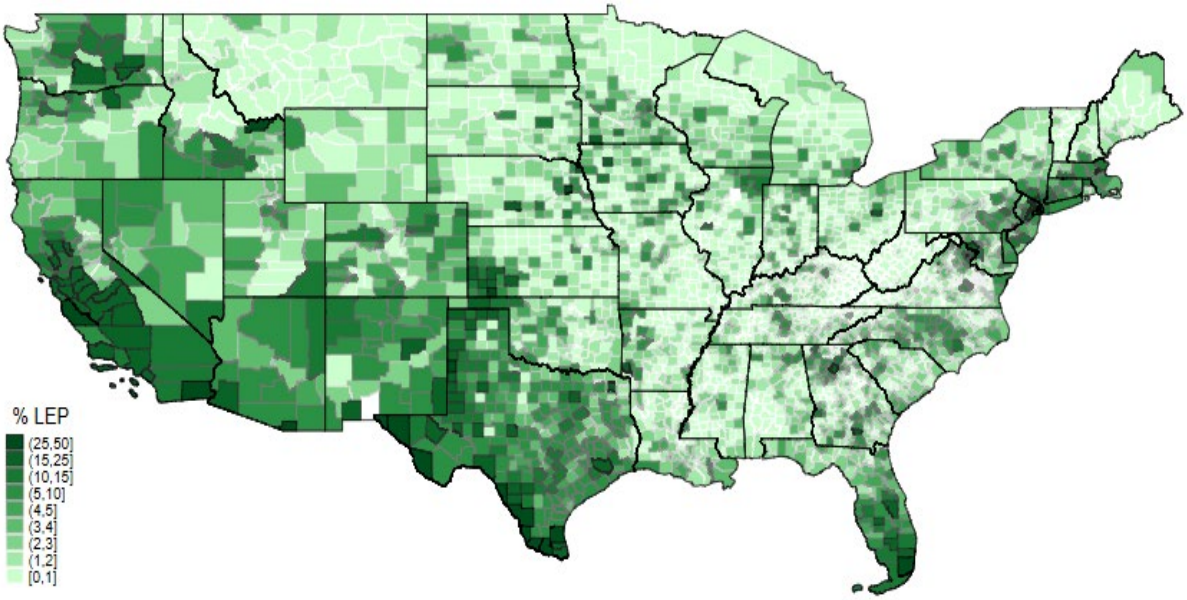
Persian (incl. Farsi, Dari)	563,439	209,814	37%
Gujarati	472,859	153,943	33%
Hindi	947,550	157,131	17%
Urdu	564,026	155,061	27%
Punjabi	337,272	120,997	36%
Bengali	453,191	186,264	41%
Nepali, Marathi, or other Indic languages	475,713	155,723	33%
Other Indo-European languages	632,623	187,775	30%
Telugu	515,430	92,476	18%
Tamil	356,924	56,246	16%
Malayalam, Kannada, or other Dravidian languages	314,138	66,535	21%
Chinese (incl. Mandarin, Cantonese)	3,531,221	1,819,877	52%
Japanese	459,258	175,104	38%
Korean	1,079,420	557,162	52%
Hmong	228,345	96,622	42%
Vietnamese	1,570,595	899,290	57%
Khmer	194,537	102,076	52%
Thai, Lao, or other Tai-Kadai languages	293,831	148,422	51%
Other languages of Asia	499,141	237,034	47%
Tagalog (incl. Filipino)	1,803,005	544,023	30%
Ilocano, Samoan, Hawaiian, or other Austronesian languages	500,493	173,001	35%
Arabic	1,423,225	483,682	34%
Hebrew	235,840	29,864	13%
Amharic, Somali, or other Afro-Asiatic languages	611,987	236,844	39%
Yoruba, Twi, Igbo, or other languages of Western Africa	721,820	139,713	19%
Swahili or other languages of Central, Eastern, and Southern Africa	359,561	112,574	31%
Navajo	139,056	38,085	27%
Other Native languages of North America	162,049	23,647	15%
Other and unspecified languages	327,753	98,472	30%
Total	**71,109,132**	**27,606,796**	**39%**

Source: U.S. Census Bureau, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," Table B16001, 2023 American Community Survey 1-Year Estimates Detailed Tables, https://data.census.gov/table?q=B16001 (accessed May 15, 2025).

Immigration patterns to the U.S. affect the size of and the languages spoken by the LEP population. Major metropolitan areas and counties with high numbers of immigrants have more LEP individuals than other areas. For example, the county with the largest LEP population in the continental U.S. is Los Angeles County, with more than 2.1 million LEP individuals.[127] The counties with the next highest populations of LEP individuals are Harris County, Texas (approximately 863,000 LEP residents), Miami-Dade County, Florida (approximately 862,000 LEP residents), Cook County, Illinois (approximately 670,000 LEP residents), and Queens County, New York (approximately 619,000 LEP residents).[128]

For policymaking, however, it is important to understand the proportion of the population that is LEP in a given service area. Although less populated areas may have fewer numbers of LEP individuals than large metropolitan areas in absolute numbers, less populous areas may still have a substantial proportion of the population that is LEP. Figure 1.2 displays the dispersion of LEP populations across the U.S. in terms of the percentage of the population that is LEP, with the areas in dark green having the highest concentrations of LEP individuals in the population.

Figure 1.2: LEP Population across the United States



Source: U.S. Census Bureau, "Language Spoken at Home," Table S1601, 2022 American Community Survey Five-Year Estimates, https://data.census.gov/table/ACSST5Y2022.S1601?q=ACSST5Y2022.S1601&g=010XX00US$0500000 (accessed May 15, 2025).

[127] U.S. Census Bureau, "Limited English Speaking Households," Table S1602, 2022 American Community Survey 5-Year Estimates, https://data.census.gov/table/ACSST5Y2022.S1602?g=010XX00US$0500000. Five-year estimates are used for counties because the ACS one-year estimates only include areas with populations of 65,000 or above. *See* "Using 1-Year or 5-Year American Community Survey Data," Oct. 31, 2024, https://www.census.gov/programs-surveys/acs/guidance/estimates.html.

[128] U.S. Census Bureau, ACS 2022 5-Year estimates rounded to the nearest 100,000.

Eight counties near the Mexico border have the highest proportion of their population that is LEP.[129] For example, the population of Webb County, Texas is about 39% LEP.[130] After the border counties, Miami-Dade County, Florida has the next highest percentage of LEP residents at about 34%.[131] Colfax County, Nebraska has the next highest share with a population that is about 33% LEP.[132] Colfax County is an example of a small, rural county with a high percentage of LEP residents that has experienced substantial change over the last several decades. The influx of immigrants coming to work at the meat processing plants in Colfax County (including from Latin America, Sudan, and Somalia) significantly altered the ethnic, cultural, and linguistic make-up of the county.[133] This is a part of a larger trend of increasing diversity in rural areas and underscores the need for language access, not only in large metropolitan areas, but also in rural areas that have experienced an increase in LEP populations.[134] Yet, as Chapter 4 of this report demonstrates, the availability of language access is more common in urban than rural counties. Nevada, for example, recently passed a language access law, but excluded smaller counties from its enforcement.[135]

There have also been significant changes in the overall numbers of LEP Americans throughout U.S. history. For example, quota systems put into place in the 1920s severely restricted immigration from outside of Western Europe.[136] However, the 1965 Immigration and Nationality Act, commonly known as the Hart-Celler Act, ended the national quota system and created a preference system for immigrants with family already in the U.S. as well as skilled immigrants.[137] This change, coupled with changes in economic development worldwide, paved the way for many more Asian and Latin American immigrants.[138] Researchers with the Migration Policy Institute noted:

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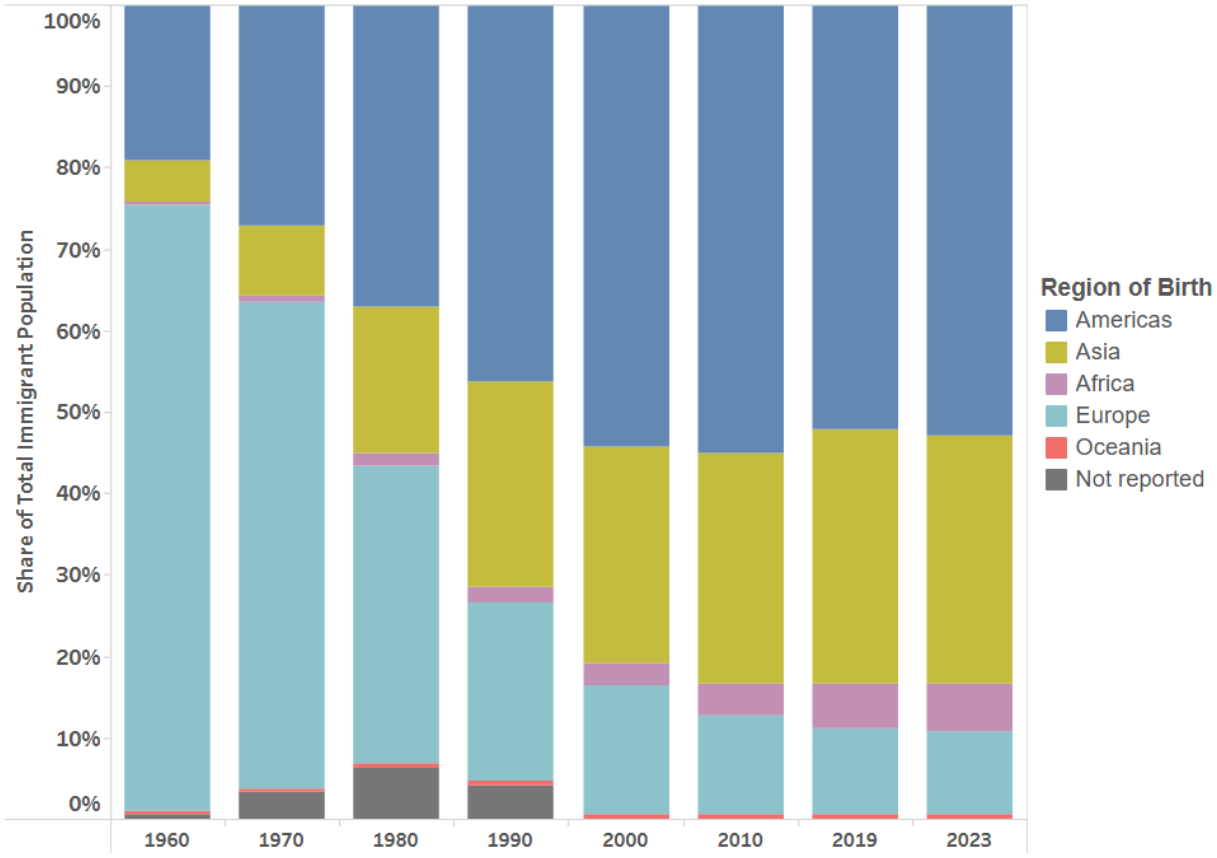
[129] Kenedy, Hudspeth, Presidio, Webb, Maverick, and Starr counties in Texas, as well as Imperial County, California and Santa Cruz County, Arizona.
[130] U.S. Census Bureau, "Language Spoken at Home," Table S1601, 2022 American Community Survey 5-Year Estimates, https://data.census.gov/table/ACSST5Y2022.S1601?q=ACSST5Y2022.S1601&g=010XX00US$0500000.
[131] Ibid.
[132] Ibid.
[133] Colfax County, "Colfax County, Nebraska Comprehensive Development Plan 2014," p. 16, https://colfaxcountyne.gov/pdfs/planning_zoning/Comprehensive_Plan.pdf.
[134] Jazmin Orozco Rodriguez and McKenzie Beard, "As Rural America Grows More Diverse, Language Access is Slow to Take Hold," *Washington Post,* Dec. 10, 2024, https://www.washingtonpost.com/politics/2024/12/12/rural-america-grows-more-diverse-language-access-is-slow-take-hold/.
[135] Ibid.
[136] Andrew M. Baxter and Alex Nowrasteh, "A Brief History of U.S. Immigration Policy from the Colonial Period to the Present Day," Cato Institute, 2021, https://www.jstor.org/stable/resrep33757.
[137] Immigration and Nationality Act of 1965, Pub. L. 89-236, 79 Stat. 911.
[138] U.S. House of Representatives, "Historical Highlights. Immigration and Nationality Act of 1965," History, Art, and Archives, https://history.house.gov/Historical-Highlights/1951-2000/Immigration-and-Nationality-Act-of-1965/. *See also* Muzaffar Chishti, Faye Hipsman, and Isabel Ball, "Fifty Years On, the 1965 Immigration and Nationality Act Continues to Reshape the United States," Migration Policy Institute, Oct. 15, 2025, https://www.migrationpolicy.org/article/fifty-years-1965-immigration-and-nationality-act-continues-reshape-united-states.

> [D]emand from Europeans to immigrate to the United States fell flat while interest from non-European countries—many emerging from the end of colonial rule—began to grow. New and well-educated immigrants from diverse countries in Asia and Latin America established themselves in the United States and became the foothold for subsequent immigration by their family networks.[139]

As Figure 1.3 below shows, the share of the foreign-born population from Europe decreased sharply since the passage of the Hart-Celler Act, while the share of the immigrant population from Latin America, Asia, and Africa has increased.

Figure 1.3: U.S. Immigrant Population by Region of Birth, 1960-2023



Notes: The term immigrants (also known as the foreign born) refers to people residing in the United States who were not U.S. citizens at birth. This population includes naturalized citizens, lawful permanent residents (LPRs), certain legal nonimmigrants (e.g., persons on student or work visas), those admitted under refugee or asylee status, and persons illegally residing in the United States.
The U.S. Census Bureau experienced significant challenges collecting data in 2020 due to the COVID-19 pandemic and released only a small number of data points from its 2020 American Community Survey (ACS), which it called "experimental." This data tool does not include estimates from the 2020 ACS.
Source: "Regions of Birth for Immigrants in the United States, 1960-Present," Migration Policy Institute (MPI), 2023, https://www.migrationpolicy.org/programs/data-hub/charts/regions-immigrant-birth-1960-present.

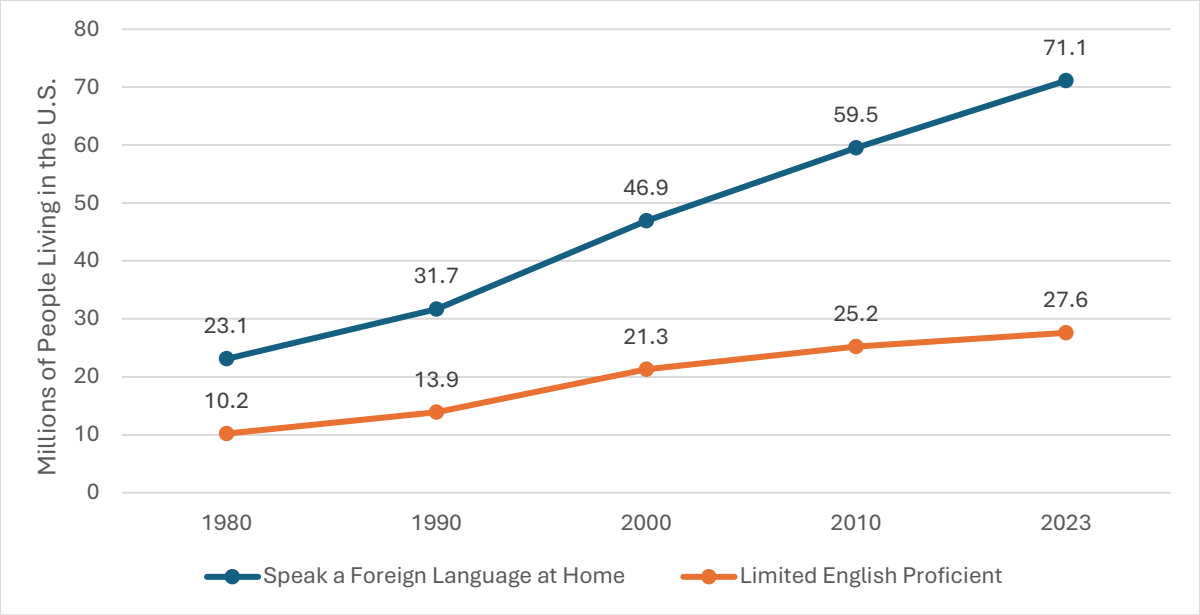
[139] Chishti, Hipsman, and Ball, "Fifty Years On, the 1965 Immigration and Nationality Act."

Later, the Immigration Act of 1990 created the Diversity Immigrant Visa program, which awards 50,000 visas to individuals from "low admission" countries and regions that had traditionally sent few immigrants to the United States.[140] Unauthorized immigration also grew significantly during the 1990s and early 2000s.[141] These changes in immigration patterns led to more immigrants with LEP. Although the English proficiency question on the Census did not appear until 1980, estimates suggest that the number of people whose native language was Spanish or an Asian language doubled from 1960 to 1970.[142] This increase, along with the national origin protections in the 1964 Civil Rights Act, provided an impetus for federal agencies to provide services for individuals with LEP. Since then, the number of individuals speaking a language other than English at home has continued to grow, as has the number of LEP individuals.[143]

Figure 1.4 below shows the trends in foreign language speakers and those with limited English proficiency since the addition of the English ability question to the census. As the figure shows, the number of individuals speaking a language other than English at home has grown more than threefold since 1980. The number of LEP individuals has also grown, albeit at a slower rate, more than doubling since 1980. Since 2000, the percentage of LEP individuals has consistently represented between about 8 and 9% of the U.S. population.[144]

[140] Immigration Act of 1990, Pub. L. 101-649, 104 STAT. 4978, Sec. 131; Anna O. Law, "The Diversity Visa Lottery: A Cycle of Unintended Consequences in United States Immigration Policy," *Journal of American Ethnic History,* 2002, vol. 21, no. 4, http://www.jstor.org/stable/27501196.
[141] Jeffrey S. Passel and Jens Manuel Krogstad, "What We Know About Unauthorized Immigrants Living in the U.S." Pew Research Center, July 22, 2024, https://www.pewresearch.org/short-reads/2024/07/22/what-we-know-about-unauthorized-immigrants-living-in-the-us./
[142] Ming Hsu Chen, *Governing by Guidance: Civil Rights Agencies and the Emergence of Language Rights*, 49 HARV. C.R.-C.L. L. REV. 201, 220 (2014).
[143] U.S. Census Bureau 1980, 1990, and 2000 Decennial Census; 2010 and 2023 American Community Survey.
[144] Yunju Nam, Associate Professor, University at Buffalo School of Social Work, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, (hereinafter Nam Statement); *See also* "Limited English Proficient Population: Number and Share, by State, 1990-Present," Migration Policy Institute, 2023, https://www.migrationpolicy.org/sites/default/files/datahub/MPI-Data-Hub_LEP-Population_US-States_1990-2023.xlsx (accessed Dec. 15, 2025).

Figure 1.4: Trends in Foreign Language Speakers and Limited English Proficiency in the U.S., 1980-2023



Source: U.S. Census Bureau 1980, 1990, and 2000 Decennial Census; 2010 and 2023 American Community Survey.

Language Access in Social Safety Net Programs

In the same year that the Civil Rights Act of 1964 prohibited federally funded programs from discriminating on the basis of race and national origin, Congress also passed the Economic Opportunity Act of 1964, which laid the groundwork for many of today's social safety net programs.[145] Many of these programs are meant to provide basic necessities to help pull families out of poverty and provide a pathway for self-sufficiency. Other social safety net programs provide assistance to specific groups, such as the elderly or those with disabilities. Examples of social safety net programs include the following:

- Social Security
- Unemployment Insurance (UI)
- Head Start (pre-school education for children from low-income families)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicare and Medicaid
- Supplemental Security Income Program (SSI)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

[145] Ajay Chaudry, Christopher Wimer, Suzanne Macartney, Lauren Frohlich, Colin Campbell, Kendall Swenson, Don Oellerich, and Susan Hauan, "Poverty in the United States: 50-Year Trends and Safety Net Impacts," Office of Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, Mar. 2016, https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//142581/50YearTrends.pdf.

- Federal Pell Grant Program
- Earned Income Tax Credit (EITC)
- Temporary Assistance for Needy Families (TANF)
- Children's Health Insurance Program (CHIP).

Eligibility for Benefits

Some LEP individuals, however, are excluded from receiving benefits from the above programs. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) significantly limits the number of immigrants who can receive federal benefits.[146] The law places noncitizens into categories that are "qualified" and "not qualified" for benefits. Noncitizens in the "qualified" category include:

- Lawful permanent residents, or LPRs (i.e., people with green cards);
- Refugees, people granted asylum or withholding of deportation/removal, and conditional entrants;
- People granted parole by the U.S. Department of Homeland Security (DHS) for a period of at least one year;
- Cuban and Haitian entrants;
- Certain abused immigrants, their children, and/or their parents;
- Certain survivors of trafficking; [and]
- Individuals [from Micronesia, the Marshall Islands, or Palau] residing in the U.S. pursuant to a Compact of Free Association (COFA).[147]

Other immigrants, including unauthorized immigrants and legal immigrants on temporary visas, are considered "not qualified" and are ineligible for most federally funded public benefits.[148] The PRWORA also restricts many "qualified" immigrants from receiving benefits during the first five

[146] Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, 110 Stat. 2261 (codified as 8 U.S. Code § 1611).
[147] Tanya Broder and Gabrielle Lessard, "Overview of Immigrant Eligibility for Federal Programs," National Immigration Law Center, May 1, 2024, https://www.nilc.org/resources/overview-immeligfedprograms/.
[148] Even immigrants who are qualified for benefits may choose not to participate in them due to public charge laws which allow the use of certain benefit programs to count against green card applicants. Additionally, undocumented parents who have citizen children that are eligible for benefits may avoid interacting with social services agencies for fear of deportation. *See* Dulce Gonzalez, Jennifer M. Haley, and Genevieve M. Kenney, "One in Six Adults in Immigrant Families with Children Avoided Public Programs in 2022 Because of Green Card Concerns," Urban Institute, Nov. 30, 2023, https://www.urban.org/research/publication/one-six-adults-immigrant-families-children-avoided-public-programs-2022; Dulce Gonzalez, Hamutal Bernstein, Michael Karpman, and Genevieve M. Kenney, "Mixed-Status Families and Immigrant Families with Children Continued Avoiding Safety Net Programs in 2023," Urban Institute, Aug. 7, 2023, https://www.urban.org/research/publication/mixed-status-families-and-immigrant-families-children-continued-avoiding.

years after they received qualified status (known as the five-year bar).[149] However, some states use state funds to provide access to certain immigrants who are ineligible for federal benefits.[150]

President Trump's One Big Beautiful Bill Act (OBBBA), enacted on July 4, 2025, further restricts noncitizens' eligibility for SNAP, Medicaid, CHIP, Medicare, and premium tax credits under the Affordable Care Act.[151] The OBBBA ends these benefits for refugees, asylees, parolees, survivors of human trafficking, and abused immigrants (and their children and/or parents). Under the OBBBA, the only immigrants qualified for these programs are:

- Lawful permanent residents;
- Cuban and Haitian entrants; and
- Individuals from Micronesia, the Marshall Islands, or Palau residing in the U.S. pursuant to a Compact of Free Association (COFA).[152]

In addition to eligibility barriers for recent immigrants, not all social safety net programs are available to citizens residing in U.S. territories, such as Puerto Rico, which has a large LEP population. For example, residents of Puerto Rico are not eligible for SNAP benefits, but instead receive benefits through the Nutrition Assistance Program (NAP) block grant.[153] Similarly, residents of Puerto Rico are not eligible for SSI benefits, but instead may participate in the Aid to the Aged, Blind, or Disabled (AABD) program.[154] However, both the NAP and AABD programs have significantly more restrictive eligibility criteria and lower benefit levels than SNAP and SSI, respectively.[155]

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[149] There are some exceptions to this five-year bar, including refugees, asylees, Iraqi or Afghan Special Immigrant Visa (SIV) holders, withholding of removal grantees, Cuban and Haitian entrants, survivors of human trafficking, and Afghan and Ukrainian parolees. *See* Valerie Lacarte, Julia Gelatt, and Ashley Podplesky, "Immigrants' Eligibility for U.S. Public Benefits: A Primer," Migration Policy Institute, Jan. 2024, https://www.migrationpolicy.org/research/immigrants-public-benefits-primer.
[150] Lacarte, Gelatt, and Podplesky, "Immigrants' Eligibility for U.S. Public Benefits."
[151] One Big Beautiful Bill Act of 2025, Pub. L. 119-21, §§ 10108, 71109, 71201, 71301, https://www.congress.gov/bill/119th-congress/house-bill/1/text?overview=closed.
[152] *Id.*
[153] U.S. Department of Agriculture, Food and Nutrition Service, "Implementing Supplemental Nutrition Assistance Program in Puerto Rico: A Feasibility Study," June 2010, https://fns-prod.azureedge.us/sites/default/files/PuertoRicoSummary.pdf.
[154] Michael Stephens, "Estimated Change in Federal SSI Program Cost for Potential Extension of SSI Eligibility to Residents of Certain U.S. Territories—Information," Social Security Administration, June 11, 2020, www.ssa.gov/oact/solvency/SSIEligExt_20200611.pdf.
[155] USDA, "Implementing Supplemental Nutrition Assistance Program in Puerto Rico;" Stephens, "Estimated Change in Federal SSI Program Cost for Potential Extension of SSI Eligibility to Residents of Certain U.S. Territories."

Language Barriers in Social Safety Net Programs

Because LEP individuals face a variety of challenges to accessing public benefits, it can be difficult to isolate the effect of language barriers from other challenges.[156] However, research suggests that language barriers limit LEP individuals' access to social safety net programs.[157] Several studies have found that although LEP populations are more likely to face economic hardships than English-proficient populations,[158] they are less likely to enroll in social safety net programs.[159] For example, a national study of refugees living in the U.S. found that refugees who speak English well are more likely to enroll in SNAP benefits than those who have difficulty speaking English, even when taking into account other relevant characteristics such as age, gender, marital status, employment, education, state of resettlement, and country of origin.[160] Another national study found that Hispanic families with at least one LEP parent are less likely to claim the Earned Income Tax Credit (EITC) than families in which both parents are proficient in English, controlling for other relevant characteristics.[161]

Accessing social safety net services depends on one's ability to learn about the program, understand program requirements, apply for the program (by filling out forms and/or interacting with government workers), understand how to redeem benefits (especially those that come in the form of vouchers), and understand notifications about continued enrollment in the program.[162] At each of these steps, LEP individuals may require language assistance to access these services. As Yunju Nam, Associate Professor in the School of Social Work at the University at Buffalo, explained in her written testimony:

> Limited language access exacerbates LEP individuals' administrative burdens—that is, the costs and bureaucratic difficulties involved in interacting with government agencies. Insufficient language support reduces the likelihood that LEP individuals will learn about available government resources and understand how to apply for them (learning costs).

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[156] Nam Statement, p. 2.
[157] Nam Statement pp. 2-3; Tran Statement pp. 4-7.
[158] *See e.g.,* Guzman, Thomson, and Ryberg, "Understanding the Influence of Latino Diversity over Child Poverty in the United States;" Chiswick and Miller, "International Migration and the Economics of Language."
[159] *See e.g.,* Edson Chipalo, Zainab Suntai, and Simon Mwima, "Factors Associated with Receiving Supplemental Nutrition Assistance Program (SNAP) Among Newly Resettled Refugees in the United States," *Journal of Sociology & Social Welfare,* 2022, vol. 49, no. 23, https://scholarworks.wmich.edu/cgi/viewcontent.cgi?params=/context/jssw/article/4573/&path_info=Chipalo_6.pdf; Dana Thomson, Yiyu Chen, Lisa A. Gennetian, and Luis E. Basurto, "Earned Income Tax Credit Receipt by Hispanic Families with Children: State Outreach and Demographic Factors," *Health Affairs*, 2021, vol. 41, no. 12, https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00725?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed.
[160] Chipalo, Suntai, and Mwima, "Factors Associated with Receiving SNAP."
[161] Thomson, Chen, Gennetian, and Basurto, "Earned Income Tax Credit Receipt by Hispanic Families."
[162] Carolyn Y. Barnes, "'It Takes a While to Get Used to': The Costs of Redeeming Public Benefits," *Journal of Public Administration Research and Theory*, 2021, vol. 31, no. 2, https://academic.oup.com/jpart/article/31/2/295/5917011.

> Additionally, the lack of language services increases the time and effort that LEP individuals must invest to meet program requirements (compliance costs).[163]

As a result of these administrative burdens, not everyone who is eligible for the program enrolls. In fact, although enrollment rates vary by program and state, estimates suggest that typically only about 40 to 60% of the eligible population enrolls in social safety net programs.[164] Enrollment numbers tend to be even lower for individuals with LEP.[165] For example, estimates suggest that while about 93% of the eligible English-speaking population is enrolled in CalFresh, California's SNAP program, only about 58% of the eligible Spanish-speaking population, 51% of the eligible Vietnamese-speaking population, 33% of the eligible Cantonese-speaking population, and 16% of the eligible Mandarin-speaking population are enrolled.[166]

Barriers to LEP individuals' access to social safety net programs can arise before the application process. Often LEP individuals do not receive information about programs and the availability of language assistance in their own language.[167] If outreach about the program (e.g., fliers, informational mail, in-person information sessions, or signage in public places) is not available in languages other than English, LEP individuals may not know that the program exists. Studies show that when information about programs is provided in languages other than English, LEP individuals are more likely to take advantage of the program.[168] For example, one study found that Hispanic families living in states that provide greater language access were more likely to claim the EITC than those living in states with fewer language access provisions.[169]

Individuals with LEP may be less likely to use a service if they do not realize that assistance is available in their language. For example, websites do not always provide information about the availability of interpreters in multiple languages, and when they do, it often requires navigating through several website pages or dropdown menus in English before reaching translated

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[163] Nam Statement, p. 2 [internal citations omitted].
[164] Margot I. Jackson and Ester Fanelli, "Who Uses the Social Safety Net? Trends In Public Benefit Use among American Households with Children, 1980–2020," *The ANNALS of the American Academy of Political and Social Science*, 2023, vol. 706, no. 1, https://journals.sagepub.com/doi/abs/10.1177/00027162231200305.
[165] *See e.g.*, Chipalo, Suntai, and Mwima, "Factors Associated with Receiving SNAP"; Thomson, Chen, Gennetian, and Basurto, "Earned Income Tax Credit Receipt by Hispanic Families."
[166] Joony Moon, "Lost in Translation: Language Access Solutions to Increasing Uptake of CDSS Programs," University of California, Berkeley, Goldman School of Public Policy, May 10, 2019.
[167] Neswood Statement, p. 3.
[168] Thomson, Chen, Gennetian, and Basurto, "Earned Income Tax Credit Receipt by Hispanic Families;" Anna Aizer, "Public Health Insurance, Program Take-up, and Child Health," *The Review of Economics and Statistics*, 2007, vol. 89, no. 3, https://direct.mit.edu/rest/article-abstract/89/3/400/57682/Public-Health-Insurance-Program-Take-Up-and-Child; Neeraj Kaushal, Jane Waldfogel, and Vanessa R. Wight, "Food Insecurity and SNAP Participation in Mexican Immigrant Families: The Impact of the Outreach Initiative," *The B. E. Journal of Economic Analysis & Policy*, 2013, vol. 14, no. 1, https://doi.org/10.1515/bejeap-2013-0083.
[169] Thomson, Chen, Gennetian, and Basurto, "Earned Income Tax Credit Receipt by Hispanic Families."

information.[170] Because many social safety net programs are administered by states, access to information about the program in languages other than English varies widely by state and program. Programs in some states offer "taglines," or short statements about the availability of language assistance, translated into multiple languages. However, a 2023 study of Medicaid websites by the National Immigration Law Center found that:

> [O]nly nine states and DC had taglines or footers that either linked to a translated version of the entire website or opened additional resources and information in that language. While some states may have additional information in-language on portions of their website, they were not clearly accessible from the home page.[171]

Even when these taglines or translations are available, some languages are often excluded, including languages spoken by a significant number of individuals in a locality. For example, Allison Neswood, Senior Staff Attorney at the Native American Rights Fund, testified that:

> Many Native people do not take advantage of language assistance in health care and other settings because they don't know they have the right to it. While translated factsheets about language assistance rights are available in many other languages, Native language resources are often left out. Agencies and hospitals should work with tribes to develop and disseminate "know your rights" resources in Native languages.[172]

LEP individuals often encounter similar issues when they attempt to call social safety net programs for information or assistance. When LEP individuals call a program for assistance, they often have to navigate a complicated phone tree in English before speaking with a live representative to request language assistance or be given an option for language assistance.[173] When options for language assistance are available at the beginning of the call, it is often only in Spanish, or the options are spoken in English rather than in the target language (e.g., "Press one for Spanish" rather than "Presione uno para Español").[174] Even when a website provides taglines in multiple languages with a number to call for language assistance, sometimes the language is not immediately available when calling the number provided in the tagline. For example, Florida's SNAP website has links to translated taglines in 17 languages available at the bottom of the website.[175] Each of these taglines provides the same phone number for language assistance.

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[170] Ben D'Avanzo and Laiba Waqas, "States Need to Improve Language Access for Medicaid Renewals," National Immigration Law Center, Aug. 9, 2023, https://www.nilc.org/articles/states-need-to-improve-language-access-for-medicaid-renewals/; *See also* Chapter 4 of this report.
[171] D'Avanzo and Waqas, "States Need to Improve Language Access for Medicaid Renewals."
[172] Neswood Statement, p. 3.
[173] Lee Statement, p. 27.
[174] D'Avanzo and Waqas, "States Need to Improve Language Access for Medicaid Renewals."
[175] Florida Department of Children and Families, "Supplemental Nutrition Assistance Program (SNAP)," https://www.myflfamilies.com/services/public-assistance/supplemental-nutrition-assistance-program-snap (accessed May 15, 2025).

However, when calling that number, the only options available on the initial menu are English, Spanish, and Creole.

LEP individuals also face significant barriers in applying for social safety net programs without adequate language assistance.[176] Even when translations of applications are available, the translation may be overly complex or may lack cultural competency, causing applicants difficulty in understanding it.[177] For example, a study of Spanish translations of Medicaid applications in 37 states and D.C. found that on average the translated documents required an 11th-12th grade reading level to understand, while best practices suggest documents should be readable at or below a 6th grade level.[178] Moreover, relying on written translations is not possible when it comes to historically unwritten languages. As Allison Neswood explained in her testimony:

> Many Native languages have multiple dialects or regional variations. Many are historically unwritten languages meaning that fluent speakers may not know how to read or write in their language. In addition, medical and bureaucratic terms and concepts often don't have direct translations in many Native languages. As a result of these factors, providing accurate and culturally competent language assistance, and notice of the availability of that assistance, to Native language speakers with limited English proficiency requires planning and consultation with Tribal leaders who best understand the language needs of their Tribal citizens.[179]

The importance of working with the target community when it comes to the provision of language services was echoed by many of the experts at the Commission's briefing and in public comments. For example, Yunju Nam, Associate Professor in the School of Social Work at the University at Buffalo, said that "to ensure services meet the needs of LEP individuals, the government should collaborate with the community leaders and organizations, incorporating their insight and expertise."[180] Similarly, Legal Aid Foundation of Los Angeles wrote that, "[a]t a minimum, agencies should incorporate a community review process, where the translated materials would be reviewed by community members who are part of the targeted audience, to ensure the readability and understandability of the document."[181] For historically unwritten languages, Allison Neswood mentioned the benefit of utilizing voice and video recordings, such as videos with "[r]ecorded explainers of language assistance rights" and "recorded voice translations of forms" to "help Native Americans access their rights and navigate essential programs and services."[182]

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[176] Nam Statement; Tran Statement.
[177] Julie S. Hansen, Lorraine S. Wallace, and Jennifer E. DeVoe, "How Readable are Spanish-Language Medicaid Applications?" *Journal of Immigrant and Minority Health,* 2011, vol. 13, no. 2, https://pmc.ncbi.nlm.nih.gov/articles/PMC4407469/.
[178] Ibid.
[179] Neswood Statement, p. 2.
[180] Yunju Nam, *Language Access Briefing* testimony, pp. 21-22.
[181] Lee Statement, p. 19.
[182] Neswood Statement, p. 3.

LEP individuals also often have difficulty interacting with program staff without the help of an interpreter, which can hinder government agencies' ability to effectively communicate program requirements and ensure successful participation. Some social safety net programs, such as WIC and SSI, may require a medical examination in order to determine eligibility for benefits.[183] For example, USDA's WIC website states that, "applicants must be seen by a health professional such as a physician, nurse, or nutritionist who must determine whether the individual is at nutrition risk."[184] If an interpreter is not provided at these appointments, LEP individuals may not be able to communicate their symptoms and/or situation clearly enough to be recommended for benefits.

Chi-Ser Tran, Supervising Attorney in the SSI Unit at Community Legal Services of Philadelphia, testified to the Commission that often the medical providers the Social Security Administration hires to conduct evaluations will "take it upon themselves to … determine that the individual with LEP does not need an interpreter to communicate, rather than asking the individual their preference."[185] Tran explained that this may lead the applicant to "either misstate or underestimate their impairments because they do not understand the questions asked of them. As a result, the information in the [examiner's] report is unreliable due to the lack of an interpreter, and the claimant is often denied benefits due to this tainted evidence."[186]

Without ongoing language access support, government programs risk losing enrolled LEP participants, undermining program effectiveness and wasting initial enrollment investments. For example, a study of Medicaid enrollment in Illinois found that LEP individuals were over five times more likely than English-proficient individuals to lose their benefits.[187] One reason for higher rates of disenrollment among LEP populations is that written notices they receive are usually not in their preferred language. In the Illinois Medicaid study, "99 percent of respondents with LEP said that the renewal notice they received was in English, 85 percent said that they needed help reading the notice, and 94 percent needed help completing the form."[188] The same is true for other safety net programs. In her testimony, Chi-Ser Tran also told the Commission about one of her clients who was sent a denial letter from the Social Security Administration in English but struggled to understand it, even with a family member's assistance. "As a result, she was unaware of the appeals process and missed the deadline to challenge the decision, causing her

[183] Tran Statement.
[184] U.S. Department of Agriculture, Food and Nutrition Service, "WIC Eligibility Requirements," May 5, 2025, https://www.fns.usda.gov/wic/applicant-participant/eligibility.
[185] Tran Statement, p. 5.
[186] Ibid.
[187] Mansha Mirza, Elizabeth Adare Harrison, Luvia Quiñones, and Hajwa Kim, "Medicaid Redetermination and Renewal Experiences of Limited English Proficient Beneficiaries in Illinois," *Journal of Immigrant and Minority Health,* 2022, vol. 24, https://link.springer.com/article/10.1007/s10903-021-01178-8.
[188] Medicaid and CHIP Payment and Access Commission, "Enrollment and Access Barriers for People with Limited English Proficiency," July 2024, p. 3, https://www.macpac.gov/wp-content/uploads/2024/07/Enrollment-and-Access-Barriers-for-People-with-Limited-English-Proficiency.pdf.

significant distress."[189] While Community Legal Services of Philadelphia was able to help her file a "good cause statement for late submission… this added further delay to an already lengthy wait for SSI benefits."[190]

LEP individuals may also lose benefits when program rules are not clearly explained to them in a way that they can understand. Found in Translation, a nonprofit organization that trains low-income bilingual women to become professional interpreters, provided an example in their statement to the Commission. An interpreter was assisting a single mother who was a domestic violence survivor. The woman was losing her place in a shelter because she refused a housing option that was far away, violating the shelter's rules. However, as the statement from Found in Translation explained:

> In the course of the call, it became clear that the shelter's rules had never been provided to her in her native language, and that the staff had signed forms stating that she was fluent in English and didn't need an interpreter, even though this was obviously not true to anyone who interacted with her. As such, she was under the impression that she could consider up to three offers and was waiting for a placement closer to where she lived. Of course, if the rules had been explained to her in her language, she would not have turned down a placement knowing that she would end up on the street.[191]

LEP individuals often have little recourse when they encounter language barriers to accessing social safety net programs. *Alexander v. Sandoval* (2001) held that there is no private right of action for disparate impact discrimination under Title VI of the Civil Rights Act because Congress did not expressly authorize such a right.[192] Therefore, often the only recourse LEP individuals have when a federally funded program does not provide language access is to file a complaint with the agency overseeing the program or with the DOJ.[193]

One main issue with the complaint process is that it can take years before a complaint is addressed.[194] Additionally, when a federal agency enters into a compliance agreement with a funding recipient to address insufficient language access, the federal agency does not always

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[189] Tran Statement, p. 5.
[190] Ibid.
[191] Maria Vertkin, Denise Muro, Diana Rhudick, Andrew Cohen, Danyal Najmi, Shirley Moore, and Oliver Kici, Found in Translation, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 5 (hereinafter Vertkin Statement).
[192] *Alexander v. Sandoval*, 532 U.S. 275, 293 (2001).
[193] Rubin-Wills, *supra* note 51, at 465. However, in April 2025, President Trump issued E.O. 14281, *Restoring Equality of Opportunity and Meritocracy*, which instructs federal agencies to deprioritize enforcement of disparate-impact statutes and regulations. *See* Restoring Equality of Opportunity and Meritocracy, Exec. Order No. 14281, 90 Fed. Reg. 17537 (Apr. 23, 2025).
[194] Tran Statement, p. 7; *See also* Courtney Rozen, "Women Harmed by Doctors, Then Failed by US Civil Rights Watchdog," *Bloomberg Law*, Aug. 28, 2024, https://news.bloomberglaw.com/health-law-and-business/women-harmed-by-doctors-then-failed-by-us-civil-rights-watchdog.

follow up to ensure that the requirements in the compliance agreement are being implemented. For example, in 2013, Community Legal Services of Philadelphia (CLS) filed a language access complaint with HHS against the County Assistance Office (CAO) in Philadelphia, which processes benefits such as TANF and Medicaid.[195] When the language access issues had not been resolved three years later, CLS filed a second complaint.[196] The HHS Office of Civil Rights (OCR) combined these two complaints and did not complete the investigation until 2019.[197] Chi-Ser Tran, Supervising Attorney at CLS, explained to the Commission that:

> OCR found numerous language access violations and directed the CAO to make specific improvements to its language access policies and procedures, but it set forth no plan for sustained compliance monitoring and created no consequences for the CAO's failure to make and effectively implement the policy and procedure improvements they were directed to make. Today, more than five years after OCR directed the CAO to make those language access policy and procedure improvements, CLS still regularly sees LEP clients who speak Spanish and other languages who receive vital notices about their public benefits written in English only and who are denied access to interpreters by the CAO, leaving them with no means of effective communication with the CAO that will permit them to get and keep the life-essential public benefits they are eligible to receive.[198]

This lengthy complaint process and lack of follow up from the responsible agency allows language barriers to persist. Even when the complaint process works effectively, the enforcement process is between the federal agency and the funding recipient, which may exclude the complainant.[199] Additionally, an individual who loses benefits due to insufficient language access often has no remedy for their individual loss, even if their complaint is successful.[200] The responsible federal agency can require a funding recipient to provide language access, but the individual cannot sue for disparate impact claims under Title VI.[201] Therefore, individuals cannot recover damages for losses incurred due to insufficient language access under Title VI, unless the plaintiff can prove that the lack of language access was a form of intentional discrimination.[202]

There is also room for improvement in federal agencies' complaint resolution systems. For example, federal agencies can work to ensure that the complaint process is made accessible to

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[195] Tran Statement, p. 7.
[196] Ibid.
[197] Ibid.
[198] Ibid.
[199] Rubin-Wills, *supra* note 51, at 496-97.
[200] *Id.* at 497.
[201] *Alexander v. Sandoval*, 532 U.S. 275, 293 (2001).
[202] Individuals, however, may be able to sue and recover damages under other statutes, such as the Affordable Care Act in the case of health care. *See* Department of Health and Human Services, "Section 1557: Frequently Asked Questions," p. 2, https://www.hhs.gov/sites/default/files/section-1557-final-rule-faqs-7282017rev15.pdf (accessed Jan. 29, 2026). *See also* Rubin-Wills, *supra* note 51, at 482-83.

individuals with LEP. In their written statement to the Commission, Justice in Aging explained that the Social Security Administration directs individuals who have had difficulty receiving services due to a language barrier to contact their Regional Communications Director.[203] However, this information is only provided in English on the website, leaving any recourse inaccessible to LEP individuals.[204]

As discussed in Chapters 2 and 3 of this report, federal agencies during the Bush, Obama, and Biden administrations issued language access guidelines for funding recipients. In addition, these administrations worked to coordinate and strengthen federal language access policies and made efforts to assist funding recipients by providing language access resources. However, as Chapter 3 finds, the understaffing of federal agencies' civil rights offices, such as HHS's OCR, continues to create a backlog of complaints.

Language Barriers in Health Care

As illustrated in the testimony at the beginning of this chapter, the lives of LEP individuals and their families can quite literally depend on language access in health care.[205] The ability to communicate effectively with medical professionals is essential to receiving adequate care.[206] If LEP individuals do not have access to a qualified interpreter, they may be unable to describe symptoms or situations that accompany an illness or injury, leading to misdiagnosis that can result in permanent complications or even loss of life.[207] For example, a 2020 study found that hospitalized children with LEP parents were "twice as likely to experience harms due to medical care" compared to children with English-proficient parents.[208] Additionally, individuals with LEP

[203] Denny Chan, Managing Director, Equity Advocacy, Justice in Aging, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025.
[204] Social Security Administration, "Social Security Information in Other Languages," https://www.ssa.gov/multilanguage/ (accessed May 15, 2025).
[205] *See supra* notes 87-90.
[206] Abukari Kwame and Pammla M. Petrucka, "A Literature-Based Study of Patient-Centered Care and Communication in Nurse-Patient Interactions: Barriers, Facilitators, and the Way Forward," *BMC Nursing,* 2021, vol. 20, https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-021-00684-2.
[207] Chandrika Divi, Richard G. Koss, Stephen P. Schmaltz, and Jerod M. Loeb, "Language Proficiency and Adverse Events in US Hospitals: A Pilot Study," *International Journal for Quality in Health Care*, 2007, vol. 19, no. 2, https://academic.oup.com/intqhc/article-abstract/19/2/60/1803865; Anika L. Hines, Roxanne M. Andrews, Ernest Moy, Marguerite L. Barrett, and Rosanna M. Coffey, "Disparities in Rates of Inpatient Mortality and Adverse Events: Race/Ethnicity and Language as Independent Contributors," *International Journal of Environmental Research and Public Health*, 2014, vol. 11, no. 12, https://pubmed.ncbi.nlm.nih.gov/25514153/.
[208] Alisa Khan, H. Shonna Yin, Cindy Brach, Dionne A. Graham, Matthew W. Ramotar, David N. Williams, Nancy Spector, Christopher P. Landrigan, and Benard P. Dreyer, "Association Between Parent Comfort with English and Adverse Events Among Hospitalized Children," *JAMA Pediatrics*, 2020, vol. 174, no. 12, https://pubmed.ncbi.nlm.nih.gov/33074313/.

may delay seeking medical care[209] or avoid preventative visits[210] if they do not believe they will be able to communicate with providers. Another study found that Asian American LEP individuals are less likely to be screened for diseases such as breast cancer and colorectal cancer when physicians did not speak the patient's primary language.[211] When individuals with LEP go to the hospital, they may be unable to provide informed consent if the risks of a medical procedure are not communicated in a language that they can understand.[212] Moreover, after seeing a doctor, patients with LEP may have difficulty reading or understanding discharge instructions if the instructions are not translated into their preferred language.[213] As a result, problems may not be resolved or may reoccur, leading to repeat visits that could have been avoided if the patient understood the providers' instructions.[214]

Numerous studies have found that health outcomes in the United States are worse for the LEP population compared to the English-proficient population.[215] In a 2023 nationally representative survey, KFF found that "adults who have LEP are more likely to report their physical health as 'fair' or 'poor' compared with adults who are English proficient (34% vs. 19%)."[216] Additionally, LEP adults were more than twice as likely to say that they do not have a usual source of care (such as a private doctor or community health center) other than the emergency room (26% of LEP adults compared to 12% of English-proficient adults).[217] These results are similar to those in other

[209] Mamata Pandey, R. Geoffrey Maina, Jonathan Amoyaw, Yiyan Li, Rejina Kamrul, C. Rocha Michaels, and Razawa Maroof, "Impacts of English Language Proficiency on Healthcare Access, Use, and Outcomes Among Immigrants: A Qualitative Study," *BMC Health Services Research*, 2021, vol. 21, https://link.springer.com/content/pdf/10.1186/s12913-021-06750-4.pdf.
[210] Reeti K. Gulati and Kevin Hur, "Association Between Limited English Proficiency and Healthcare Access and Utilization in California," *Journal of Immigrant and Minority Health*, 2022, vol. 24, no. 1, https://doi.org/10.1007/s10903-021-01224-5.
[211] Caroline A. Thompson, Scarlett Lin Gomez, Albert Chan, John K. Chan, Sean R. McClellan, Sukyung Chung, Cliff Olson, Vani Nimbal, and Latha P. Palaniappan, "Patient and Provider Characteristics Associated with Colorectal, Breast, and Cervical Cancer Screening Among Asian Americans," *Cancer Epidemiology Biomarkers & Prevention,* 2014, vol. 23, no. 11, https://doi.org/10.1158/1055-9965.epi-14-0487.
[212] Linda M. Hunt and Katherine B. De Voogd, "Are Good Intentions Good Enough?: Informed Consent Without Trained Interpreters," *Journal of General Internal Medicine*, 2007, vol. 22, no. 5, https://doi.org/10.1007/s11606-007-0136-1.
[213] Leah S. Karliner, Andrew Auerbach, Anna Nápoles, Dean Schillinger, Dana Nickleach, and Eliseo J. Pérez-Stable, "Language Barriers and Understanding of Hospital Discharge Instructions," *Medical Care*, 2012, vol. 50, no. 4, https://doi.org/10.1097/mlr.0b013e318249c949.
[214] Leah S. Karliner, Eliseo J. Pérez-Stable, and Steven E. Gregorich, "Convenient Access to Professional Interpreters in the Hospital Decreases Readmission Rates and Estimated Hospital Expenditures for Patients with Limited English Proficiency," *Medical Care*, 2017, vol. 55, no. 3, https://pmc.ncbi.nlm.nih.gov/articles/PMC5309198/pdf/nihms807351.pdf.
[215] Sylvia E. Twersky, Rebeca Jefferson, Lisbet Garcia-Ortiz, Erin Williams, and Carol Pina, "The Impact of Limited English Proficiency on Health Care Access and Outcomes in the U.S.: A Scoping Review," *Healthcare,* 2024, vol. 12, no. 3, https://doi.org/10.3390/health care12030364.
[216] Ana Gonzalez-Barrera, Liz Hamel, Samantha Artiga, and Marley Presiado, "Language Barriers in Health Care: Findings from the KFF Survey on Racism, Discrimination, and Health," KFF, May 16, 2024, https://www.kff.org/racial-equity-and-health-policy/poll-finding/language-barriers-in-health-care-findings-from-the-kff-survey-on-racism-discrimination-and-health/.
[217] Ibid.

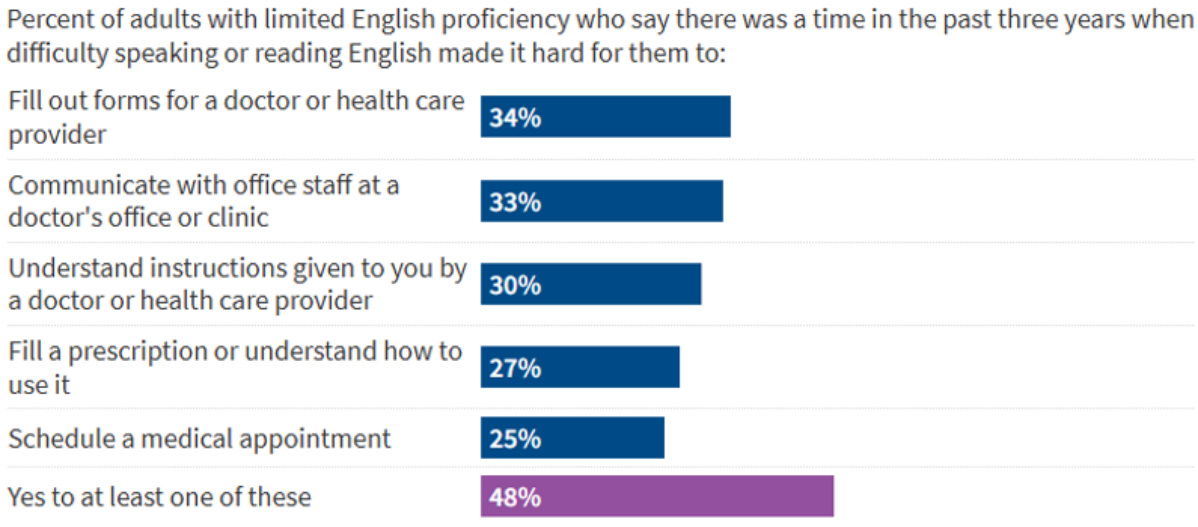
studies. For example, using a nationally representative sample from the 2014-2018 Medical Expenditure Panel Survey, researchers found that LEP adults were less likely to have a usual source of care, less likely to have visited a medical provider in the last 12 months, and more likely to be overdue for preventative screenings than English-proficient adults.[218]

LEP individuals are also less likely to have health insurance than English-proficient individuals. In the KFF study discussed above, 33% of LEP adults reported being uninsured compared to 7% of English-proficient adults.[219] This large disparity in health insurance rates is similar to findings from a 2021 analysis of ACS data, which found that 29% of nonelderly LEP individuals were uninsured compared to 9% of English-proficient individuals.[220]

While differences in socio-economic status between LEP and English-proficient Americans likely explain some of the differences in health outcomes and access to health care between LEP and English-proficient populations, the KFF study also found evidence that language is a barrier to LEP individuals' access to health care.[221] As shown in Figure 1.5 below, almost half of LEP adults reported experiencing at least one language barrier associated with health care in the last three years.[222] For example, one third of LEP adults who reported using health care in the past three years said that they had difficulty communicating with office staff and 30% reported difficulty understanding the instructions given by a health care provider.[223] Additionally, one in four LEP adults reported difficulty scheduling a medical appointment due to difficulty speaking or reading English and 27% reported difficulty filling a prescription or understanding how to use it.[224]

[218] Natalia Ramirez, Kewei Shi, K. Robin Yabroff, Xuesong Han, Stacey A. Fedewa, and Leticia M. Nogueira, "Access to Care Among Adults With Limited English Proficiency," *Journal of General Internal Medicine*, 2022, vol. 38, no. 3, https://doi.org/10.1007/s11606-022-07690-3.
[219] Gonzalez-Barrera, Hamel, Artiga, and Presiado, "Language Barriers in Health Care."
[220] Sweta Haldar, Drishti Pillai, and Samantha Artiga, "Overview of Health Coverage and Care for Individuals with Limited English Proficiency (LEP)," KFF, July 7, 2023, https://www.kff.org/racial-equity-and-health-policy/overview-of-health-coverage-and-care-for-individuals-with-limited-english-proficiency/.
[221] Gonzalez-Barrera, Hamel, Artiga, and Presiado, "Language Barriers in Health Care."
[222] Ibid.
[223] Ibid.
[224] Ibid.

Figure 1.5: Language Barriers to Health Care Access



Source: Ana Gonzalez-Barrera, Liz Hamel, Samantha Artiga, and Marley Presiado, "Language Barriers in Health Care: Findings from the KFF Survey on Racism, Discrimination, and Health," KFF, May 16, 2024, https://www.kff.org/racial-equity-and-health-policy/language-barriers-in-health-care-findings-from-the-kff-survey-on-racism-discrimination-and-health/ (accessed Dec. 15, 2025).

In contrast, when language access is available, health care for LEP individuals improves.[225] In his testimony to the Commission, Adam Carbullido, Director of Policy and Advocacy at the Association of Asian Pacific Community Health Organizations (AAPCHO), stated, "AAPCHO's member community health centers recognize the link that language access has in improving patient care, increasing operational efficiencies, and lowering health care costs."[226] Research demonstrates that when LEP individuals have access to interpreters, they are more likely to visit clinics, receive preventive screenings, and receive health education from their providers.[227] In a hospital setting, one study found that LEP individuals who reported "always" having access to an interpreter reported a better experience in terms of pain control, timeliness of pain treatment, and provider helpfulness in treating pain than LEP patients who did not always have access to

[225] Glenn Flores, "The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review," *Medical Care Research and Review*, 2005, vol. 62, no. 3, https://doi.org/10.1177/1077558705275416.
[226] Adam Carbullido, *Language Access Briefing* testimony, p. 116.
[227] *See e.g.,* Elizabeth A. Jacobs, Diane S. Lauderdale, David Meltzer, Jeanette M. Shorey, Wendy Levinson, and Ronald A. Thisted, "Impact of Interpreter Services on Delivery of Health Care to Limited-English-Proficient Patients," *Journal of General Internal Medicine*, 2001, vol. 16, no. 7, https://doi.org/10.1046/j.1525-1497.2001.016007468.x; Michelle Kwan, Zakia Jeemi, Richard Norman, and Jaya A. R. Dantas, "Professional Interpreter Services and the Impact on Hospital Care Outcomes: An Integrative Review of Literature," *International Journal of Environmental Research and Public Health*, 2023, vol. 20, no. 3, https://www.mdpi.com/1660-4601/20/6/5165.

interpreters.[228] Another study found that after implementation of a bedside interpreter phone system, hospital patients with LEP were more likely to meet the requirements of informed consent prior to a procedure, including understanding the reasons for and risks of a procedure and having all their questions answered.[229] Moreover, research suggests that the availability of professional interpreters decreases both readmission rates[230] and the length of hospital stay,[231] which results in reduced hospital expenditures, even after accounting for the cost of interpreter services.[232]

While the above studies find that interpreter services improve health care for LEP individuals, other studies focus on the impact of having a doctor who speaks the patient's native language (i.e., language-concordant providers). These studies find that patient satisfaction and understanding increases when a patient sees a language-concordant provider.[233] The KFF study cited above found that LEP patients felt more comfortable asking providers questions about their health and treatment when providers spoke their preferred language.[234] While 61% of LEP respondents who had at least half of their visits with language-concordant providers said they felt very comfortable asking questions, only 43% of LEP respondents who had fewer than half of their appointments with language-concordant providers said the same.[235] Another study found that LEP individuals were less likely to report problems understanding a medical condition when they had a language-concordant provider compared to a language-discordant provider.[236] This study also found that LEP individuals were more likely than English-proficient individuals to report being confused about how to use a medication, having trouble understanding a label on medication, or a having a bad reaction to medication due to problems understanding instructions after receiving care from an English-speaking provider. However, these disparities were resolved when LEP individuals saw a language-concordant provider.[237] Similarly, a study of Latinos with type-2 diabetes found that

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[228] Nathalia Jimenez, Gerardo Moreno, Mei Leng, Dedra Buchwald, and Leo S. Morales, "Patient-Reported Quality of Pain Treatment and Use of Interpreters in Spanish-Speaking Patients Hospitalized for Obstetric and Gynecological Care," *Journal of General Internal Medicine*, 2012, vol. 27, no. 12, https://doi.org/10.1007/s11606-012-2154-x.

[229] Jonathan S. Lee, Eliseo J. Pérez-Stable, Steven E. Gregorich, Michael H. Crawford, Adrienne Green, Jennifer Livaudais-Toman, and Leah S. Karliner, "Increased Access to Professional Interpreters in the Hospital Improves Informed Consent for Patients with Limited English Proficiency," *Journal of General Internal Medicine*, 2017, vol. 32, no.8, https://doi.org/10.1007/s11606-017-3983-4.

[230] Karliner, Pérez-Stable, and Gregorich, "Convenient Access to Professional Interpreters."

[231] Melody K. Schiaffino, Melissa Ruiz, Melissa Yakuta, Alejandro Contreras, Setareh Akhavan, Britney Prince, and Robert Weech-Maldonado, "Culturally and Linguistically Appropriate Hospital Services Reduce Medicare Length of Stay," *Ethnicity & Disease*, 2020, vol. 30, no. 4, https://pmc.ncbi.nlm.nih.gov/articles/PMC7518542/; Mary Lindholm, J. Lee Hargraves, Warren J. Ferguson, and George Reed, "Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates," *Journal of General Internal Medicine*, 2012, vol. 27, no. 10, https://doi.org/10.1007/s11606-012-2041-5.

[232] Karliner, Pérez-Stable, and Gregorich, "Convenient Access to Professional Interpreters."

[233] *See infra* notes 234-238.

[234] Gonzalez-Barrera, Hamel, Artiga, and Presiado, "Language Barriers in Health Care."

[235] Ibid.

[236] Elisabeth Wilson, Alice Hm Chen, Kevin Grumbach, Frances Wang, and Alicia Fernandez, "Effects of Limited English Proficiency and Physician Language on Health Care Comprehension," *Journal of General Internal Medicine*, 2005, vol. 20, no. 9, https://doi.org/10.1111/j.1525-1497.2005.0174.x.

[237] Ibid.

LEP Latinos had less control over their diabetes than English-proficient Latinos, but this difference disappeared when LEP Latinos saw a language-concordant provider.[238] Therefore, this research shows that LEP individuals experience better health outcomes when they are more comfortable asking questions and have a better understanding of their doctor's instructions.

Accessibility of Language Services in Hospitals

Section 1557 of the Affordable Care Act prohibits discrimination on the basis of national origin in "any health program or activity, any part of which is receiving Federal financial assistance."[239] Additionally, HHS regulations under Section 1557 state that covered entities must take reasonable steps to provide meaningful access for individuals with LEP.[240] As the National Council on Interpreting in Health Care wrote to the Commission, "the need for robust language access in [health care] services is quite clear and has been very well-documented for many years… [M]eaningful compliance with legal mandates also results in substantial cost savings to patients, families, health systems, insurers, and government agencies."[241]

HHS and courts have long interpreted Title VI to apply to hospitals that receive federal funds through Medicare or Medicaid payments.[242] Therefore, all hospitals that accept Medicare and Medicaid as forms of insurance are required to provide meaningful access to individuals with LEP. While the vast majority of hospitals in the U.S. accept Medicare and Medicaid,[243] many hospitals do not provide language services.[244] One study found that about 65% of hospitals in the U.S. provide language services, while 35% do not provide language services.[245] The researchers found that even in areas that have large LEP populations, defined as "high need" areas, about one in four hospitals do not provide language services.[246] Figure 1.6 below displays the service areas of U.S.

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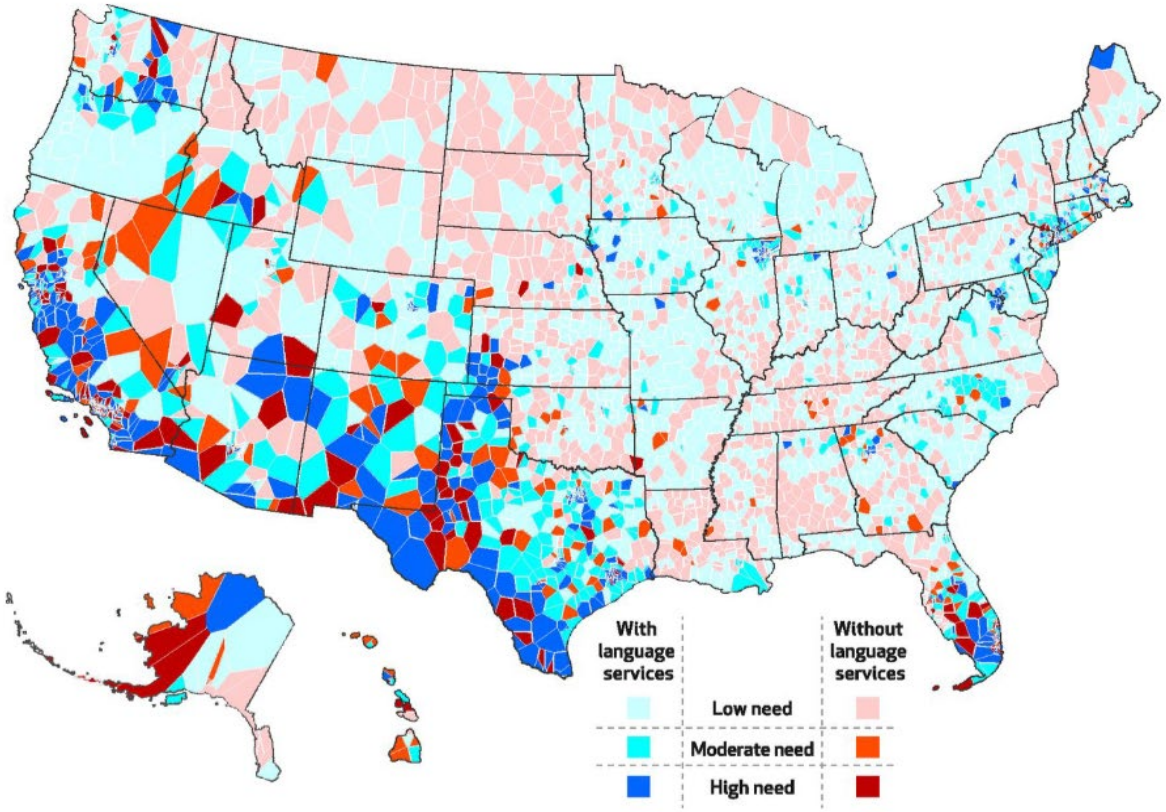
[238] Alicia Fernandez, Dean Schillinger, E. Margaret Warton, Nancy Adler, Howard H. Moffet, Yael Schenker, M. Victoria Salgado, Ameena Ahmed, and Andrew J. Karter, "Language Barriers, Physician-Patient Language Concordance, and Glycemic Control Among Insured Latinos With Diabetes: The Diabetes Study of Northern California (DISTANCE)," *Journal of General Internal Medicine*, 2010, vol. 26, no. 2, https://doi.org/10.1007/s11606-010-1507-6.
[239] Patient Protection and Affordable Care Act, Pub. L. 111-148, 124 Stat. 260, § 1557 (codified as 42 U.S.C. § 18116).
[240] Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37522 § 92.201 (May 6, 2024), https://www.govinfo.gov/content/pkg/FR-2024-05-06/pdf/2024-08711.pdf.
[241] National Council on Interpreting in Health Care, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 2.
[242] Joel Teitelbaum, Lara Cartwright-Smith & Sara Rosenbaum*, Translating Rights into Access: Language Access and the Affordable Care Act,* 38 AM. AM. J.L. & MED. 348, 365-66 (2012), https://www.cambridge.org/core/journals/american-journal-of-law-and-medicine/article/abs/translating-rights-into-access-language-access-and-the-affordable-care-act/7BE3987E757BF115D85E1ED268C9FD63; *See e.g., United States v. Baylor Univ. Med. Ctr.,* 736 F.2d 1039, 1039 (5th Cir. 1984).
[243] American Hospital Association, "Fact Sheet: Majority of Hospital Payments Dependent on Medicare or Medicaid," May 25, 2022, https://www.aha.org/fact-sheets/2022-05-25-fact-sheet-majority-hospital-payments-dependent-medicare-or-medicaid.
[244] Schiaffino, Nara, and Mao, "Language Services in Hospitals."
[245] Ibid.
[246] Ibid.

hospitals with and without language services by level of need for these services. The dark red areas on the map have a high need for language services, but do not have hospitals that provide language services.

Figure 1.6: Service Areas of U.S. Hospitals With and Without Language Services by Level of Need, 2013



Source: Melody K. Schiaffino, Atsushi Nara, and Liang Mao, "Language Services in Hospitals Vary by Ownership and Location," *Health Affairs*, 2016, vol. 35, no. 8, https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0955.

Common Challenges for Language Access in Social Safety Net Programs and Health Care

There are several common issues in providing language services, in both social services and health care, that create barriers for individuals with LEP. These include the lack of data about the need for and provision of language services, insufficient staff use of language services, the availability of interpreters for languages of lesser diffusion, overreliance on technology, and the use of nonprofessional or ad hoc interpreters.

Lack of Data

Insufficient data on the need for language services and the availability and use of language services in social safety net programs and health care organizations prevent researchers and policymakers

from fully understanding the barriers LEP individuals face when attempting to access these services.[247] Additionally, without comprehensive data collection, we cannot know which interventions are the most effective to increase language access. Although the ACS provides a broad view of the number of LEP individuals living in the U.S., the data are less useful for understanding recent changes in the LEP population among specific languages in smaller geographies served by federally funded programs. For example, the ACS 2015 five-year estimates are the most recent disaggregated language data currently available for LEP populations in geographies with populations of fewer than 65,000 residents.[248]

There are national surveys that provide information about the number of LEP individuals who use social safety net services, such as the Survey of Income and Program Participation.[249] However, Yunju Nam, Associate Professor in the School of Social Work at the University at Buffalo, testified that existing data about language access in social safety services and health care do not provide a complete picture. As she explained:

> [E]xisting large-scale surveys lack the depth needed to examine the mechanisms through which limited English proficiency impacts access to government benefits and services. To address this gap, it is crucial to collect more detailed data on the experiences of LEP individuals, including the extent of language-related barriers and access to language assistance services.[250]

Similarly, in health care, national surveys, such as the American Hospital Association Annual Survey, provide data about hospital language services but cannot report on the efficacy of these services or whether these services are used by staff.[251]

In his testimony to the Commission, Lucas Fonseca, CEO of Language Matters, also noted the importance of data collection to understand the needs of the community and the impact of language services. He said:

> Data collection for us has been extremely important to understand the needs of a community, but also to get … feedback from both service seekers and service providers so

[247] *See e.g.,* Vertkin Statement; Nam Statement.
[248] U.S. Census Bureau, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," Table B16001, 2015 American Community Survey 5-Year Estimates Detailed Tables, https://data.census.gov/table/ACSDT5Y2015.B16001 (accessed May 15, 2025); U.S. Census Bureau, "Using 1-Year or 5-Year American Community Survey Data," Oct. 31, 2024, https://www.census.gov/programs-surveys/acs/guidance/estimates.html.
[249] U.S. Census Bureau, "Survey of Income and Program Participation (SIPP)," Oct. 23, 2024, https://www.census.gov/programs-surveys/sipp.html.
[250] Nam Statement, p. 2.
[251] American Hospital Association, "AHA Annual Survey Database," https://www.ahadata.com/aha-annual-survey-database (accessed July 22, 2025).

> that we can create and better allocate resources through initiatives that are going to be well-received and popular on both sides. And this is what we're doing to ensure that people that we're serving are becoming engaged with the services that we have to offer instead of implementing a service that … we are not sure if people are going to want to use.[252]

The Commission also received public comments related to the lack of data about language access. For example, Legal Aid Foundation of Los Angeles wrote to the Commission that:

> The collection and analysis of language data is important both for developing effective policies and procedures to provide language access and for civil rights enforcement…
>
> Aggregated data fails to account for the social, cultural, and economic diversity of the larger racial and ethnic umbrella categories of white, Latinx, African American, Asians, Native Hawaiian and Pacific Islanders, and American Indian/Alaskan Natives. The differences between the smaller racial and ethnic groups suggest that different groups have different challenges when interfacing with government agencies and services. The lack of disaggregated data often masks the racial and health disparities and cultural differences of subpopulations within the larger racial and ethnic categories and are often invisible if disaggregated race and ethnic data is not collected and reported.
>
> Government agencies and federally funded recipients should be required to collect data, broken down based on the primary language of individuals with LEP, along with other demographic data on protected classes, on whether challenges were encountered, what complaints were filed, and how challenges and complaints were resolved. This data should be made publicly available.[253]

Similarly, the Certification Commission for Healthcare Interpreters (CCHI), emphasized the importance of "research and data collection on the impact of language access on healthcare efficiency, patient safety, and cost reduction."[254]

Insufficient Use of Language Services

Research suggests that even when language services are available, they are often not adequately used by staff when interacting with LEP individuals.[255] In some cases, staff may lack knowledge

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[252] Lucas Fonseca, *Language Access Briefing* testimony, p. 91.
[253] Lee Statement, pp. 25-27.
[254] Jorge U. Ungo, Language Access Advocate, Certification Commission for Healthcare Interpreters, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 3 (hereinafter Ungo Statement).
[255] Yewande Ogunnaike, Abbey Hyde, and Suja Somanadhan, "Prevalent Practices Amongst Healthcare Professionals in Paediatric Settings in Using Medical Interpreters for Families with Limited National Language

about language access requirements or how to use language access services, such as phone lines for interpretation.[256] These obstacles can be attenuated with additional staff training and resources. At the Commission's briefing, Elizabeth Munoz, ADA Corporate Compliance Officer for Doctors Hospital at Renaissance (DHR) in the Rio Grande Valley, explained that DHR has an employee website where staff can get answers to common questions about language access services at any time. However, she also stated that "[o]ne of the downsides to that is … sometimes nursing staff, for example, are so busy they don't have the opportunity to actually sit down and look. But we continue to work to bring awareness to the organization itself."[257]

Employee workloads and time constraints are common themes in the empirical literature regarding the insufficient use of language services in health care settings.[258] One study found that resident physicians will often try to "get by" without using professional interpreters.[259] As one physician in the study remarked, "I think on a daily basis... people are really trying to get around [calling an interpreter] if they can."[260] This attempt to "get by" without professional interpreters was further clarified by the comments of other participants in the study. One participant in the study described the decision about whether to use an interpreter as coming down to "the time constraints and hassle factor... We're always doing the calculation of like: How high yield is this going to be? Is it really worth the time invested? Will I gain anything?... Are we going to be able to really advance care here by getting a translator?"[261] Another physician said that their use of interpreters depends on the circumstances of the interaction, saying:

> It's really variable depending on the exact situation... what sort of information I am trying to get out of [patients], and what time of day it is and what my location is... Also[,] if it's not the first time I am seeing them, if I am just pre-rounding on the patient or just checking in on them after seeing them once or several times before, then I think I often can hobble by without one.[262]

Even when health care providers do use interpreters, they may rush through interactions to save time.[263] For example, one interpreter for health care providers said:

Proficiency: A Narrative Scoping Review," *International Journal of Nursing Studies Advances*, 2022, vol. 4 https://doi.org/10.1016/j.ijnsa.2022.100109.

[256] Elizabeth Munoz, *Language Access Briefing* testimony, p. 106.

[257] Ibid.

[258] *See infra* notes 259-276.

[259] Lisa C. Diamond, Yael Schenker, Leslie Curry, Elizabeth H. Bradley, and Alicia Fernandez, "Getting By: Underuse of Interpreters by Resident Physicians," *Journal of General Internal Medicine*, 2008, vol. 24, no. 2, https://doi.org/10.1007/s11606-008-0875-7.

[260] Ibid., p. 259.

[261] Ibid., p. 258.

[262] Ibid.

[263] Amy Olen, Paulina S. Lim, Kathryn A. Balistreri, W. Hobart Davies, Matthew C. Scalon, and Charles B. Rothschild, "'It's Just Another Added Layer of Difficulty': Language Access Equity and Inclusion in Pediatric Interpreted Medical Encounters–Provider and Interpreter Perspectives," *Just Journal of Language Rights & Minorities*, 2022, vol. 1, no. 1–2, https://doi.org/10.7203/just.1.24879.

> What makes it harder, I feel, are the providers who . . . you can tell they're very, very, very busy people…They come in and out and they speak very fast and they dump all this information and then they leave. That makes it harder . . . I can tell you that most of the time it leaves the family . . . with questions but I think that behavior intimidates families to ask anything because they feel [the doctors are] in a rush and they don't want to take any more of their time and then they don't want to ask any questions. But then they'll make comments afterwards like, "well he was in a rush, so I didn't want to ask anything."[264]

In other cases, doctors and staff perceive the wait to get an interpreter as too long to provide proper care. One pediatric provider said:

> Sometimes you need [the interpreter] there and it's going to be 15 or 20 minutes. Not usually, but once in a while, there's a delay in getting them there, and so I think that can be hard if a [patient's] parent is really distressed; they need someone there now to have that conversation. If you have to wait on the technology piece for that, that's not ideal.[265]

The issue of wait times for interpreters is also a challenge for language access in social safety net programs. Chi-Ser Tran, Supervising Attorney at Community Legal Services of Philadelphia, testified that "individuals with limited English proficiency are often conditioned to try to 'get by' in their limited English because they are accustomed to seeing service providers express annoyance over the need for an interpreter or the wait to obtain language assistance is too lengthy."[266] Additionally, she told the Commission that "[s]ometimes, service providers avoid using required phone interpretation services due to the delays associated with dialing a phone number, entering an authorization code, and waiting to connect with an interpreter, so they resort to relying on machine translation such as Google Translate."[267] However, as will be discussed below, Google Translate is not always accurate and can lead to harmful errors if used without review by a qualified human.[268]

Investing in several different interpretation services may help reduce wait times so that an alternative service may be used if the wait time is too long for the first option.[269] In addition, employee training on the importance of using a qualified interpreter may help increase use of interpretation services.[270] To ensure that the health care system operates as efficiently as possible,

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[264] Ibid., p. 110.
[265] Ibid., p. 112.
[266] Tran Statement, p. 5.
[267] Ibid., p. 6.
[268] *See infra* notes 292-308.
[269] Tran Statement, p. 8.
[270] Joseph R. Betancourt and Aswita Tan-McGrory, "Creating a Safe, High-Quality Healthcare System for All: Meeting the Needs of Limited English Proficient Populations; Comment on "Patient Safety and Healthcare Quality:

The Certification Commission for Healthcare Interpreters (CCHI) emphasized the importance of "education and training for healthcare professionals on the importance of using qualified language services, and best practices for working effectively with interpreters to ensure equitable and non-discriminatory care for all patients."[271]

Improved data collection and identification of LEP individuals may also help increase interpreter use.[272] In one study, researchers created an LEP icon to identify patients who may need language assistance on an emergency department's electronic tracking board.[273] They also implemented a new form to document interpreter use that can be completed with a few clicks in electronic medical records.[274] These interventions increased appropriate interpreter use and documentation from 35.7% to 64.5%.[275] Language access advocates argue, however, that without a change in the culture of valuing "efficiency over effective communication," it is likely that the underuse of interpretation services will continue to be a barrier to accessing health care and government services for individuals with LEP.[276]

In 2014, Massachusetts General Hospital released a report that outlined key initiatives to prevent medical errors resulting from miscommunication with LEP patients, including:

1. Fostering a supportive *culture* for the safety of diverse patient populations, articulated clearly by leadership, operationalized in strategic planning for the organization, and supported by providing staff with key tools and resources to accomplish this successfully.
2. Adapting current systems to better identify medical errors in LEP patients, improve the capacity of patient safety systems to capture key root causes and risk factors, and link databases so that information is readily accessible.
3. Developing institutional strategies to empower frontline staff and interpreters to *report* medical errors and provide them with training and systems to do so effectively and efficiently.
4. Developing systems to routinely *monitor* patient safety among LEP patients, as well as processes to analyze medical errors and near misses that occur among these populations.

The Case For Language Access," *International Journal of Health Policy and Management*, 2014, vol. 2, no. 2, https://pmc.ncbi.nlm.nih.gov/articles/PMC3952543/.

[271] Ungo Statement, p. 3.

[272] Elizabeth M. Martinez, Daniel Timothy Carr, Paul C. Mullan, Lakisha E. Rogers, Wendy L. Howlett-Holley, Coleman A. McGehee, Christopher D. Mangum, and Sandip A. Godambe, "Improving Equity of Care for Patients with Limited English Proficiency Using Quality Improvement Methodology," *Pediatric Quality & Safety*, 2021, vol. 6, no. 6, https://pmc.ncbi.nlm.nih.gov/articles/PMC8677944/.

[273] Ibid.

[274] Ibid.

[275] Ibid.

[276] Sheila Mulrooney Eldred, "With Scarce Access to Interpreters, Immigrants Struggle to Understand Doctors' Orders," *NPR*, Aug. 15, 2018, https://www.npr.org/sections/health-shots/2018/08/15/638913165/with-scarce-access-to-medical-interpreters-immigrant-patients-struggle-to-unders.

5. Developing strategies and systems to prevent medical errors among LEP patients by strengthening interpreter services, improve coordination with the provision of clinical services, providing translated materials, and develop training for healthcare providers and staff on interpreter use and cultural competency.[277]

Languages of Lesser Diffusion

Another common challenge for language access in both health care and social safety net programs is the difficulty of finding interpreters for less widely spoken languages (i.e., languages of lesser diffusion). Although many of these languages are not commonly spoken nationwide, there is still a need to provide interpreters for these languages in certain areas. This does not mean, however, that federally funded programs must provide translated documents for all of the more than 300 languages spoken in the U.S.

HHS regulations, under Section 1557 of the Affordable Care Act, for example, require health care organizations to provide translated statements about the availability of language assistance in the top 15 most common languages spoken by LEP individuals in the state or states in which the entity operates.[278] However, the regulations clarify that organizations "must still take reasonable steps to provide meaningful access to *all* individuals with LEP, regardless of whether the individual's primary language is one of the 15 most frequently spoken non-English languages in their [s]tate or [s]tates."[279] In determining whether an entity is taking "reasonable steps to provide meaningful access," HHS regulations state that "substantial weight" will be given to "the nature and importance of the health program or activity and the particular communication at issue."[280]

HHS regulations recognize that document translation may not be a reasonable or necessary step for less common languages. Alternatively, organizations can utilize other tools, such as a phone interpretation service that provides language assistance in many languages, which may be a reasonable step for many organizations, especially when someone's health or well-being is at stake. For example, Bill Rivers, a language access expert and Principal at WP Rivers and Associates, testified to the Commission that language service companies "can provide 24/7/365 over-the-phone or virtual remote interpreting language access in more than 350 languages."[281]

Still, the issue of finding interpreters for languages of lesser diffusion arose repeatedly in expert testimony before the Commission. For instance, Silvina de la Iglesia, Director of Language and Accessibility Services at the Mount Sinai Health System in New York, testified:

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[277] Betancourt and Tan-McGrory, "Creating a Safe, High-Quality Healthcare System for All," p. 92 [emphasis in original].
[278] Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37522 § 92.11(b) (May 6, 2024) (codified at 45 C.F.R. § 92.11(b)).
[279] 89 Fed. Reg. at 37568 [emphasis in original].
[280] 89 Fed. Reg. at 37699.
[281] Bill Rivers, *Language Access Briefing* testimony, p. 28.

> While we can readily secure interpreters for commonly requested languages like Bangla, Russian, Mandarin, and Spanish, we face considerable difficulties with languages of lesser diffusion. Finding qualified interpreters for Quechua, Fulani, certain Arabic dialects, Uzbek, Sylheti—and even Hebrew during specific dates and times—can be extraordinarily challenging.[282]

Similarly, Bill Rivers testified that, "[s]pecific languages may pose additional challenges, such as the Indigenous languages of Mexico and Central America, which have very few English interpreters, necessitating relay interpreting (for example, Zapoteco to Spanish, then Spanish to English)."[283] A third of farm workers in California come from indigenous communities in Mexico.[284] As a result, some counties in California have large numbers of individuals who only speak an indigenous Mexican language, such as Mixteco, Zapoteco, or Triqui. For example, estimates suggest that 8,000 to 10,000 indigenous Mexicans live in Kern County[285] and 20,000 live in Ventura County,[286] many of whom only speak an indigenous language.[287] Yet, these individuals are often assumed to speak Spanish and not provided with interpreters in their native language.[288]

There is also often confusion about language variants or dialects that may be spoken in the same country of origin but are not mutually intelligible.[289] For example, while Mandarin and Cantonese speakers share a common written language, the variants are not mutually intelligible when spoken. This is an especially common mistake when it comes to languages of lesser diffusion. For instance, there are over 50 variants of Mixteco and speakers of one variant often cannot understand speakers of a different variant.[290] Consequently, in their written statement to the Commission, the Legal Aid Foundation of Los Angeles urged government agencies and recipients of federal funds to "explicitly address language identification procedures that accurately capture a person's language"

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[282] Silvina de la Iglesia, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 2 (hereinafter de la Iglesia Statement).
[283] Bill Rivers, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 3 (hereinafter Rivers Statement).
[284] Western Center for Agricultural Health and Safety, UC Davis, "Not Everyone Speaks Spanish! The Need for Indigenous Language Interpreters in California's Agricultural Workforce," May 2, 2024, https://aghealth.ucdavis.edu/news/not-everyone-speaks-spanish-need-indigenous-language-interpreters-californias-agricultural.
[285] California Rural Legal Assistance, "Language Access and Law Enforcement in Kern County, California: A Health Impact Assessment," https://www.pewtrusts.org/-/media/assets/external-sites/health-impact-project/2022/06/language-interpretation-services-hia-report.pdf (accessed Dec. 15, 2025).
[286] Western Center for Agricultural Health and Safety, "Not Everyone Speaks Spanish."
[287] California Rural Legal Assistance, "Language Access and Law Enforcement."
[288] Western Center for Agricultural Health and Safety, "Not Everyone Speaks Spanish."
[289] Lee Statement, p. 15.
[290] Ibid.

and raise awareness of linguistic variation in language access plans and guidance by adding a formal definition of linguistic variant.[291]

Technology

Technology for translation services has advanced in recent years, providing cost-effective and efficient solutions that have significantly expanded access to translation. Machine translation (MT) tools like Google Translate have become convenient and helpful resources for LEP individuals. However, language access experts caution against overreliance on MT.[292] Experts state that MT cannot always be a substitute for human translations and interpretations. Quality-control safeguards are needed to ensure accuracy and safety, particularly for critical communications involving health or well-being.[293]

In her testimony to the Commission, Zahra Rahimi, an Afghan refugee who came to the U.S. with her family as a teenager, recounted how she, as the most technologically adept member of her family, often used Google Translate to help her family bridge the language gap.[294] She recalled:

> When going to the doctor, I had to explain the symptoms using Google Translate. There were moments when we struggled to find the right words and I could see the frustration on both sides. My parents, anxious about not knowing what to do, and the doctor, trying to provide care, but [we were] limited by our communication barrier.[295]

One of the challenges with MT tools is their accuracy. When these tools first became available in the early 2000s, they used statistical methods to translate sentences piece by piece.[296] More recent versions of MT are relying more on artificial intelligence (AI) to translate whole sentences at a time.[297] While this change has increased accuracy, Bill Rivers testified that AI-based interpreting "suffers from the same tendency [as statistical translations] to introduce random errors, and moreover, to insert material not present in the original source."[298] The tendency for AI to make up material that is not in the original source is known as hallucination. Although hallucination is rarer

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[291] Ibid.
[292] Tran Statement, p. 6; Rivers Statement, p. 3; Lee Statement, pp. 20-22.
[293] Ibid.
[294] Zahra Rahimi, *Language Access Briefing* testimony, pp. 166-167.
[295] Ibid., p. 167.
[296] Pavithra Rao, Lauren M. McGee, and Casey A. Seideman, "A Comparative Assessment of ChatGPT vs. Google Translate for the Translation of Patient Instructions," *Journal of Medical Artificial Intelligence*, 2024, vol. 7, https://jmai.amegroups.org/article/view/9019/html.
[297] Ibid.
[298] Rivers Statement, p. 3.

with AI translation than in other AI uses like voice-to-text transcription,[299] it can cause serious issues for accuracy.[300]

Recent studies have found that the accuracy of MT tools is highly variable across languages. One study on the accuracy of Google Translate in translations of emergency department discharge instructions found that accuracy rates were high for languages like Spanish (94% accuracy rate) and Tagalog (90% accuracy rate), but much lower for other languages that are commonly spoken in many areas throughout the U.S.[301] For example, the accuracy rate for Farsi was 67.5% and 55% for Armenian.[302] Another study compared translations created by ChatGPT and Google Translate and found that while ChatGPT outperformed Google Translate in Spanish, the reverse was true in Vietnamese.[303] Both translation tools performed poorly in translating English to Russian, with Google Translate incorrectly translating 41.6% of the sentences in patient discharge instructions and ChatGPT incorrectly translating 35.6% of the sentences.[304]

While many states use MT on their websites,[305] errors in these translations can cause confusion and potential harm, even for languages with higher accuracy rates like Spanish. For example, in 2021, MT on the Virginia Department of Health's website caused confusion about recommendations for the COVID-19 vaccine.[306] The English version of the website told residents that the vaccine was "not required," but this was translated into Spanish as saying the vaccine was "not necessary."[307] As Chi-Ser Tran, Supervising Attorney at Community Legal Services of Philadelphia, told the Commission in her testimony, "[a] reader could have understood the erroneous Spanish translation to mean that the vaccine was not needed at all, when in fact public health experts strongly recommended getting it to reduce the risk of contracting COVID-19."[308]

Due to the potential for inaccuracies in machine-translated documents, HHS regulations require MT to be a reviewed by a qualified human translator when "the underlying text is critical to the

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[299] Allison Koenecke, Anna Seo Gyeong Choi, Katelyn X. Mei, Hilke Schellmann, and Mona Sloane, "Careless Whisper: Speech-to-Text Hallucination Harms," (paper delivered at the 2024 ACM Conference on Fairness, Accountability, and Transparency (FAccT '24), June 3–6, 2024, Rio de Janeiro, Brazil), https://dl.acm.org/doi/pdf/10.1145/3630106.3658996.
[300] Nuno M. Guerreiro, Duarte M. Alves, Jonas Waldendorf, Barry Haddow, Alexandra Birch, Pierre Colombo, and André F. T. Martins, "Hallucinations in Large Multilingual Translation Models," *Transactions of the Association for Computational Linguistics*, 2023, vol. 11, https://doi.org/10.1162/tacl_a_00615.
[301] Breena R. Taira, Vanessa Kreger, Aristides Orue, and Lisa C. Diamond, "A Pragmatic Assessment of Google Translate for Emergency Department Instructions," *Journal of General Internal Medicine*, 2021, vol. 36, no. 11, https://pubmed.ncbi.nlm.nih.gov/33674922/.
[302] Ibid.
[303] Rao, McGee, and Seideman, "A Comparative Assessment of ChatGPT vs. Google Translate."
[304] Ibid.
[305] *See* Chapter 4 of this report.
[306] "Translation on Virginia Department of Health's Website Told Spanish-Readers They Didn't Need the COVID-19 Vaccine," *WRIC*, Jan. 15, 2021, https://www.wric.com/news/virginia-news/translation-on-virginia-department-of-healths-website-told-spanish-readers-they-didnt-need-the-covid-19-vaccine/.
[307] Ibid.
[308] Tran Statement, p. 6.

rights, benefits, or meaningful access of an individual with limited English proficiency, when accuracy is essential, or when the source documents or materials contain complex, non-literal or technical language."[309] Similarly, organizations like the American Alliance of Professional Translators and Interpreters, suggested the "creation of ethical standards for AI-based language services, including human oversight and consent protocols."[310]

In their statement to the Commission, the City of Baltimore Mayor's Office for Immigrant Affairs discussed the use of AI and other new technologies as both an opportunity and a challenge for language access, writing:

> In recent years, the emergence of AI and other technologies has helped to bridge the gap in language access. These tools can serve to translate information more quickly, at lower costs, across a wide range of languages, and in various modes of communication (spoken or written). While these technologies have improved our ability to provide services in a timely manner, the accuracy and quality of the translated information is difficult to verify. For less commonly spoken languages, the technologies have a smaller knowledge base to learn from, meaning the tool is less robust. Additionally, these tools are limited in their ability to capture the nuances of the cultural context in which the translated message is being shared.[311]

The concern that MT lacks the cultural sensitivity and contextual knowledge that human translators can provide was a common theme in public comments received by the Commission.[312] For example, Found in Translation wrote to the Commission that "interpreting is not solely about the words; non-verbal communication, social cues, and a caring rapport are vital to the delivery of competent interpreter services, especially in critical settings such as health care."[313]

Ad Hoc Interpreters

Another major concern regarding the accuracy of translations is the use of ad hoc interpreters. An ad hoc interpreter is any individual who is not professionally trained and certified to act as an interpreter but may be used out of convenience. These interpreters are often family members, and in some cases, minor children. The use of ad hoc interpreters may be necessary and beneficial in emergency situations when a professional interpreter is not immediately available. While ad hoc interpreters may be better than no interpretation at all, studies show that ad hoc interpreters are

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[309] Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. at 37699; 45 C.F.R. § 92.201(c)(3).
[310] Angie Birchfield, President, American Alliance of Professional Translators and Interpreters (AAPTI), Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 3 (hereinafter Birchfield Statement).
[311] MIMA Statement, p. 2.
[312] Palanichamy Naveen and Pavel Trojovský, "Overview and Challenges of Machine Translation for Contextually Appropriate Translations," *iScience*, 2024, vol. 27, no. 10, https://doi.org/10.1016/j.isci.2024.110878.
[313] Vertkin Statement, p. 3.

more likely to make errors than professional interpreters, especially in medical situations where the ad hoc interpreter may not have the ability to interpret medical terminology.[314] Still, ad hoc interpreters are often used in medical settings as a matter of convenience. In one study, a resident physician said:

> A lot of times, it wasn't an intentional "I am going to use this [family member] as a translator," but more "This person speaks Spanish and wow, this person that is with them is bilingual, we'll use them as a translator," it was never a conscious decision, "I am going to use them over this person," but "wow, this is convenient, let me do this," until, like I said, I realized it was a bad idea.[315]

In her testimony, Chi-Ser Tran provided an example of a Mandarin speaker who was given a handwritten message to "come back with a translator" when she could not communicate with a front desk worker at an outpatient ultrasound appointment. Chi-Ser testified that:

> Due to the health care provider's failure to meet their language access obligations, [the individual] was forced to take additional time off work to return for a new appointment weeks later. This time, she brought her own interpreter–her daughter–who had limited proficiency in medical interpretation. As a result, the provider risked delivering, and [the individual] risked receiving, incomplete or inaccurate medical care. [316]

The Legal Aid Foundation of Los Angeles further explained the complications in using ad hoc translators, stating:

> Untrained interpreters often do not have the appropriate vocabulary or literacy to fully understand and accurately communicate. The use of informal interpreters also carries the risk of bias in the interpreting process—inadvertently through word choice, emphasis, intentional omission of facts, or violations of privacy and confidentiality. Using ad hoc interpreters may also diminish the non-dominant language speaker's willingness to be candid. Individuals with LEP may self-censor the information they share to protect against exposing their friends or family members to difficult situations.[317]

Beyond issues with accuracy and ethical considerations like confidentiality and impartiality, the use of untrained interpreters puts substantial burdens on communities and family members,

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[314] Glenn Flores, Milagros Abreu, Cara Pizzo Barone, Richard Bachur, and Hua Lin, "Errors of Medical Interpretation and their Potential Clinical Consequences: A Comparison of Professional Versus Ad Hoc Versus No Interpreters," *Annals of Emergency Medicine*, 2012, vol. 60, no. 5, https://www.sciencedirect.com/science/article/abs/pii/S0196064412001151.
[315] Diamond, Schenker, Curry, Bradley, and Fernandez, "Getting By: Underuse of Interpreters by Resident Physicians."
[316] Tran Statement, pp. 5-6.
[317] Lee Statement, p. 10.

especially minor children. Language brokering, or the use of children to "mediate between two languages and cultures while taking on adult responsibilities such as filling out government forms and communicating with authorities on behalf of their families,"[318] can have a detrimental impact on children of LEP parents. As Yunju Nam, Associate Professor in the School of Social Work at the University at Buffalo, explained, "the demands of language brokering can interfere with [the child's] education, leading to missed school days and increased stress. Studies indicate that these pressures negatively impact academic performance and heighten the risk of depressive symptoms and social anxiety."[319] At the briefing, Carlos Alemán, CEO of the Hispanic and Immigrant Center of Alabama, added that "we've seen cases where a woman has come to us, has been a victim of domestic violence, and then the law enforcement officer who came to the scene then turned to the child and started asking the child to interpret. First of all, the child doesn't have the emotional [intelligence] to handle that. We're also exposing children to secondary trauma in those sorts of instances."[320]

Reliance on ad hoc interpreters also places burdens on community members and community organizations that assist LEP individuals when language access is not provided by federally funded programs. Yunju Nam wrote in her testimony that bilingual community members, "many of whom have limited financial resources themselves—often feel obligated to assist co-ethnic members, sacrificing their own well-being. Some even risk job loss because they miss work to provide interpretation for LEP community members in urgent need."[321] Yunju Nam also explained that lack of language access forces community organizations to spend limited funds and staff capacity in assisting LEP members of their community. During the COVID-19 pandemic, for example, "many government agencies lacked budgets for community outreach. As a result, community and ethnic organizations stepped in to assist LEP individuals with essential resources and language support, often straining their already limited financial and organizational capacity."[322] The Chinese American Service League similarly told the Commission that there is an opportunity for "community-based partnerships" with federal funding directed "towards trusted community-based organizations that have historically [shown] effectiveness in service implementation and can serve as intermediaries between LEP individuals and government services."[323]

To combat the problems associated with the use of ad hoc interpreters, experts at the Commission's briefing stressed the importance of regulations that prohibit children from being used as interpreters, except in emergency situations.[324] Additionally, panelists at the briefing pointed to

[318] Nam Statement, p. 5.
[319] Nam Statement, p. 5 [internal citations omitted].
[320] Carlos Alemán, *Language Access Briefing* testimony, p. 153.
[321] Nam Statement, p. 5 [internal citations omitted].
[322] Ibid.
[323] Chinese American Service League, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 2 (hereinafter CASL statement).
[324] Adam Carbullido, *Language Access Briefing* testimony, p. 152.

opportunities for community members to receive training and certification to act as qualified interpreters. Yunju Nam argued that government agencies should offer "training and compensation for bilingual community members who frequently assist LEP individuals, ensuring they are not economically disadvantaged for their contributions."[325] Similarly, Allison Neswood, Senior Staff Attorney at the Native American Rights Fund, suggested training and hiring bilingual members of Native Tribes. In addition to assisting with interpretation, she explained, "they also serve as important cultural ambassadors as they are more familiar with customs and cultural norms in their communities."[326]

The Commission also received public comments expressing the need for workforce development programs for bilingual individuals from underrepresented communities. For example, Found in Translation, suggested "workforce development initiatives for interpreters and translators, especially those that prioritize bi/multilingual individuals from diverse backgrounds with community ties."[327] Likewise, the American Alliance of Professional Translators and Interpreters (AAPTI) encouraged "[i]nvestment in interpreter workforce development, particularly for high-need languages and underrepresented regions."[328]

Successes in Language Access Programs

Despite the challenges faced by LEP individuals, comprehensive language access programs successfully increase access to health care and social services.[329] This section summarizes the attributes of successful language access programs that representatives from local governments, community organizations, and hospitals shared with the Commission. Many of the strategies discussed in testimony and public comments are similar to successes community organizations highlighted in the Commission's survey, detailed in Chapter 4.[330] The purpose of this section is not to endorse or recommend any particular strategy, but rather to illustrate successful strategies organizations brought to the Commission's attention.

The Commission received many public comments attesting to the important role that language access plays in empowering LEP community members to engage with government services. For example, Jenna Fiore–the Program Operations Director for Treetops Collective, a community organization in Grand Rapids, Michigan–shared the "overwhelmingly positive" response when "the local Secretary of State (SOS) office piloted an on-demand over-the-phone interpretation

[325] Nam Statement, p. 6.
[326] Neswood Statement, p. 3.
[327] Vertkin Statement, p. 6.
[328] Birchfield Statement, p. 3.
[329] *See supra* notes 225-232 and *infra* notes 331-345.
[330] *See infra* notes 712-764.

program." [331] She wrote that the "simple yet effective addition of ["I Speak"] cards… transformed access to services." [332] "I Speak" cards allow LEP individuals to point to their preferred language so that staff can acquire an appropriate interpreter.[333] As a result of this new program, Fiore said that "[f]amilies who previously felt discouraged or excluded gained the confidence to … access essential government resources," demonstrating that "intentional language accessibility measures directly empower communities and foster engagement."[334]

Panelists at the Commission's briefing also shared how effective language access programs have increased engagement with government services in their communities. For example, Lucas Fonseca, CEO of Language Matters, explained that LEP individuals' lack of engagement with city services does not necessarily indicate that these services are not needed. He showed evidence of growth in non-English speakers' engagement with city services once language services were offered. While it can take time for communities to realize that language services are available, Fonseca explained that the "upwards trajectory…shows the need for these language access services when the community is engaged correctly."[335]

One way that local governments can efficiently provide language assistance is through centralizing their language access programs. In a public comment to the Commission, the Baltimore City Mayor's Office of Immigrant Affairs (MIMA) detailed the office's success in centralizing the city's language access program to ensure consistent language support and program efficiency through resource sharing. MIMA coordinates "[c]itywide policies, plans, and procedures for the implementation of language access" through five key activities: administration, technical assistance, program monitoring and evaluation, staff training, and community engagement.[336]

To effectively administer the citywide program, MIMA procures contracts with interpretation and translation vendors, manages agency access to language services, and oversees a centralized city budget for its language access initiatives. The office also provides individualized assistance to city agencies to support each agency's unique language access needs. This includes helping agencies assess existing practices, recommending new policies, assisting with the creation of language access plans, and meeting quarterly with agencies' language access liaisons to provide ongoing

[331] Jenna Fiore, Program Operations Director of Treetops Collective, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 1 (hereinafter Fiore Statement).
[332] Ibid.
[333] "I Speak" cards have check boxes with the phrase "I speak [language]" translated into many languages (e.g., "Yo hablo Español," "Je parle Francais," etc.). LEP individuals can use these to identify the language they speak. For an example of an "I Speak" card, see Figure 3.1 in Chapter 3.
[334] Fiore Statement, p. 1.
[335] Lucas Fonseca, *Language Access Briefing* testimony, p. 75.
[336] MIMA Statement, p. 2.

support. Each year, MIMA reviews agency reports to evaluate language access programs and address potential concerns.[337]

In addition to its administrative role, MIMA developed an online training module for city employees that covers "general information on language access and best practices for using telephonic interpretation."[338] The office also solicits community feedback through quarterly meetings with an advisory board composed of LEP individuals and people who work directly with the LEP community in Baltimore City.[339] To ensure individuals with LEP are aware of the city's language access services, MIMA conducts community engagement activities, including the development of "Know Your Rights" flyers and "I Speak" cards.[340]

Since the launch of their language access program in 2019, MIMA has successfully expanded language access across city agencies. The office told the Commission that "the usage of telephonic interpretation has increased by more than 500%, more than 3,000 staff have been trained in language access best practices, and 18 city agencies have engaged with the language access onboarding process."[341]

Similarly, Faisal Khan, Director of Public Health for Seattle and King County (PHSKC), told the Commission that their language access program uses a "shared guidance and service model" to centralize services such as the "procurement of vetted translation and interpretation providers, financial management, and staff training on … language access best practices."[342] The centralized program "simplifies the operational aspects of delivering Language Accessible services across jurisdictions" and "allows multiple public health departments and programs, as well as other departments within [the] county, to rely on one another to comply with [Title VI] and local legislation efficiently."[343] In addition to operational advantages, Khan said that this approach enables "better public health outcomes" through "consistent, culturally responsive, and … equitable information exchange between government and residents."[344] Khan credits their language access program for one of the nation's highest vaccination rates during the COVID-19 pandemic, "which preserved local hospital capacity, despite being ground zero for the nation's COVID-19 pandemic."[345]

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[337] Ibid.
[338] Ibid.
[339] Ibid., p. 3.
[340] Ibid.
[341] Ibid.
[342] Faisal Khan, Director of Public Health - Seattle and King County, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 2 (hereinafter Khan Statement).
[343] Ibid.
[344] Ibid.
[345] Ibid.

The language access programs in Baltimore and Seattle demonstrate how large cities can ensure consistency and efficiency in language access through centralized programs, but much smaller cities can also benefit from a centralized approach. As Lucas Fonseca, CEO of Language Matters (LM), testified, "despite representing 61 percent of the U.S. population…small to mid-sized cities are often overlooked in terms of language access. Understanding the needs of small communities is crucial to meeting the needs of underserved populations on a national scale."[346] Fonseca said that because language access needs in smaller cities are often "scattered across municipalities... [i]t is difficult to build an efficient language-access infrastructure without a system designed to identify and address needs comprehensively."[347] Instead, Fonseca explained that pooling resources and data about language requests across departments can improve efficiency and provide a clearer picture of community needs.

Jeff Grose, Mayor of Warsaw, a small city in Indiana, reported positive outcomes from the city's centralized call-and-text-enabled multilingual help center. [348] This program, developed and implemented by Fonseca's LM team, "consists of data-collection, community input, community engagement, and the provision of language-navigation services."[349] In addition to supporting city departments when communicating with LEP individuals, Grose told the Commission that "[r]esidents have adopted our system as their own and in most cases they know how to seek and find the support they need by contacting our help center directly."[350] The help center also maintains a database of "bilingual and multilingual-enabled organizations and resources," thereby reducing the time required to support residents.[351]

Beyond interpretation services, several experts noted success in utilizing bilingual staff to communicate with LEP individuals. Jenna Fiore, Program Operations Director for Treetops Collective, told the Commission that, in her experience, multilingual staff enhance efficiency by providing "culturally responsive, direct services" and are "the most effective and sustainable solution to improving language access."[352] Likewise, the Chinese American Service League, a community organization supporting underserved communities in Illinois, emphasized the importance of "workforce training programs for multilingual professionals in public service sectors to help address gaps in competent care and service delivery."[353]

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[346] Lucas Fonseca, CEO, Language Matters, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 1 (hereinafter Fonseca Statement).
[347] Ibid., p.4.
[348] Jeff R. Grose, Mayor, City of Warsaw, Indiana, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 1 (hereinafter Grose Statement).
[349] Fonseca Statement, p. 6.
[350] Grose Statement, p. 1.
[351] Ibid.
[352] Fiore Statement, p. 1.
[353] CASL Statement, p. 2.

Several panelists at the Commission's March 2025 briefing described successful initiatives for improving language access through bilingual staff. For example, Eugene Rhee, Civil Rights and ADA Section 504 Coordinator for the Georgia Department of Human Services (DHS), told the Commission that:

> DHS offers bilingual employees an opportunity to assist in providing real-time language access services to our clients with LEP. DHS employees who speak a language other than English can qualify by passing a standardized language proficiency test. By utilizing our bilingual staff, we are able to foster … more direct communication between our clients with LEP and DHS staff who have direct knowledge of our services and programs.[354]

Rhee highlighted additional key features of the department's Language Access Program, including a program manager who "works with each division to enforce LEP policies, resolve language access issues, and ensure continuous improvement in the provision of language access services."[355] As a quality assurance measure, Rhee told the Commission that their "Mystery Shopper Program" contracts a language access vendor to conduct unannounced in-person visits or random telephone calls posing as an LEP individual seeking services. The department also holds monthly and quarterly meetings with community organizations that work directly with LEP populations to help the program remain responsive to language access issues.[356]

Panelists at the Commission's briefing also described how some hospitals are utilizing similar multi-pronged approaches to efficiently provide language access to LEP patients. These programs include the use of bilingual staff, in-person interpreters, phone or video interpretation services, and translation of written documents. Silvina de la Iglesia, Director of Language and Accessibility Services at the Mount Sinai Health System in New York, said that they "manage the cost by assessing the nature of each encounter. While some encounters can … readily be satisfied with phone or video, … bringing an in-person [interpreter] makes a big difference. The key for us is to never compromise on quality and patient safety. That's the priority."[357] De la Iglesia also highlighted the importance of technological integration. She said that by embedding information about patients' interpretation needs into telehealth platforms and electronic medical records, "we ensure the services are available when needed at the different scenarios, whether it's emergency situations, in patient units, or virtual encounters."[358]

Similar to the Georgia DHS's certification policy for bilingual staff, Elizabeth Munoz, ADA Corporate Compliance Officer for Doctors Hospitals at Renaissance (DHR), in the Rio Grande Valley, described their program that allows Spanish-speaking staff to provide interpretation

[354] Eugene Rhee, *Language Access Briefing* testimony, pp.72-73.
[355] Ibid., p. 71.
[356] Ibid.
[357] Silvina de la Iglesia, *Language Access Briefing* testimony, p. 89.
[358] Ibid., p. 88.

services. Because many staff members are bilingual in Spanish and English, the hospital "developed an internal course to assess employees' Spanish proficiency in both a conversation and medical context."[359] She explained that their "verification process ensures that Spanish-speaking staff members can effectively communicate with patients and therefore reduces the risk of miscommunication."[360] Alongside interpretation services, Munoz testified that the hospital conducts Spanish language community outreach through events, educational seminars, and social media campaigns "to ensure widespread access to health care information."[361] For languages that are less commonly spoken in the community, DHR uses a "third-party vendor [that] offers real-time video and phone interpretation for a wide variety of languages."[362]

The insights gathered in this chapter highlight significant opportunities for federal agencies and funding recipients to strengthen language access systems and build more inclusive pathways to essential services for LEP communities. Despite existing challenges, successful language access programs increase the use of appropriate language resources and foster positive community outcomes. Common strategies of successful programs include centralization of language access programs, utilizing bilingual staff, and engaging in community outreach. The next chapter will provide an overview of the current legal landscape and the federal government's response to the challenges faced by individuals with LEP.

[359] Elizabeth Munoz, *Language Access Briefing* testimony, p. 82.
[360] Ibid.
[361] Ibid., p. 85.
[362] Ibid., p. 82.

CHAPTER 2: Legal Landscape and Federal Government Response

Chapter 1 discussed the challenges individuals with LEP face when attempting to access social safety net programs and health care. This chapter provides a broad overview of the various laws, executive orders, and agency regulations that have expanded or contracted language access requirements for federal agencies and recipients of federal financial assistance.

Title VI of the Civil Rights Act of 1964

The foundation for federal language access requirements in the U.S. rests with Title VI of Civil Rights Act of 1964. Section 601 states that, "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."[363] Additionally, Section 602 empowers federal agencies to "issue rules, regulations, or orders of general applicability" to implement Section 601 with the programs and activities they fund.[364] If a federal agency finds that a funding recipient is not in compliance with Title VI and cannot obtain voluntary compliance, the federal agency is authorized to revoke funding or use "any other means authorized by law" to enforce their regulations.[365]

Although language is not included in the text of Title VI, national origin is strongly correlated with language.[366] A federally funded program that does not provide language assistance may not be intentionally discriminatory; however, it could disproportionately limit LEP individuals from accessing these programs.[367] Therefore, advocates argue that a lack of language assistance may constitute disparate impact discrimination.[368] Based on this reasoning, federal agencies have historically interpreted Title VI to provide protection for language minorities.[369]

Shortly after passage of the Civil Rights Act, agencies began issuing regulations to prevent disparate impact discrimination under the authority vested in them by Section 602 of the Civil Rights Act.[370] For example, in November of 1964, the former U.S. Department of Health,

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[363] Civil Rights Act of 1964, Pub. L. 88-352, 78 Stat. 252, Title VI, § 601 (codified as 42 U.S.C § 2000d).
[364] 42 U.S.C § 2000d-1.
[365] *Id.*
[366] *Lau v. Nichols*, 414 U.S. 563, 568 (1974).
[367] Rubin-Wills, *supra* note 51, at 474.
[368] *Id.*
[369] In April 2025, however, President Trump issued E.O. 14281, which instructs federal agencies to deprioritize enforcement of all statutes and regulations to the extent they include disparate-impact liability. *See* Restoring Equality of Opportunity and Meritocracy, Exec. Order No. 14281, 90 Fed. Reg. 17537 (Apr. 23, 2025), https://www.federalregister.gov/documents/2025/04/28/2025-07378/restoring-equality-of-opportunity-and-meritocracy.
[370] Rubin-Wills, *supra* note 51, at 474-75.

Education, and Welfare (HEW)[371] issued a regulation stating that funding recipients may not use "methods of administration which have *the effect* of subjecting individuals to discrimination because of their race, color, or national origin, or have *the effect* of defeating or substantially impairing accomplishment of the objectives of the program as respects individuals of a particular race, color, or national origin."[372]

Based on Title VI and the logic of disparate impact discrimination, federal agencies also began to issue guidance explicitly stating that funding recipients should provide language assistance for LEP individuals.[373] As discussed in Chapter 1, the passage of the 1965 Immigration and Nationality Act brought an influx of Asian and Latin American immigrants,[374] many of whom did not speak English,[375] creating a need to accommodate the growing LEP population. In 1970, HEW issued a memo stating that federally funded schools should "provide equal educational opportunity to national origin-minority group children deficient in English language skills."[376] Specifically, the guidance stated that:

> Where inability to speak and understand the English language excludes national origin-minority group children from effective participation in the educational program offered by a school district, the district must take affirmative steps to rectify the language deficiency in order to open its instructional program to these students.[377]

***Lau v. Nichols* (1974)**

In 1974, the Supreme Court upheld the interpretation that the actions of federally funded programs violate Title VI of the Civil Rights Act if they have the effect of denying non-English speaking individuals' equal access. In *Lau v. Nichols*, non-English-speaking Chinese students brought a class action lawsuit against the San Francisco Unified School District.[378] The plaintiffs argued that they were denied equal educational opportunities because the district did not provide supplemental courses to assist these students in learning English. Writing for the majority, Justice Douglas argued that:

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[371] The separate Department of Education was created in 1979 and HEW was renamed the Department of Health and Human Services.
[372] Nondiscrimination in Federally-Assisted Programs of the Department of Health, Education, and Welfare–Effectuation of Title VI of the Civil Rights Act of 1964, 29 Fed. Reg. 16298 (Nov. 27, 1964) [emphasis added].
[373] Chen, *supra* note 142, at 222-24; Rubin-Wills, *supra* note 51, at 475.
[374] *See supra* notes 136-139.
[375] Chen, *supra* note 142, at 220.
[376] Identification of Discrimination and Denial of Services on the Basis of National Origin, 35 Fed. Reg. 11595 (July 10, 1970).
[377] *Id.*
[378] *Lau v. Nichols*, 414 U.S. 563 (1974).

> Basic English skills are at the very core of what these public schools teach. Imposition of a requirement that, before a child can effectively participate in the educational program, he must already have acquired those basic skills is to make a mockery of public education. We know that those who do not understand English are certain to find their classroom experiences wholly incomprehensible and in no way meaningful.[379]

Additionally, referring to HEW's regulations, authorized by Section 602 of the Act, Justice Douglas wrote that, "[d]iscrimination is barred which has that effect even though no purposeful design is present."[380]

This landmark Supreme Court case led to additional federal regulations that required federally funded programs to provide language access for individuals with LEP. For example, in December 1976, the DOJ issued a regulation requiring that federally funded programs provide written materials in languages other than English when a "significant number or proportion of the population eligible to be served…needs service or information in a language other than English in order effectively to be informed of or to participate in the program."[381]

Several subsequent court cases, however, substantially weakened the Court's decision in *Lau*. First, in *Regents of the University of California v. Bakke* (1978), the Supreme Court held that, "[i]n view of the clear legislative intent, Title VI must be held to proscribe only those racial classifications that would violate the Equal Protection Clause or the Fifth Amendment." [382] This called into question the disparate impact protections in *Lau* because the Court had previously held that discriminatory intent is required for claims brought under the Equal Protection Clause.[383] In *Guardians Association v. Civil Service Commission of the City of New York* (1983), a majority of the Court held that Section 601 of Title VI applies only to intentional discrimination.[384] As panelist Dan Morenoff, Executive Director of the American Civil Rights Project, argued in his testimony:

> *Guardians* does not uphold the authority of regulators to impose disparate-impact liability through their Title VI regulations–the language they cite is dicta. Second, that *Guardians'* dicta relied for its reasoning entirely on a concurrence in *Lau*, rather than on the majority opinion–this leaves *Guardians'* relevant language dicta-based-on-dicta. Third, subsequent events make clear that–to the extent that either the relevant dicta from *Guardians* or *Lau* was ever good law–neither remains so.[385]

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[379] *Lau,* 414 U.S. at 566.
[380] *Lau,* 414 U.S. at 568.
[381] Nondiscrimination; Equal Employment Opportunity; Policies and Procedures, 41 Fed. Reg. 52669, 52670 (Nov. 23, 1976).
[382] *Regents of the University of California v. Bakke,* 438 U.S. 265, 287 (1978).
[383] *Washington v. Davis*, 426 U.S. 229 (1976); Rubin-Wills, *supra* note 51, at 475-76.
[384] *Guardians Association v. Civil Service Commission of the City of New York*, 463 U.S. 582 (1983).
[385] Dan Morenoff, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 3.

Then, in *Alexander v. Sandoval* (2001), the Supreme Court held that in order for individuals to sue for disparate impact discrimination under Title VI of the Civil Rights Act of 1964, Congress needed to expressly authorize a private right of action.[386] Since Title VI does not directly address private right to action, the Court concluded that a private right to action does not exist. While individuals may be able to bring a suit for intentional discrimination, individuals cannot sue for disparate impact discrimination under Title VI.[387]

E.O. 13166 (2000)

In 2000, President Clinton issued Executive Order (E.O.) 13166, *Improving Access to Services for Persons with Limited English Proficiency,* which clarified the federal government's position on language access under Title VI and set forth a framework for individual agencies to create language access policies under the guidance of the DOJ.[388] The E.O. required that:

> [E]ach Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance provide meaningful access to their LEP applicants and beneficiaries.[389]

While Title VI applies only to recipients of federal funding (i.e., programs funded by the federal government but delivered by non-federal entities and organizations, including state and local governments), E.O. 13166 included "federally conducted programs and activities," (i.e., programs delivered directly to the public by federal agencies, such as Social Security).[390] The Order also required that each agency prepare a plan to improve access to eligible LEP persons.[391] The DOJ was given the responsibility of issuing guidance for coordinating government implementation and enforcement of language access. The Office of Civil Rights (OCR) within DOJ's Office of Justice Programs (OJP) was the primary office responsible for coordinating LEP regulations and programs

[386] *Alexander v. Sandoval*, 532 U.S. 275 (2001).
[387] Individuals may be able to sue for disparate impact discrimination under other federal statutes, such as the Affordable Care Act in the case of health care. *See* Department of Health and Human Services, "Section 1557: Frequently Asked Questions," p. 2, https://www.hhs.gov/sites/default/files/section-1557-final-rule-faqs-7282017rev15.pdf (accessed Jan. 29, 2026). *See also* Rubin-Wills, *supra* note 51, at 482-83.
[388] Improving Access to Services for Persons With Limited English Proficiency, Exec. Order No. 13166, 65 Fed. Reg. 50121, Sec. 1 (Aug. 11, 2000), https://www.federalregister.gov/documents/2000/08/16/00-20938/improving-access-to-services-for-persons-with-limited-english-proficiency.
[389] *Id.* at Sec. 1.
[390] *Id*. at Sec. 2.
[391] *Id.*

across the federal government.[392] The E.O. linked the DOJ guidance to Title VI of the Civil Rights Act, stating that the guidance

> sets forth the compliance standards that recipients must follow to ensure that the programs and activities they normally provide in English are accessible to LEP persons and thus do not discriminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964, as amended, and its implementing regulations.[393]

Since 2000, more than 40 federal agencies have created language access plans, and the DOJ continued to provide guidance and resources for federal agencies. In 2002, the DOJ under the Bush administration issued guidance to federal agencies on compliance with E.O. 13166.[394]
This guidance provided a four-factor test to determine the necessity of interpretation and translation services for LEP individuals. The four factors included:

> (1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people's lives; and (4) the resources available to the grantee/recipient and costs.[395]

The Bush administration's Assistant Attorney General for the DOJ's Civil Rights Division, Ralph F. Boyd, Jr., also issued several memorandums to heads of federal agencies, general counsels, and civil rights directors regarding E.O. 13166, advising them to use the DOJ's 2002 guidance as a model for agencies' own LEP guidance to funding recipients.[396] In the same year, the DOJ launched LEP.gov, which provided information and resources related to language access for federal agencies and funding recipients.[397]

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[392] U.S. Department of Justice, Office of Civil Rights, Limited English Proficient (LEP), June 2, 2023, https://www.ojp.gov/program/civil-rights-office/limited-english-proficient-lep (accessed May 15, 2025).
[393] 65 Fed. Reg. at 50121.
[394] Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 67 Fed. Reg. 41455 (June 18, 2002).
[395] 67 Fed. Reg. at 41459.
[396] *See e.g.,* Ralph F. Boyd, Jr., Memorandum to Heads Federal Agencies, General Counsels, and Civil Rights Directors, "Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency)," Oct. 26, 2001, https://www.justice.gov/crt/federal-coordination-and-compliance-section-201 (accessed Mar. 25, 2025); Ralph F. Boyd, Jr., Memorandum to Heads Federal Agencies, General Counsels, and Civil Rights Directors, "Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency)," July 8, 2002, https://www.justice.gov/crt/federal-coordination-and-compliance-section-publications-11 (accessed Mar. 25, 2025).
[397] LEP.gov, "About Us," https://lep.gov/about (accessed Mar. 25, 2024) ("The Interagency Working Group on Limited English Proficiency (LEP) created LEP.gov in 2002."). As of the writing of this report, in response to E.O. 14224, DOJ has "temporarily suspended the operations of LEP.gov, pending an internal review." The DOJ website states that "these materials will be replaced when new guidance is issued." *See* U.S. Department of Justice, Civil Rights Division, "Limited English Proficiency," July 17, 2025, https://www.justice.gov/crt/limited-english-proficiency (accessed Jan. 20, 2026).

In February 2011, President Obama's Attorney General, Eric Holder, issued a memorandum that reaffirmed the federal government's commitment to language access that was established in E.O. 13166 but also noted that "implementation of comprehensive language access programs remains uneven throughout the federal government and among recipients of federal financial assistance."[398] The memo asked agencies to recommit to the implementation of E.O. 13166 by:

- Establishing a Language Access Working Group that is responsible for implementing the E.O.'s requirements,
- Updating language access plans and creating a schedule for periodically evaluating and updating plans,
- Drafting LEP guidance for recipients of agency funds, training staff to "identify LEP contact situations and take the necessary steps to provide meaningful access,"[399]
- Notifying the public of language access policies,
- Considering the extent to which non-English language proficiency may be necessary for particular positions when hiring, and
- Collaborating "with other agencies to share resources, improve efficiency, standardize federal terminology, and streamline processes for obtaining community feedback on the accuracy and quality of professional translations intended for mass distribution."[400]

To assist federal agencies with this process, DOJ's Federal Coordination and Compliance Section (FCS) published a "Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs" in May 2011.[401] The tool includes a questionnaire agencies can use to assess their language access policies across six key areas: "(1) understanding how LEP individuals interact with [the] agency; (2) identifying and assessing LEP communities; (3) providing language assistance services; (4) training staff on policies and procedures; (5) providing notice of language assistance services; and (6) monitoring, evaluating, and updating the language access policy directives, plans, and procedures."[402]

The Biden administration also reaffirmed the federal government's commitment to enforcing E.O. 13166. In November 2022, Attorney General Merrick Garland issued a memorandum, titled

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[398] Eric H. Holder, Jr., Memorandum for Heads of Federal Agencies, General Counsels, and Civil Rights Heads, "Federal Government's Renewed Commitment to Language Access Obligations Under Executive Order 13166," Feb. 17, 2011, p. 2, https://niwaplibrary.wcl.american.edu/wp-content/uploads/LANG-Gov-MemoAGonExOr1316602.17.11.pdf (accessed Mar. 25, 2025).
[399] Ibid.
[400] Ibid.
[401] U.S. Department of Justice, Federal Coordination and Compliance Section, Civil Rights Division, "Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs," May 2011, https://niwaplibrary.wcl.american.edu/wp-content/uploads/LANG-Gov-LAPAssessmentPlanningbyFedGovt05.2011.pdf (accessed Mar. 25, 2025).
[402] Ibid, p. 3.

"Strengthening the Federal Government's Commitment to Language Access," which asked federal agencies to update their language access plans.[403] The memo announced that:

> [T]he Assistant Attorney General for Civil Rights will work collaboratively with agencies to help determine: (i) whether agencies can further update their language access policies and plans; (ii) whether agencies are effectively reaching individuals with limited English proficiency when disseminating information about federal resources, programs, and services; (iii) whether agencies have considered updates or modifications to guidance to federal financial assistance recipients regarding their obligations to provide meaningful language access under the requirements of Title VI of the Civil Rights Act of 1964 and its implementing regulations; and (iv) whether agencies can adapt their digital communications to welcome individuals with limited English proficiency.[404]

Additionally, in 2023, the Biden administration's DOJ established the Federal Language Access Working Group to coordinate language access across the federal government.[405] In August 2024, the Civil Rights Division of the DOJ released findings from a preliminary review of 40 agencies' draft language access plans, noting progress and areas for improvement. The report found that agencies had made progress toward appointing agency-wide language access coordinators to "ensure consistent and coordinated oversight and implementation of language access policies and procedures," with four agencies (Agriculture, Health and Human Services, Justice, and Labor) appointing language access coordinators for the first time.[406] The report also found agencies making progress in their plans to deliver digital content, with at least three quarters of the reviewed plans mentioning provisions to include translations on their websites. The language access plans also showed progress with the incorporation of individuals with disabilities, recognizing that "speakers of American Sign Language (ASL) and other sign languages may also face language barriers."[407] The DOJ report stated that "[a]lthough the legal framework, needs, and solutions can differ between persons with a disability and persons with a national origin-based language barrier, we are encouraged by this movement towards inclusivity."[408]

The report also found several opportunities for further improvement in agencies' language access plans. For example, less than half of the reviewed language access plans included quality control

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[403] Merrick Garland, Memorandum to Heads of Federal Agencies, Heads of Civil Rights Offices, and General Counsels, "Strengthening the Federal Government's Commitment to Language Access," Nov. 21, 2022, www.justice.gov/usdoj-media/ag/media/1260736/dl?inline (accessed Mar. 25, 2025).
[404] Ibid, p. 1.
[405] U.S. Department of Justice, "Justice Department Launches New Interagency Language Access Working Group," Nov. 16, 2023, https://www.justice.gov/archives/opa/pr/justice-department-launches-new-interagency-language-access-working-group.
[406] U.S. Department of Justice, Civil Rights Division, "A Snapshot of Federal Agency Language Access Progress," p. 1, https://www.gauchatranslations.com/wp-content/uploads/2025/02/13166_Anniversary_FCS_LAP_review_snapshots_508.pdf (accessed Mar. 25, 2025).
[407] Ibid, p. 2.
[408] Ibid.

standards.[409] In response, DOJ urged agencies to "establish minimum qualifications to ensure linguists' competency, assess or otherwise verify bilingual employees' language skills and confirm the accuracy of any language assistance services provided (e.g., double-checks or periodic audits of translated content)."[410] The report also found that many language access plans lacked details on how to train public-facing employees for interacting with LEP individuals. The report states that "[a]t a minimum, public-facing agency staff should know how to identify whether someone is LEP and their language needs, know how to obtain agency language assistance services (e.g., where translations are located), and understand best practices with respect to interpretation and translation."[411] Finally, the report found that more than a third of the language access plans reviewed did not include provisions for the translation of vital documents "that contain critical information for accessing an agency's programs or activities" into non-English languages.[412] DOJ "encouraged all agencies to create procedures to identify and translate vital documents and to establish target languages for translation."[413]

While E.O. 13166 led to significant progress in language access for individuals with LEP, these communities continue to face significant barriers (described in Chapter 1 of this report) and evidence from DOJ's 2024 report suggests that more work on the federal level is needed.

E.O. 14224 (2025)

In March 2025, President Trump revoked E.O. 13166 and issued E.O. 14224, *Designating English as the Official Language of The United States*.[414] The E.O. effectively mandates that all federal governmental materials must be provided in English. The Order follows more than 30 states and five U.S. territories that had already designated English as their official language.[415] At the same time, E.O. 14224 does not prohibit agencies from providing language assistance to LEP individuals.[416] Section 3(b) of E.O. 14224 states that:

> Nothing in this order, however, requires or directs any change in the services provided by any agency. Agency heads should make decisions as they deem necessary to fulfill their respective agencies' mission and efficiently provide Government services to the American people. Agency heads are not required to amend, remove, or otherwise stop production of

[409] Ibid, p. 1.
[410] Ibid.
[411] Ibid, p. 2.
[412] Ibid.
[413] Ibid.
[414] Designating English as the Official Language of the United States, Exec. Order No. 14224, 90 Fed. Reg. 11363 (Mar. 1, 2025).
[415] White House, "Fact Sheet: President Donald J. Trump Designates English as the Official Language of the United States," Mar. 1, 2025, https://www.whitehouse.gov/fact-sheets/2025/03/fact-sheet-president-donald-j-trump-designates-english-as-the-official-language-of-the-united-states/.
[416] Exec. Order No. 14224, 90 Fed. Reg. 11363 (Mar. 1, 2025).

> documents, products, or other services prepared or offered in languages other than English.[417]

The E.O., however, does require that the Department of Justice "…rescind any policy guidance documents issued pursuant to Executive Order 13166 and provide updated guidance, consistent with applicable law."[418] On April 15, 2025, the DOJ issued an official notice in the Federal Register rescinding its aforementioned 2002 guidance effective March 21, 2025.[419] The notice stated that, despite the rescission of the 2002 guidance:

> All recipients of Department financial assistance have a continuing obligation to comply with Title VI, all applicable Title VI implementing regulations, all applicable federal civil rights laws and nondiscrimination provisions… Recipients of federal financial assistance, including subrecipients, are reminded that the denial of language assistance services can be evidence of discrimination on the basis of national origin…under certain circumstances.[420]

On July 14, 2025, Attorney General Pam Bondi issued a memorandum to federal agencies providing initial guidance on the implementation of E.O. 14224. The guidance states that the DOJ will "lead a coordinated effort to minimize non-essential multilingual services, redirect resources toward English-language education and assimilation, and ensure compliance with legal obligations through targeted measures where necessary."[421] The guidance further states that the Department will rescind all former language access guidance and publish new guidance within 180 days.[422] In addition, the Department will temporarily suspend LEP.gov and all other language access training materials, conduct a review of all non-English services, and make plans to "phase out unnecessary multilingual offerings."[423]

The guidance stressed the importance of efficiency, stating that, "[b]y prioritizing English as the official language, we strengthen national unity and operational efficiency while providing agencies with practical tools to balance this mandate with mission-critical responsibilities."[424] The guidance

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[417] *Id.*
[418] *Id*. at Sec. 3 (c).
[419] Notice of Rescission of Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 90 Fed. Reg. 15721 (Apr. 15, 2025), https://www.federalregister.gov/documents/2025/04/15/2025-06366/notice-of-rescission-of-guidance-to-federal-financial-assistance-recipients-regarding-title-vi.
[420] 90 Fed. Reg. at 15722.
[421] Pam Bondi, Memorandum for all federal agencies, "Implementation of Executive Order No. 14,224: Designating English as the Official Language of the United States of America," July 14, 2025, p. 2, https://www.justice.gov/ag/media/1407776/dl?inline=&utm_medium=email&utm_source=govdelivery (accessed Apr. 30, 2026).
[422] Ibid., p. 3.
[423] Ibid., p. 2.
[424] Ibid.

encourages federal agencies to "review prior guidance based on Executive Order 13,166 and rescind such guidance if it conflicts with Executive Order 14,224 and is not mandated by law or the Constitution."[425] While federal agencies are not required to end language services, the guidance also states that, "Where allowed by law, agencies should determine which of their programs, grants, and policies might serve the public at large better if operated exclusively in English."[426] Additionally, the guidance encourages federal agencies to "use technology to save costs," including, "responsible use of artificial intelligence and machine translation to communicate with individuals who are limited English proficient."[427] When agencies do provide multilingual services, the guidance states that "information should be translated accurately and include a clear note that English is the official language and authoritative version of all federal information."[428] Finally, the guidance recommends that agencies consider redirecting cost saving from reducing language services toward "research and programs that improve English proficiency and assimilation."[429]

As of the writing of this report, the impact of E.O. 14224 on federal agencies' language access policies remains to be determined. Recipients of federal funding are still bound by Title VI and its implementing regulations, as well as other federal anti-discrimination laws (such as Section 1557 of the Affordable Care Act, discussed below). However, because Title VI applies only to funding recipients and not to programs that federal agencies deliver directly to the public, federal agencies will have more discretion over the extent to which they provide language access.

Additionally, the new DOJ guidance states the administration's new policy position that Title VI applies only to intentional discrimination, and not disparate impact discrimination. Whereas agencies previously created language access guidance to prevent disparate impact discrimination, the new guidance states that the "Department will no longer rely on the Title VI disparate impact regulations and directs other agencies similarly."[430] This is consistent with President Trump's E.O. 14281, *Restoring Equality of Opportunity and Meritocracy*, which instructs federal agencies to deprioritize enforcement of all statutes and regulations to the extent that they include disparate-impact liability.[431] As a result, only intentional discrimination will be considered to violate Title VI. The DOJ guidance states that "[i]n certain limited circumstances, language can be used as a proxy or a vehicle to intentionally discriminate based on national origin. If a language

[425] Ibid., p. 3.
[426] Ibid.
[427] Ibid.
[428] Ibid., p. 4.
[429] Ibid.
[430] Ibid., p. 5.
[431] Restoring Equality of Opportunity and Meritocracy, Exec. Order No. 14281, 90 Fed. Reg. 17537 (Apr. 23, 2025).

classification is used as a proxy for national origin discrimination, then discrimination based on language may be tantamount to discrimination based on national origin."[432]

Although language access is required under a number of federal statutes (discussed below)[433] that are not impacted by E.O. 14224, panelists at the Commission's March 2025 briefing argued that declaring English the national language may create additional uncertainty about how agencies will interpret language access requirements. Jacob Hofstetter, Policy Analyst at Migration Policy Institute, testified to the Commission that:

> The policy framework built out from [E.O. 13166] helped ensure that federal agencies provided language assistance, developed language access plans, and issued guidance to funding recipients on how to achieve compliance with language access requirements… The full impact of this policy shift [of E.O. 14224] remains to be seen but has removed a key part of the framework that helped provide access to federal programs for LEP individuals.[434]

Adam Carbullido, Director of Policy and Advocacy at the Association of Asian Pacific Community Health Organizations, added that the increased discretion individual agencies now have may lead to inefficiencies in the provision of language services because agencies no longer have the incentive to collaborate with one another. He stated that E.O. 13166

> provided a certain level of expectation that the federal government would provide language assistance across government. And when we remove that expectation from the White House level, from the President, from an executive order level, and [leave it to] the discretion of the agency heads, it makes so that each agency may have a hodgepodge of language access provisions and plans in place. And I really do think that it could lead to less efficiencies within government. When there's that expectation, agencies are able to lean on [other agencies] who do have good language access programs in providing best practices across government… [435]

The panelists also emphasized the importance of the Bush administration's 2002 DOJ guidance for federal funding recipients to understand and implement language access requirements under Title VI of the Civil Rights Act. Jacob Hofstetter explained that the rescinded DOJ guidance had been

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[432] Pam Bondi, Memorandum for all Federal Agencies, "Implementation of Executive Order No. 14,224: Designating English as the Official Language of the United States of America," July 14, 2025, p. 6, https://www.justice.gov/ag/media/1407776/dl?inline=&utm_medium=email&utm_source=govdelivery (accessed Apr. 30, 2026).
[433] *See infra* notes 440-456.
[434] Jacob Hofstetter, *Language Access Briefing* testimony, p. 41.
[435] Adam Carbullido, *Language Access Briefing* testimony, pp. 139-140

> incredibly foundational for folks at the state and local level who are working on language access as well as all recipients of federal funding seeking to comply with these requirements. So, providing less detailed guidance or seeking to downplay requirements to provide language access could create new uncertainty and confusion amongst recipients in state and local programs and ultimately lead to a decrease in language access as well.[436]

Some of the effects of this uncertainty have already been witnessed. In their response to the Commission's interrogatories, USDA cited funding recipients' confusion "stemming from rescinded language access mandates" as a barrier to seeking compliance with language access requirements.[437]

The Commission also received many public comments about what the removal of the guidance and E.O. could mean for language access. As Bill Rivers, Principal at WP Rivers and Associates, testified, "the concern that members of the National Language Access Coalition have is that… the revocation of the executive order and the removal of guidance will start to create permission structures that make it easier for someone to say, 'no, go home and get an interpreter, or, no, we're not going to provide language access.'"[438]

Federal Legislation Beyond Title VI

Despite the rescission of E.O. 13166, federal agencies and funding recipients are still required to abide by Title VI as well as other federal laws that prohibit discrimination on the basis of national origin and the federal agencies' regulations implementing these laws.[439] Some statutes explicitly mention language access while others reference national origin protections or Title VI of the Civil Rights Act. Even if the statutes do not explicitly mention language, many agencies have historically included language protections in their implementing regulations and guidance. For example, the Fair Housing Act (i.e., Title VIII of the Civil Rights Act of 1968) prohibits discrimination based on race, color, religion, sex, familial status, national origin, and disability.[440] The U.S. Department of Housing and Urban Development's 2016 guidance on the language access requirements of the Fair Housing Act stated that:

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[436] Jacob Hofstetter, *Language Access Briefing* testimony, pp. 131-142.
[437] U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, Response to Interrogatories from the U.S. Commission on Civil Rights, Jan. 2026, p. 3 [on file]. USDA also cited "evolving legal guidance" and "resource limitations among recipients" as barriers to compliance.
[438] Bill Rivers, *Language Access Briefing* testimony, p. 45.
[439] Notice of Rescission of Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 90 Fed. Reg. 15721 (Apr. 15, 2025), https://www.federalregister.gov/documents/2025/04/15/2025-06366/notice-of-rescission-of-guidance-to-federal-financial-assistance-recipients-regarding-title-vi.
[440] Fair Housing Act, Pub. L. 90–284, 82 Stat. 73 (codified as 42 U.S.C. § 3601 *et seq*.).

> [W]here a policy or practice that restricts access to housing on the basis of LEP has a discriminatory effect based on national origin, race, or other protected characteristic, such policy or practice violates the Act if it is not necessary to serve a substantial, legitimate, nondiscriminatory interest of the housing provider, or if such interest could be served by another practice that has a less discriminatory effect.[441]

Other statutes directly mention the Civil Rights Act of 1964. For example, Section 1557 of the Affordable Care Act of 2010,[442] provides that:

> An individual shall not, on the ground prohibited under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or Section 794 of Title 29, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance.[443]

Under Section 1557 of the Affordable Care Act, HHS issued rules that require covered entities to take reasonable steps to provide meaningful access to each individual with limited English proficiency who is eligible to be served or likely to be directly affected by its health programs and activities.[444]

As mentioned above, some federal statutes explicitly mention language in their text. Examples include the Equal Education Opportunities Act of 1974,[445] the 1975 amendments to Section 2 of the Voting Rights Act,[446] the Court Interpreters Act of 1978,[447] the Stafford Act of 1988,[448] and the Food and Nutrition Act of 2008.[449] The Equal Education Opportunities Act of 1974 states that:

> No State shall deny equal educational opportunity to an individual on account of his or her race, color, sex, or national origin, by… the failure by an educational agency to take appropriate action to overcome language barriers that impede equal participation by its students in its instructional programs.[450]

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[441] U.S. Department of Housing and Urban Development, "Office of General Counsel Guidance on Fair Housing Act Protections for Persons with Limited English Proficiency," Sept. 15, 2016, p. 6, https://archives.hud.gov/news/2016/pr16-135-lepmemo091516.pdf (accessed Mar. 25, 2025).
[442] Patient Protection and Affordable Care Act, Pub. L. 111-148, 124 Stat. 260, § 1557 (codified as 42 U.S.C. § 18116).
[443] 42 U.S.C. § 18116.
[444] *See* Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37522, 45 C.F.R. §92.201 (May 6, 2024).
[445] Equal Education Opportunities Act of 1974, Pub. L. 93-380, 88 Stat 515 (codified as 20 U.S.C. § 1703).
[446] Voting Rights Act, Pub. L. 94-73, 89 Stat. 402 (codified as 52 U.S.C. § 10303).
[447] Court Interpreters Act of 1978, Pub. L. 95-539, 92 Stat. 2040 (codified as 28 U.S.C. § 1827).
[448] Stafford Act of 1988, Pub. L. 100-707, 102 Stat. 4689 (codified as 42 U.S.C. § 5196f).
[449] Food and Nutrition Act of 2008, Pub. L. 88-525, 78 Stat. 703 (codified as 7 U.S.C. § 2020).
[450] 20 U.S.C. § 1703 (f).

Section 2 of the Voting Rights Act states that, "[n]o voting qualification or prerequisite to voting, or standard, practice, or procedure shall be imposed or applied by any State or political subdivision to deny or abridge the right of any citizen of the United States to vote because he is a member of a language minority group."[451] Specifically, Section 203 requires language assistance in certain covered jurisdictions, stating "[w]henever any State or political subdivision [covered by the section] provides registration or voting notices, forms, instructions, assistance, or other materials or information relating to the electoral process, including ballots, it shall provide them in the language of the applicable minority group as well as in the English language..."[452] Jurisdictions are covered under this law when the Census Bureau finds that "there are more than 10,000 or over 5 percent of the total voting age citizens in a single political subdivision … who are members of a single language minority group, have depressed literacy rates, and do not speak English very well. Political subdivisions also may be covered through a separate determination for Indian Reservations."[453]

The Court Interpreters Act of 1978 requires interpreters to be provided in "judicial proceedings instituted by the United States."[454] Section 606 of the Stafford Act of 1988 states that the Administrator of the Federal Emergency Management Agency (FEMA) shall "identify, in coordination with State and local governments, population groups with limited English proficiency and take into account such groups in planning for an emergency or major disaster."[455] Section 11(e)(2) of the Food and Nutrition Act of 2008 requires that states "establish procedures governing the operation of supplemental nutrition assistance program offices that the State agency determines best serve households in the State, including... households in areas in which a substantial number of members of low-income households speak a language other than English."[456]

Some legal scholars argue that because Congress has explicitly included language access in some laws, it should not be read into other laws that do not explicitly mention language, such as Title VI. For instance, at the Commission's briefing, Dan Morenoff, Executive Director of the American Civil Rights Project, argued that "[s]ince Congress knows how to protect language minorities as language minorities, when it wants to do so, this absence must be treated as a choice. Congress has chosen not to protect language minorities as language minorities in [the Civil Rights Act of 1866 and the Civil Rights Act of 1964]."[457]

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[451] 52 U.S.C. § 10303 (f) 2.
[452] 52 U.S.C. § 10503 (c).
[453] U.S. Department of Justice, Civil Rights Division, "Section 203 of the Voting Rights Act," July 15, 2024, https://www.justice.gov/crt/language-minority-citizens.
[454] 28 U.S.C. § 1827 (a).
[455] 42 U.S.C. § 5196f (a) 1.
[456] 7 U.S.C. § 2020 (e) 2.
[457] Dan Morenoff, *Language Access Briefing* testimony, p. 24.

Other scholars at the briefing disagreed, supporting the interpretation that national origin protections under Title VI apply to language access. For example, Jacob Hofstetter, Policy Analyst at Migration Policy Institute, stated that "federal civil rights law and regulations, including Title VI of the Civil Rights Act of 1964 … require all recipients of federal funding to ensure that individuals are not denied access to programs solely because they're LEP."[458]

Still, several panelists argued that if Congress believes language access is necessary, it should enact explicit protections for language access in federal statutes. For example, Chi-Ser Tran, Supervising Attorney at Community Legal Services of Philadelphia, said that Congress should "enshrine language access protections for federally conducted programs into law," arguing that "[i]ndividuals with LEP should not have their access to vital benefits and services left to the discretion of agency leadership, particularly amid funding shortages and workforce reductions."[459] Dan Morenoff, Executive Director of the American Civil Rights Project, also emphasized the importance of Congress expressly writing the protections it believes are necessary into laws, stating: "To the extent that [Congress] conclude[s] that protections for those with limited English proficiency are both desirable and important, [Congress should] leave nothing to interpretation or to the regulatory process."[460]

In 2023, two bipartisan bills to improve language access were introduced in the House of Representatives. In May 2023, Republican House member Michelle Steel introduced a bipartisan bill "Supporting Patient Education and Knowledge (SPEAK) Act" that, if passed, would require the HHS Secretary to establish a task force to improve access and establish best practices to support individuals with LEP in accessing telehealth services.[461] Then in September 2023, Representatives Young Kim and Grace Meng also introduced a bipartisan bill "Health Communication Access and Resources for Everyone (Health CARE) Act" that, if passed, would create a universal language access symbol that would inform patients about language services provided at a health care facility or related service.[462]

In January 2026, the Congressional Asian Pacific American Caucus, led by Representative Meng, introduced the "Language Access for All Act of 2026."[463] Several other congressmembers co-sponsored the bill, including Representatives Judy Chu, Juan Vargas, and Dan Goldman. The bill

[458] Jacob Hofstetter, *Language Access Briefing* testimony, p. 40.
[459] Chi-Ser Tran, *Language Access Briefing* testimony, p. 115.
[460] Dan Morenoff, Response to Commissioners' Follow-up Questions from the *Language Access Briefing*, Apr. 8, 2025 [on file].
[461] H.R. 6033, Supporting Patient Education and Knowledge (SPEAK) Act, 118th Cong. (2023-2024), https://www.congress.gov/bill/118th-congress/house-bill/6033.
[462] H.R. 5762, Health Communication Access and Resources for Everyone (Health CARE) Act, 118th Cong. (2023-2024), https://www.congress.gov/bill/118th-congress/house-bill/5762/all-info.
[463] H.R. 7223, Language Access for All Act, 119th Cong. (2025-2026), https://www.congress.gov/bill/119th-congress/house-bill/7223/actions.

would codify language access requirements for federal agencies, including translation and interpretation services.

State and Local Regulations

Some states and localities also have their own language access requirements.[464] California was an early adopter of language access legislation, enacting the California Dymally-Alatorre Bilingual Services Act in 1973.[465] This law requires state and local agencies to "employ a sufficient number of qualified bilingual persons in public contact positions to ensure provision of information and services to the public."[466] It further requires that "[a]ny materials explaining services available to the public shall be translated into any non-English language spoken by a substantial number of the public served by the agency."[467] The law defines a "substantial number of non-English-speaking people" as "members of a group who either do not speak English, or who are unable to effectively communicate in English because it is not their native language, and who comprise 5 percent or more of the people served by" a state agency or local agency office.[468]

Similarly, in 1985, Minnesota enacted a law which requires state agencies to "employ enough qualified bilingual persons in public contact positions, or enough interpreters to assist those in these positions, to ensure provision of information and services in the language spoken by a substantial number of non-English-speaking people."[469] The statute also encourages state agencies to "provide equivalent materials in any non-English language spoken by a substantial number of the people served by the agency."[470] In Minnesota, four factors are used to determine what constitutes a substantial number of non-English speaking people:

> (1) the number of people served by the agency;
> (2) the number of non-English-speaking people served by the agency;
> (3) the frequency with which non-English-speaking people are served by the agency; and
> (4) the extent to which information or services rendered by the agency affect legal rights, privileges, or duties.[471]

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[464] Jacob Hofstetter, Margie McHugh, and Anna O'Toole, "A Framework for Language Access: Key Features of U.S. State and Local Language Access Laws and Policies," Migration Policy Institute, Oct. 2021, https://www.migrationpolicy.org/sites/default/files/publications/language-access-2021_final.pdf.
[465] Dymally-Alatorre Bilingual Services Act, California Statutes of 1973, Chapter 1182 (1973), https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=GOV&division=7.&title=1.&part=&chapter=17.5.&article.
[466] *Id.* at 7292 (a).
[467] *Id.* at 7295.
[468] *Id.* at 7296.2.
[469] MINN. STAT. §15.441, Subdivision 1, https://www.revisor.mn.gov/statutes/cite/15.441.
[470] *Id*. at Subdivision 2.
[471] *Id.* at Subdivision 1.

More recently, New York enacted a language access law in 2022 which requires "each state agency that provides direct public services in New York state" to "translate all vital documents relevant to services offered by the agency into the twelve most common non-English languages spoken by limited-English proficient individuals in the state, based on the data in the most recent American Community Survey published by United States Census Bureau."[472] New York's law also requires agencies to provide interpretation services, create a language access plan, and appoint a language access coordinator.[473]

Other states with language access laws include Maryland,[474] Hawaii,[475] Nevada,[476] and the District of Columbia.[477] At least 35 municipalities and counties also have their own local policies that mandate language access.[478] In addition to translation and interpretation requirements, key features of state and local language access laws include provisions to: ensure the accuracy of services, notify the public of language services, provide staff training for interacting with LEP individuals, appoint personnel to oversee language access, and create language access plans.[479] For example, Baltimore's language access ordinance,[480] passed in 2024, requires city agencies to:

- Designate a language access liaison;
- Create a language access plan and update the plan biennially;
- "Translate all vital documents created by City agencies into each of the designated Citywide languages,"[481] defined as "languages spoken by 3% of the City's total population or 500 LEP individuals, whichever is less" (currently Spanish, Arabic, Chinese, French and Korean);[482]

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[472] N.Y. Ch. 18, Article 10, Section 202-A. https://www.nysenate.gov/legislation/laws/EXC/202-A.
[473] *Id.*
[474] MD. CODE, State Government, §10-1101-§10-1106 (2016), https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gsg&section=10-1101&enactments=False&archived=False.
[475] HAW.REV.STAT, Ch. 321C (2012), https://health.hawaii.gov/ola/files/2016/12/CHAPTER-321C-January-2015.pdf.
[476] NEV.REV.STAT§ 232.0081, https://www.leg.state.nv.us/division/legal/lawlibrary/nrs/NRS-232.html#NRS232Sec0081.
[477] D.C. CODE, Ch. 4-12 (2014), https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=4-12.
[478] Localities with language access laws include: Anchorage, AK; Austin, TX; Baltimore, MD; Boston, MA; Chapel Hill, NC; Chicago, IL; Detroit, MI; Houston, TX; Humboldt County, CA; King County, WA; Long Beach, CA; Madison, WI; Minneapolis, MN; Monterey County, CA; Monterey Park, CA; Montgomery County, MD; Multnomah County, OR; Nassau County, NY; New York City, NY; Oakland, CA; Orange County, NC; Palm Springs, CA; Philadelphia, PA; Portland, ME; Prince George's County, MD; San Diego County, CA; San Francisco, CA; San Jose, CA; San Mateo County, CA; Santa Clara County, CA; Seattle, WA; Suffolk County, NY; Tucson, AZ; Westchester County, NY; and Worcester, MA. *See* Hofstetter, McHugh, and O'Toole, "A Framework for Language Access;" MIMA Statement, pp. 1-2.
[479] Hofstetter, McHugh, and O'Toole, "A Framework for Language Access."
[480] BALT., MD., BALT. CITY CODE art. I, § 52-59, https://codes.baltimorecity.gov/us/md/cities/baltimore/code/1/52-9.
[481] MIMA Statement, p. 2.
[482] MIMA Statement, p. 1.

- "Offer oral language services, through multilingual employees or use of a professional interpreter, in all designated Citywide languages;"[483] and
- Submit an annual language access report to The Baltimore City Mayor's Office of Immigrant Affairs (MIMA).[484]

The language access laws, orders, and regulations discussed in this chapter provide a broad overview of the government's response to language barriers faced by individuals with LEP. The next chapter will provide greater detail about the regulatory and enforcement actions of the two agencies that are the focus of this report: USDA (which administers SNAP) and HHS (which regulates hospitals).

[483] MIMA Statement, p. 2.
[484] MIMA Statement, p. 2. *See also* BALT., MD., BALT. CITY CODE art. I, § 52-59, https://codes.baltimorecity.gov/us/md/cities/baltimore/code/1/52-9.

CHAPTER 3: Language Access in Federally Funded Programs

Chapter 2 discussed the legal landscape for language access requirements and provided an overview of the federal response to the challenges LEP individuals face when accessing federally funded and conducted services. This chapter will take a deeper look at the work of the two government agencies responsible for overseeing language access in the Supplemental Nutrition Assistance Program (SNAP) and hospitals. USDA administers SNAP, and HHS oversees the implementation of civil rights laws, including language access regulations, in hospitals. Because federal agencies are in the process of reviewing their language access policies and guidance in response to E.O. 14224 and DOJ's initial guidance issued in July 2025, this chapter discusses agencies' historical language access policies and previous guidance provided to federal funding recipients under E.O. 13166. However, agency regulations under federal laws (i.e., Section 11 of the Food and Nutrition Act and Section 1557 of the Affordable Care Act) remain in effect as of the writing of this report. Unlike agency policies and guidance, regulations carry the force of law and changes must generally go through the full federal rule-making process, including publishing a draft rule and providing an opportunity for public comments.[485]

To gather information for this chapter, the Commission invited representatives from USDA and HHS to appear at the Commission's March 2025 briefing and sent interrogatory and document requests to both agencies. A representative from USDA planned to attend the briefing, but agency-wide travel restrictions prevented their attendance. However, a USDA representative provided a written statement for the briefing in lieu of attendance; the Commission is appreciative of the agency's efforts. HHS did not respond to the interrogatories and document requests and did not send a representative or written statement for the briefing. On February 8, 2025, HHS's Office for Civil Rights (OCR) originally agreed to participate in the briefing. However, on February 28, 2025—the same day news broke about President Trump's intention to issue E.O. 14224 declaring English as the national language—OCR informed the Commission that the agency would no longer be participating in the briefing. Commission staff assured OCR that the Commission did not expect agencies to discuss plans related to the new E.O. and could focus on what they had historically done regarding language access. Still, HHS has not complied with any of the Commission's requests for information or documents since the E.O. was issued.

Language Access in SNAP (USDA)

USDA's Food and Nutrition Service (FNS) oversees SNAP, which is administered at the state level. FNS determines the administrative rules for the program in accordance with statutory

[485] Kate R. Bowers, "Agency Use of Guidance Documents," Congressional Research Service, Apr. 19, 2021, https://www.congress.gov/crs-product/LSB10591; Maeve P. Carey, "An Overview of Federal Regulations and the Rulemaking Process," Congressional Research Service, Mar. 19, 2021, https://www.congress.gov/crs-product/IF10003.

requirements, including defining eligibility requirements and benefit levels.[486] State SNAP agencies are responsible for operating the program on a day-to-day basis, processing applications, determining eligibility, and issuing benefits. Federal rules and regulations allow states some flexibility in administering the program through various options and waivers.[487] For example, states can choose whether to administer SNAP at the state level or delegate administrative responsibilities to counties, districts, or regions. Currently, 40 states administer SNAP at the state level, while 10 states[488] administer SNAP at a local level.[489]

SNAP, formerly called the Food Stamp Program, is a key component of the U.S. social safety net, providing food benefits to low-income families. It is the nation's largest nutrition assistance program and makes up about 70% of USDA's nutrition assistance spending.[490] Studies have found that SNAP reduces food insecurity,[491] alleviates poverty,[492] and increases overall health.[493] In 2023, an average of about 42 million people received SNAP benefits each month,[494] with average monthly benefits of approximately $212 per participant and $400 per household.[495] Participants access SNAP benefits through an electronic benefits transfer (EBT) card that can be used to purchase food from approved stores.[496] Because SNAP benefits can only be used to purchase food, they are considered a non-cash benefit.

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[486] U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Nutrition Assistance Program (SNAP), July 24, 2025, https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap.
[487] U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Nutrition Assistance Program, "State Options Report 2024," https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-16th-state-options-report-june24.pdf.
[488] California, Colorado, Minnesota, New Jersey, New York, North Carolina, North Dakota, Ohio, Virginia, and Wisconsin.
[489] USDA, "State Options Report 2024."
[490] USDA, Economic Research Service, "Supplemental Nutrition Assistance Program (SNAP) - Key Statistics and Research," July 24, 2025, https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap/key-statistics-and-research.
[491] Mark Nord and Anne Marie Golla, "Does SNAP Decrease Food Insecurity? Untangling the Self-Selection Effect," USDA, Economic Research Service, Oct. 2009, https://www.ers.usda.gov/publications/pub-details?pubid=46297.
[492] Laura Tiehen, Dean Jolliffe, and Craig Gundersen, "Alleviating Poverty in the United States: The Critical Role of SNAP Benefits," USDA, Economic Research Service, Apr. 2012, https://www.ers.usda.gov/publications/pub-details?pubid=44965.
[493] R. William Evans, Zane P. Maguet, Gray M. Stratford, Allison M. Biggs, Michael C. Goates, M. Lelinneth B. Novilla, Megan E. Frost, and Michael D. Barnes, "Investigating the Poverty-Reducing Effects of SNAP on Non-nutritional Family Outcomes: A Scoping Review," *Maternal and Child Health Journal*, 2024, vol. 28, no. 3, https://doi.org/10.1007/s10995-024-03898-3.
[494] USDA, "SNAP - Key Statistics and Research."
[495] Randy Alison Aussenberg and Gene Falk, "Supplemental Nutrition Assistance Program (SNAP): A Primer on Eligibility and Benefits," Congressional Research Service, Nov. 13, 2024, https://www.congress.gov/crs-product/R42505.
[496] Ibid.

Historically, SNAP benefits have been entirely federally funded, but states shared the administrative costs of the program with the federal government.[497] However, the One Big Beautiful Bill Act of 2025 shifted some of the cost of benefits to states.[498] Beginning in fiscal year 2028, some states with SNAP payment error rates[499] of 6% or more must contribute 5% to 15% of the cost of benefits, depending on the state's payment error rate. In 2024, 42 states, D.C., and Guam had payment error rates greater than 6%.[500] The law also reduces the percentage of state administrative costs that can be paid by the federal government from 50% to 25%, beginning in fiscal year 2027.[501]

SNAP Eligibility

SNAP eligibility is determined in one of two ways: the traditional pathway, which is based on income thresholds, or the categorical pathway, which is based on receipt of other types of benefits, such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), or state General Assistance (GA).[502] To be eligible for SNAP through the traditional pathway, a household's monthly net income must be at or below the inflation-adjusted federal poverty level,[503] or $33,000 for a family of four living in the 48 contiguous states and Washington, D.C in federal fiscal year 2026.[504] Additionally, if the household does not include an elderly or disabled person, the household's gross monthly income must be at or below 130% of the inflation-adjusted federal poverty level.[505] Under the categorical pathway, if all household members are recipients of TANF, SSI, or GA, the household is automatically eligible for SNAP.[506]

To maintain eligibility for SNAP, most individuals aged 16-59 must also meet work requirements. These requirements include "registering for work, participating in SNAP Employment and

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[497] Center on Budget and Policy Priorities, "Policy Basics: The Supplemental Nutrition Assistance Program (SNAP)," Nov. 25, 2024, https://www.cbpp.org/research/food-assistance/the-supplemental-nutrition-assistance-program-snap.
[498] One Big Beautiful Bill Act of 2025, Pub. L. 119-21, § 10105, https://www.congress.gov/bill/119th-congress/house-bill/1/text?overview=closed.
[499] Payment error rates indicate how accurate state agencies are in determining household eligibility and benefit amounts. These rates include both overpayments and underpayments, but do not measure fraud. States with rates of 6% or more are required to develop a plan with USDA to correct the issues causing these errors. *See* Food and Nutrition Service, "SNAP Quality Control," U.S. Department of Agriculture, June 30, 2025, https://www.fns.usda.gov/snap/qc.
[500] U.S. Department of Agriculture, Food and Nutrition Service, "Supplemental Nutrition Assistance Program: Payment Error Rates Fiscal Year 2024," June 30, 2025, https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-fy24QC-PER.pdf.
[501] One Big Beautiful Bill Act of 2025, Pub. L. 119-21, § 10106, https://www.congress.gov/bill/119th-congress/house-bill/1/text?overview=closed.
[502] Aussenberg and Falk, "SNAP: A Primer on Eligibility and Benefits."
[503] Ibid.
[504] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, "Poverty Guidelines," https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines (accessed Jan. 14, 2026).
[505] Aussenberg and Falk, "SNAP: A Primer on Eligibility and Benefits."
[506] Ibid.

Training (E&T) or workfare if assigned by [their] state SNAP agency, taking a suitable job if offered, and not voluntarily quitting a job or reducing [their] work hours below 30 a week without a good reason."[507] Individuals are excused from these requirements if they are:

- Already working at least 30 hours a week (or earning wages at least equal to the federal minimum wage multiplied by 30 hours);
- Meeting work requirements for another program (TANF or unemployment compensation);
- Taking care of a child under six or an incapacitated person;
- Unable to work due to a physical or mental limitation;
- Participating regularly in an alcohol or drug treatment program; [or]
- Studying in school or a training program at least half-time (but college students are subject to other eligibility rules).[508]

Adults under the age of 65 who do not have dependents under the age of 14 generally must meet additional work requirements[509] (e.g., working, volunteering, or participating in a work program for at least 80 hours per month) to receive SNAP benefits for more than three months over the course of three years, though there are exceptions to these requirements.[510]

SNAP benefits are only available to U.S. citizens and certain lawfully present non-citizens who meet all other SNAP eligibility criteria.[511] Undocumented immigrants are not eligible for SNAP benefits, though they may apply for SNAP for other members of their household that are eligible.[512] Adult lawful permanent residents (LPRs) are generally subject to a five-year waiting period to be eligible for benefits.[513] Non-Citizen U.S. Nationals; Child LPRs under age 18; Cuban and Haitian entrants; and individuals from Micronesia, the Marshall Islands, or Palau residing in the U.S. pursuant to a Compact of Free Association (COFA) are eligible for SNAP benefits without

[507] U.S. Department of Agriculture, Food and Nutrition Service, "SNAP Work Requirements," Dec. 9, 2024, https://www.fns.usda.gov/snap/work-requirements (accessed May 15, 2025).
[508] Ibid.
[509] The One Big Beautiful Bill Act of 2025 increased the upper age limit from 55 to 65 and changed the exception for individuals with dependents from dependents under the age of 18 to those under the age of 14; *See* One Big Beautiful Bill Act of 2025, Pub. L. 119-21, § 10102, https://www.congress.gov/bill/119th-congress/house-bill/1/text?overview=closed.
[510] U.S. Department of Agriculture, Food and Nutrition Service, "SNAP Work Requirements," Dec. 9, 2024, https://www.fns.usda.gov/snap/work-requirements (accessed May 15, 2025).
[511] The One Big Beautiful Bill Act of 2025 ended SNAP eligibility for refugees, asylees, parolees, survivors of human trafficking, and abused immigrants (and their children and/or parents); *See* One Big Beautiful Bill Act of 2025, Pub. L. 119-21, § 10108, https://www.congress.gov/bill/119th-congress/house-bill/1/text?overview=closed; U.S. Department of Agriculture, Food and Nutrition Service, "Supplemental Nutrition Assistance Program (SNAP) Implementation of the One Big Beautiful Bill Act of 2025 – Alien SNAP Eligibility," Dec. 9, 2025, https://www.fns.usda.gov/snap/obbb-alien-eligibility.
[512] U.S. Department of Agriculture, Food and Nutrition Service, "SNAP Eligibility," Sept. 30, 2025, https://www.fns.usda.gov/snap/recipient/eligibility.
[513] U.S. Department of Agriculture, Food and Nutrition Service, "Supplemental Nutrition Assistance Program (SNAP) Implementation of the One Big Beautiful Bill Act of 2025 – Alien SNAP Eligibility," Dec. 9, 2025, https://www.fns.usda.gov/snap/obbb-alien-eligibility.

a five-year waiting period.[514] The One Big Beautiful Bill Act of 2025 removed SNAP eligibility from all other non-citizen groups, including refugees, asylees, parolees, victims of severe human trafficking, abused immigrants, and Iraqi and Afghan special immigrants (SIV) unless they become LPRs.[515] Some of these categories of immigrants are exempt from the five-year waiting period once they adjust to LPR status, including refugees, asylees, victims of severe human trafficking, and Iraqi and Afghan special immigrants.[516]

USDA Language Access Regulations and Guidance

In written testimony for the Commission's March 2025 briefing, FNS affirmed that "providing clear, accurate, and accessible communication is critical, particularly for persons with LEP, ensuring they fully understand their rights, complete applications, and successfully participate in SNAP."[517] FNS further explained that:

> The framework guiding language access is established by federal law and policy, including Title VI of the Civil Rights Act of 1964, Food and Nutrition Act of 2008, Section 11(e)(1) and (2), the requirements of 7 CFR 272.4(b), and USDA's 2014 guidance (79 FR 70771), which provides specific direction to state agencies on their obligations under Title VI. Collectively, these authorities ensure that state agencies provide the necessary language assistance to enable persons with LEP to apply for and participate in SNAP without undue burden.[518]

The national origin protections in Title VI of the Civil Rights Act of 1964 were discussed in Chapter 2;[519] this chapter will focus on requirements in the Food and Nutrition Act of 2008, USDA regulations, and USDA's historical LEP guidance. In August 2025, USDA told the Commission that its previous guidance to federal funding recipients under E.O. 13166 "has been rescinded per DOJ's directive."[520]

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[514] Ibid.
[515] One Big Beautiful Bill Act of 2025, Pub. L. 119-21, § 10108, https://www.congress.gov/bill/119th-congress/house-bill/1/text?overview=closed; Patrick A. Penn, Memorandum to All State SNAP agencies and All Regions, "Supplemental Nutrition Assistance Program (SNAP) Provisions of the One Big Beautiful Bill – Alien SNAP Eligibility – Question and Answer #1 REVISED," Dec. 9, 2025, https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-obbb-alien-eligibility-qas1-12092025.pdf.
[516] Penn, "SNAP Provisions of the One Big Beautiful Bill."
[517] Ricardo Martinez, Equal Opportunity Specialist (FNS Language Access Coordinator), U.S. Department of Agriculture, Food and Nutrition Service, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, Mar. 21, 2025, p. 1 (hereinafter FNS Statement).
[518] FNS Statement, p. 1.
[519] *See supra* notes 363-386 (discussing Title VI protections).
[520] U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, Response to Interrogatories from the U.S. Commission on Civil Rights, August 2025, p. 2 [on file].

As mentioned in Chapter 2, Section 11(e)(2) of the Food and Nutrition Act of 2008 requires states to "establish procedures governing the operation of supplemental nutrition assistance program offices that the State agency determines best serve households in the State, including... households in areas in which a substantial number of members of low-income households speak a language other than English."[521] Additionally, Section 11(e)(1) requires states to "comply with regulations of the Secretary requiring the use of appropriate bilingual personnel and printed material in the administration of the program in those portions of political subdivisions in the State in which a substantial number of members of low-income households speak a language other than English."[522]

SNAP Language Access Regulations

USDA regulations provide details about state SNAP agencies' language access obligations under the Food and Nutrition Act of 2008. These regulations require that states "develop estimates of the number of low-income single-language minority households, both participating and not participating in the program, for each project area and certification office by using census data … and knowledge of project areas and areas serviced by certification offices."[523] A "single-language minority" is defined as "households which speak the same non-English language and which do not contain adult(s) fluent in English as a second language."[524] A "project area" refers to "the county or similar political subdivision designated by a State as the administrative unit for program operations."[525]

Based on these estimates, local SNAP offices must provide translated certification materials (i.e., application forms, forms to report changes that affect an individual's eligibility, and notices sent to households) and bilingual staff or interpreters:

- In each office that serves an area containing at least 100 single-language minority low-income households;[526] and
- In "each project area with a total of less than 100 low-income households if a majority of those households are of a single-language minority."[527]

State SNAP agencies are responsible for ensuring that local offices that are required to provide language services have enough bilingual staff or interpreters to provide "timely processing of non-English-speaking applicants."[528]

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[521] Food and Nutrition Act of 2008, Pub. L. 88-525, 78 Stat. 703, (codified as 7 U.S.C. § 2020(e)(2)).
[522] 7 U.S.C. § 2020(e)(1).
[523] U.S. Department of Agriculture, Food and Nutrition Service, 7 C.F.R. § 272.4(b)(6).
[524] 7 C.F.R. § 272.4(b)(1).
[525] 7 C.F.R. § 271.2.
[526] 7 C.F.R. § 272.4(b)(3)(i).
[527] 7 C.F.R. § 272.4(b)(3)(ii).
[528] 7 C.F.R. § 272.4(b)(5).

The regulations also provide details for notices required to be delivered in multiple languages, stating that:

> If notices are required in only one language other than English, notices may be printed in English on one side and in the other language on the reverse side. If the certification office is required to use several languages, the notice may be printed in English and may contain statements in other languages summarizing the purpose of the notice and the telephone number (toll-free number or a number where collect calls will be accepted for households outside the local calling area) which the household may call to receive additional information. For example, a notice of eligibility could in the appropriate language(s) state:
>
> Your application for SNAP benefits has been approved in the amount stated above. If you need more information telephone _____.[529]

Additionally, state agencies are required to provide information about SNAP, "through means such as publications, telephone hotlines, and face-to-face contacts" in non-English languages as follows:

> (i) In project areas with less than 2,000 low-income households, if approximately 100 or more of those households are of a single-language minority;
> (ii) In project areas with 2,000 or more low-income households, if approximately 5 percent or more of those households are of a single-language minority; and
> (iii) In project areas with a certification office that provides bilingual service as required [above].[530]

If a service area has a seasonal influx of non-English speaking households, such as migrant farm workers, the state agency is required to provide language services if the number of single-language minority low-income households meets the above requirements during the seasonal influx.

Historical USDA Language Access Guidance

In addition to regulations specific to SNAP programs under the Food and Nutrition Act, USDA previously provided language access guidance to all funding recipients clarifying obligations under Title VI of the Civil Rights Act of 1964, Title VI regulations, and E.O. 13166. Unlike the federal regulations discussed above, agency policies and guidelines do not carry the force of law.[531]

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[529] 7 C.F.R. § 272.4(b)(3)(ii)(B).
[530] 7 C.F.R. § 272.4(b)(2).
[531] The Administrative Procedure Act, Pub. L. 79-104, 60 Stat. 237 (codified as 5 U.S.C. §§ 500 *et seq,* 701 *et seq.)*; Kate R. Bowers, "Agency Use of Guidance Documents," Congressional Research Service, Apr. 19, 2021, https://www.congress.gov/crs-product/LSB10591.

However, such policies and guidelines often provide the detailed procedures that grant recipients must follow and are viewed by courts as persuasive authority as to the proper procedures an agency should follow.[532] Additionally, if these guidelines are included in grant contracts, funding recipients may be contractually obligated to follow these requirements.

Following DOJ's initial guidance implementing E.O. 14224 in July 2025, USDA rescinded its language access guidance to federal funding recipients. USDA told the Commission that "[t]ailored guidance for SNAP agencies issued under Executive Order 13166 is under review. USDA will issue updates that reflect current federal standards once DOJ releases new language access guidance."[533]

USDA's former Title VI language access guidance was issued in 2014 and applied to all entities receiving funding from USDA. The guidance stated that "[i]n order to ensure compliance with Title VI and Title VI regulations, recipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs and activities."[534]

To determine whether a funding recipient was required to provide language services, the guidance relied on the four-factor test from DOJ's 2002 guidance, which considered:

> (1) The number or proportion of LEP persons eligible to be served or likely to be encountered within the area serviced by the recipient;
> (2) The frequency with which LEP persons come in contact with the program or activity;
> (3) The nature and importance of the program, activity, or service to people's lives; and
> (4) The resources available to the recipient and costs.[535]

The guidance emphasized that the four-factor test was meant to provide flexibility and "to suggest a balance that ensures meaningful access by LEP persons to critical services while avoiding undue burdens on small business, small local governments, or small nonprofits."[536] For example, the guidance noted that:

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[532] *See e.g.,* Jacinto v. I.N.S., 208 F.3d 725, 733 n. 5 (9th Cir.2000) ("Although not binding, the UNHCR Handbook provides persuasive authority for courts determining what procedures are appropriate for conducting asylum hearings."); Kennedy v. World Alliance Finan. Corp., 792 F.Supp.2d 1103, 1108 (E.D.Cal.2011) (holding that "while HUD's handbooks do not have the force of law in the instant case, they are entitled to persuasive authority as general statements of agency practice and procedure") Turner v. Vilsack, 2013 WL 6074114, at *2 (D.Or.,2013).
[533] U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, Response to Interrogatories from the U.S. Commission on Civil Rights, Aug. 2025, p. 2 [on file].
[534] Guidance to Federal Financial Assistance Recipients Regarding the Title VI Prohibition Against National Origin Discrimination Affecting Persons with Limited English Proficiency, 79 Fed. Reg. 70771, 70777 (Nov. 28, 2014).
[535] *Id.*
[536] *Id.*

> [S]ome of a recipient's activities will be more relevant to the public than others and/or have greater impact on or contact with LEP persons, and thus may require more in the way of language assistance. However, the flexibility that recipients have to address the needs of the LEP populations they serve does not diminish and should not be used to minimize their obligation to address those needs.[537]

The guidance provided examples of activities for which quality language services were vital and activities for which services were less necessary. For example, the guidance noted that "failure to translate consent forms and applications for important benefits or services could have serious or life-threatening implications for LEP persons in need of food, shelter, emergency services, and many other important benefits."[538] Due to the vital nature of these benefits, the 2014 guidance said that language services must be provided for these types of activities. On the other hand, the guidance said that language services were less necessary for activities such as a voluntary public tour of a facility.

The guidance also described different means of providing language access, including interpretation and translation, and emphasized the importance of ensuring the competency of interpreters and accuracy of translations. However, the guidance noted that the four-factor test can help determine the quality of language services required, with certain activities requiring greater attention to accuracy than others. The guidance said that while professional interpreters were necessary for some activities, friends or family members could be used in other instances. For example, friends or family members were appropriate interpreters during a voluntary tour of a facility. On the other hand, the guidance emphasized that professional services were necessary

> in situations in which health, safety, or access to sustenance or important benefits and services are at stake, or when credibility and accuracy are important to protect an LEP person's rights or access to important benefits and services. An example of such a case is when an LEP recipient applies for food stamps or a low-interest farm loan. The recipient should not rely on friends or family members of the LEP recipient or other informal interpreters.[539]

Additionally, the guidance cautioned against relying on children as interpreters. The guidance stated that using children as interpreters was "especially discouraged," except in the case of "an extreme emergency" when "no preferable qualified interpreters are available."[540]

With regard to translated documents, the 2014 guidance stated that:

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[537] *Id.*
[538] *Id.* at 70778.
[539] *Id.* at 70781.
[540] *Id.*

> Recipients should ensure that translators understand the expected reading level of their audiences and, where appropriate, have fundamental knowledge about the target language group's vocabulary and phraseology. Sometimes direct translation of materials results in a translation that is written at a much more difficult level than the English language version or has no relevant equivalent meaning. Community organizations may be able to help consider whether a document is written at a good level for the audience.[541]

Finally, the guidance recommended that recipients create a language access plan incorporating the following elements:

> (1) How the funding recipient will identify LEP individuals who need language services;
> (2) The ways that language services will be provided;
> (3) How staff will be trained to ensure that they understand their obligation to provide meaningful access to LEP individuals and can effectively interact with LEP individuals and interpreters;
> (4) How the funding recipient will provide notice of language assistance to LEP individuals;
> (5) How the funding recipient will ensure that LEP individuals have meaningful access to online services; and
> (6) How frequently the funding recipient will update their language access plan.[542]

USDA Resources for Funding Recipients

In addition to formal regulations and guidance, USDA has historically provided resources and support to assist funding recipients in meeting their language access obligations. For example, in written testimony for the March 2025 briefing, FNS told the Commission that "USDA FNS engages states in ongoing conversations to address common challenges, share best practices, and resolve implementation issues. These engagements help scale effective solutions, such as centralized translation services and improved interpreter access, and ensure that states have the necessary support to meet their language access obligations."[543] In August 2025, USDA told the Commission that, "USDA provides technical assistance regarding Title VI compliance. Language support is evaluated based on legal necessity and resource efficiency. Agencies may use available technologies to bridge gaps where appropriate."[544]

Historically, USDA also released policy memos notifying recipients of their language access obligations during important program transitions. For example, in May 2023, USDA sent a policy

[541] *Id.* at 70782.
[542] *Id.* at 70782-70784.
[543] FNS Statement, p. 2.
[544] U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, Response to Interrogatories from the U.S. Commission on Civil Rights, Aug. 2025, p. 2 [on file].

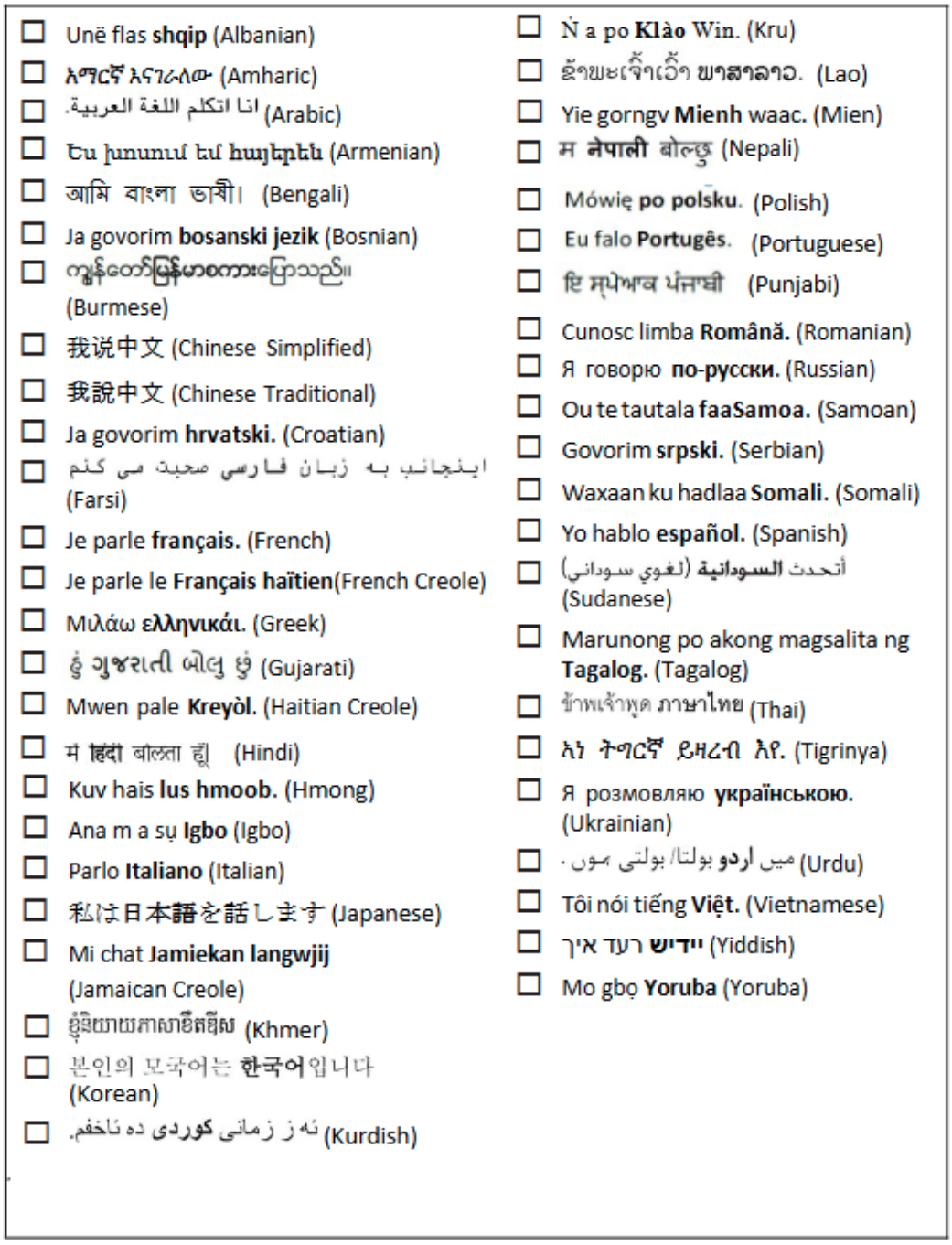
memo to state SNAP agencies regarding language access obligations during the unwinding of the SNAP emergency allotments (EA), administrative flexibilities, and temporary eligibility adjustments that Congress issued in response to COVID-19. The memo reminded agencies that they must "be prepared to provide appropriate translation and interpretation services" to ensure that these changes are effectively communicated to individuals with LEP.[545] The memo referred agencies to the 2014 guidance discussed above and emphasized that:

> [T]ranslation and interpretation services must be provided free of charge and in a timely manner, using qualified and competent translators and interpreters. State agencies must provide translation or interpretation services from appropriate and competent individuals and may not rely on or ask children to provide translation or interpretation for their parents.[546]

In the past, FNS also provided language access resources for funding recipients on its website. These included translated taglines in over 50 languages that could be used to notify individuals with LEP about the availability of language assistance and "I Speak" cards.[547] The cards, shown in Figure 3.1, included short phrases in 49 languages, which can be given to individuals with LEP to identify their primary language. These resources were still available at the beginning of July 2025. However, as of September 2025, these resources are no longer available. Similarly, a language access training resource previously on the FNS website returns a "Page or Content Not Found" error. [548]

[545] U.S Department of Agriculture, Food and Nutrition Service Policy Memo No. CRD 01-2023, Ensuring Language Access and Effective Communication in Consideration of the Unwinding of the SNAP Emergency Allotments and COVID-19- Program Flexibilities, May 30, 2023, https://www.fns.usda.gov/cr/unwinding-snap-ea.
[546] Ibid.
[547] U.S. Department of Agriculture, Food and Nutrition Service, "Assistance Tagline Translations," July 08, 2024, https://www.fns.usda.gov/cr/assistance-tagline-translations (accessed May 21, 2025).
[548] U.S. Department of Agriculture, Food and Nutrition Service, "Page or Content Not Found," https://www.fns.usda.gov/cr/lep/language-access-training (accessed May 21, 2025).

Figure 3.1: USDA "I Speak" Cards



Source: U.S. Department of Agriculture, Food and Nutrition Service, "I Speak Statements Card," July 08, 2024, https://www.fns.usda.gov/civil-rights/ispeak (accessed May 21, 2025).

Additionally, the Commission received a public comment from Gary Hanes, a language access planning consultant, who informed the Commission that translations of USDA's "And Justice For All" posters are no longer available on the FNS website.[549] These posters were used to inform the public about their rights to participate in USDA programs and provided information about how to file a discrimination complaint if they believed their rights had been violated. The posters also noted that "program information may be made available in languages other than English."[550] At the writing of this report, the posters are still available in English and Spanish on the Office of Assistant Secretary for Civil Rights webpage, but Hanes told the Commission that translations of this poster were previously available in over 50 languages.[551] The language translation page for these posters returns a "Page or Content Not Found" error.[552] Hanes also wrote that his emails to the address provided on the error page (websupport@usda.gov) were returned as undeliverable, "[s]o, there is no way to find out if these posters are available on a new USDA webpage."[553] As Hanes wrote:

> USDA had already borne the cost of translation and placing them on its website for use by providers of these USDA-funded programs and services. In fact, deleting them means that providers, who are required to inform people of their language access rights, must develop their own means of doing so (possibly in multiple languages) and bear the cost of these translations. This obligation and cost for fulfilling it is now passed on to countless providers across the country.[554]

It is not known whether these materials will eventually be replaced. However, this example demonstrates the importance of federal agencies providing language access materials. When language access is required by federal law, federal agencies can provide cost savings to state and local funding recipients by translating and sharing key documents.

USDA Oversight of State SNAP Agencies

The Civil Rights Division (CRD) of FNS is responsible for overseeing the language access provisions of FNS funding recipients, including state SNAP agencies. When USDA receives a complaint about an FNS funding recipient, CRD coordinates with other FNS divisions, offices, and program areas to investigate the claim. Under USDA's Title VI implementing regulations, if the agency finds that a funding recipient is not in compliance, the agency must first attempt to

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[549] Gary Hanes, "Addendum to My March 13, 2025 Written Testimony," for the *Language Access for Individuals with Limited English Proficiency* briefing, submitted on Mar. 16, 2025 (hereinafter Hanes Statement) [on file].
[550] U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, "And Justice for All," https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/and-justice-all.
[551] Hanes Statement.
[552] U.S. Department of Agriculture, Food and Nutrition Service, "Page or Content Not Found," https://www.fns.usda.gov/cr/and-justice-all-posters-guidance-and-translations (accessed May 21, 2025).
[553] Hanes Statement.
[554] Ibid.

secure voluntary cooperation from the funding recipient through informal means.[555] If the noncompliance cannot be resolved informally, the funding recipient is given the opportunity for an administrative hearing. Continued noncompliance after an administrative hearing may result in termination of funding or the agency may use "other means authorized by law" to achieve compliance.[556]

In August 2025, USDA told the Commission that they are currently updating their oversight framework to reflect DOJ's new legal interpretation of Title VI, "which no longer recognizes disparate impact as a basis for enforcement."[557] The Department said that they will continue to "review programs for evidence of intentional discrimination."[558]

In addition to investigating complaints, FNS has historically reviewed state agencies' Plans of Operation to assess compliance with language access requirements. In March 2025, FNS told the Commission that:

> Every year, state agencies submit State Plans of Operation, which [include] details on how they will implement SNAP in compliance with federal requirements. This process provides USDA FNS with a structured opportunity to review and assess state language access plans. As part of this process, states are encouraged to describe the training they provide to their personnel and to recipients, which includes training provided by SNAP program personnel and language access specialists in the Civil Rights Division. This ensures that frontline staff understand their language access obligations and have the tools to serve persons with LEP effectively.[559]

However, in August 2025, USDA told the Commission that "review cycles [for language access plans] have been paused. USDA will resume review when updated DOJ guidance is finalized."[560]

SNAP Language Access Study

In 2023, the FNS commissioned the SNAP Language Access study to review language access provided by state SNAP agencies.[561] The study had two parts: a quantitative survey of state SNAP

[555] U.S. Department of Agriculture, Office of the Secretary of Agriculture, 7 C.F.R § 15.8.
[556] *Id.*
[557] U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, Response to Interrogatories from the U.S. Commission on Civil Rights, August 2025, p. 2 [on file].
[558] Ibid.
[559] FNS Statement, p. 2.
[560] U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, Response to Interrogatories from the U.S. Commission on Civil Rights, August 2025, p. 2 [on file].
[561] Food and Nutrition Service, U.S. Department of Agriculture, "SNAP Language Access Study," https://www.fns.usda.gov/research/snap/language-access.

agencies[562] and qualitative case studies of four state agencies.[563] The survey was sent to all 50 state SNAP agencies as well as the District of Columbia, Guam, and U.S. Virgin Islands agencies (49 of the 53 agencies responded) and asked questions about the agencies' language access policies and procedures.[564] The survey results are summarized below in Table 3.1. The qualitative case studies included interviews with state and local SNAP staff and walk-throughs at local offices in Massachusetts, New Mexico, North Carolina, and Washington.[565]

The report stated that USDA required the provision of "qualified, competent, and appropriate language services."[566] The 2014 USDA guidance encouraged state agencies to conduct the four-factor test (discussed above) to determine what language services are necessary and appropriate to ensure that individuals with LEP have meaningful access.[567] The survey found that 65% of the responding agencies said they used the four-factor analysis to determine their language access obligations, and 69% of responding agencies reported having a language access plan.[568] The study found that state agencies with medium caseloads were less likely to have conducted a four-factor analysis and were less likely to have a language access plan compared to state agencies with small or large caseloads.[569]

Additionally, the study found that more than half of the responding agencies had a language access coordinator and about 37% had a language access working group.[570] About 45% of the responding agencies reported that they "offer language assistance services because of a court decision, complaint investigation, or compliance review."[571]

Most responding state SNAP agencies reported that they translate at least one vital document (96%).[572] SNAP application forms are the most commonly translated document (94%), and

[562] Rachel Sutton-Heisey, Sarah White, Valentina Loaiza, and Maria Boyle, "Supplemental Nutrition Assistance Program (SNAP) Language Access Study: Results from the SNAP State Agency Survey," Prepared by Mathematica, U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Oct. 2024, https://fns-prod.azureedge.us/sites/default/files/resource-files/ops-snap-langAccess-SurveyResults-103124.pdf.
[563] Rachel Brooks, Maria Hassett, Francesca Venezia, and Maria Boyle, "Supplemental Nutrition Assistance Program (SNAP) Language Access Study: Case Studies of Four State Agencies," Prepared by Mathematica, U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Oct. 2024, https://fns-prod.azureedge.us/sites/default/files/resource-files/ops-snap-langAccess-report-103124.pdf.
[564] Sutton-Heisey, White, Loaiza, and Boyle, "SNAP Language Access Study."
[565] Brooks, Hassett, Venezia, and Boyle, "SNAP Language Access Study: Case Studies."
[566] Ibid., p. 11.
[567] Guidance to Federal Financial Assistance Recipients Regarding the Title VI Prohibition Against National Origin Discrimination Affecting Persons with Limited English Proficiency, 79 Fed. Reg. 70771, 70777 (Nov. 28, 2014).
[568] Sutton-Heisey, White, Loaiza, and Boyle, "SNAP Language Access Study," p. 11.
[569] Caseload categories were broken into small, medium, or large based on the number of people participating in SNAP from monthly FNS data. Small caseloads ranged from 21,000-189,000; medium caseloads ranged from 241,000-682,000; and large caseloads ranged from 707,000-5,279,000. Ibid., p. 12.
[570] Sutton-Heisey, White, Loaiza, and Boyle, "SNAP Language Access Study," p. 13.
[571] Ibid.
[572] Ibid., p. 14.

complaint forms are the least commonly translated (71%).[573] Fifteen of the responding states (31%) reported providing only Spanish translations, while 32 states (65%) reported offering translations in at least one language other than Spanish.[574]

All the responsive agencies reported providing some form of oral language assistance, with 90% offering interpretation and 74% employing bilingual staff.[575] However, a quarter of the responsive agencies said that they do not evaluate the qualifications of interpreters and translators, and a third said that they do not evaluate the qualifications of bilingual staff.[576]

Table 3.1: Food and Nutrition Service State SNAP Language Access Study Results, N=49

	N	Percentage
Agency Practices		
Determine language access obligations using four-factor analysis	32	65.3%
Have a language access plan	34	69.4%
Have a language access coordinator	27	55.1%
Have a language access working group	18	36.7%
Offer language assistance services because of a court decision, complaint investigation, or compliance review	22	44.9%
Staff understand Title VI and federal language access regulations and guidance somewhat or a great deal	40	81.6%
Share language access resources with other agencies in their state	23	46.9%
Share language access resources with SNAP agencies in other states	7	14.3%
Translated Material		
Translate at least one vital document	47	95.9%
Spanish translations only	15	30.6%
Translations in languages other than Spanish	32	65.3%
Oral Language Assistance		
Offer interpretation	44	89.8%
Employ bilingual staff	36	73.5%
Do not evaluate the qualifications of interpreters and translators	12	24.5%
Do not evaluate the qualifications of bilingual staff	16	32.7%
Sometimes or usually use friends/family to communicate	23	46.9%
Sometimes use children to communicate	3	6.1%

[573] Ibid, p. 14. USDA provides the Program Discrimination Complaint Form in Spanish on its webpage. *See* U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, "How to File a Program Discrimination Complaint," https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-usda-discrimination-complaint/how-file-program-discrimination-complaint (accessed Jan. 14, 2026).
[574] Sutton-Heisey, White, Loaiza, and Boyle, "SNAP Language Access Study," p. 15.
[575] Ibid., p. 16.
[576] Ibid., p. 25.

Outreach to Individuals with LEP		
Collaborate with community based organizations	40	81.6%
Post signs in intake and entry areas	40	81.6%
Agency Needs		
More funding	34	69.4%
Increased staffing	32	65.3%
More translated materials	29	59.2%
FNS should provide additional information about best practices and examples of how other SNAP agencies provide language access	38	77.6%
Do not receive enough technical assistance from FNS about language access requirements	16	32.7%

Source: Rachel Sutton-Heisey, Sarah White, Valentina Loaiza, and Maria Boyle, "Supplemental Nutrition Assistance Program (SNAP) Language Access Study: Results from the SNAP State Agency Survey," Prepared by Mathematica, U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Oct. 2024, https://fns-prod.azureedge.us/sites/default/files/resource-files/ops-snap-langAccess-SurveyResults-103124.pdf (accessed Dec. 15, 2025).

About 82% of state agencies reported that they "conduct outreach to LEP communities about SNAP services … by collaborating with community-based organizations and other stakeholders to inform individuals with LEP of SNAP services."[577] The same number said that they post signs in intake and entry areas notifying LEP individuals of the availability of free language assistance. Many state agencies reported allowing the use of nonprofessional interpreters, such as friends and family, with 4% reporting that they usually use friends or family members to communicate with LEP individuals, 43% saying that they sometimes do so, 41% saying that they rarely do so, and 12% saying that they never use friends or family members as interpreters.[578] States with small caseloads were more likely than states with medium or large caseloads to report that they "sometimes" or "usually" use family and friends of LEP individuals as interpreters. Most responding state agencies reported that they never use children as interpreters (63%), but 35% said that they "sometimes" or "rarely" use children as interpreters.[579]

While most responding agencies reported that agency staff understand Title VI and federal language access regulations and guidance (39% "a great deal," 43% "somewhat," 16% "a little," 2% "not at all"),[580] 78% said that it would be helpful if FNS provided additional information about best practices and examples of how other SNAP agencies provide language access.[581] The majority of the responding agencies reported needing increased funding (69%), increased staffing (65%), and translated materials (59%).[582] About a third of responding state agencies said that they do not

[577] Ibid., p. 19.
[578] Ibid., p. 22.
[579] Ibid.
[580] Ibid., p. 34.
[581] Ibid., p. 35.
[582] Ibid.

receive enough technical assistance from FNS about language access requirements.[583] Just under half of the responding agencies reported that they share language access resources with other agencies in their state, but only 14% reported sharing resources with SNAP agencies in other states.[584]

The interviews with staff from state and local SNAP agencies in Massachusetts, New Mexico, North Carolina, and Washington produced similar findings. Local SNAP agencies in the study predominately use telephonic interpretation services to communicate with LEP clients, although bilingual staff and in-house interpreters are also sometimes used.[585] Staff reported that the telephonic services usually work well, but it can sometimes be difficult to obtain an interpreter for less common languages. In Washington, for example, the report notes that, "Sometimes there is a wait for an interpreter… such as when there are not enough interpreters to serve a newly arrived immigrant group, or there are no interpreters available at all, such as for specific Mayan dialects."[586]

The report also noted that staff sometimes questioned the accuracy of the telephonic interpretation. As a result, most staff interviewed in the qualitative study reported a preference for using bilingual staff or in-house interpreters. For example, in Massachusetts:

> [S]taff noted that interpretation via the telephone can be more challenging and time-consuming and less client-friendly than when bilingual staff provide interpretation services or direct in-language communication assistance. Because agency staff fully understand SNAP policies and procedures, they are well positioned to explain this complex information to participants directly. Staff also noted that sometimes a particular word does not exist in another language or an interpreter's translation of a word or phrase may not correctly convey its meaning within the SNAP context.[587]

Staff also mentioned challenges with equipment for telephonic interpretation services. Staff at some local offices in New Mexico and North Carolina said they must physically pass the phone or headsets back and forth between themselves and LEP clients when using the service.[588]

Training and knowledge about federal requirements for language access varied across the four states in the qualitative portion of the study. Staff in three states reported receiving formal training, either upon initiation or annually, about federal language access requirements. However, staff in

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[583] Ibid., p. 36.
[584] Ibid., p. 35.
[585] Brooks, Hassett, Venezia, and Boyle, "SNAP Language Access Study: Case Studies," p. xi.
[586] Ibid., p. 15.
[587] Ibid., p. 5.
[588] Ibid., pp. 9, 14.

Massachusetts did not receive formal training and instead learned procedures for assisting individuals with LEP from their supervisors. The report notes that, in Massachusetts:

> At times, this lack of training can lead to inconsistency when assisting individuals with LEP, because staff rely on locally developed procedures or their personal judgment when deciding how to assist them. For example, staff at some local agencies stated that they would never allow a child to interpret for their parent, while staff at other local agencies said this does happen occasionally.[589]

Staff in all four states requested that FNS or their state provide additional translated documents, such as applications, recertification forms, and notices, in more languages. Staff also requested more bilingual staff and in-house interpreters. Finally, staff expressed interest in learning about language access practices in other states.[590]

In written testimony provided in March 2025, FNS told the Commission that the agency has taken the following steps to "strengthen language access both in SNAP administration and across the agency," in response to this report:

- Updated their Language Access Plan in 2024 to "provide clearer guidance to agency employees on taking reasonable steps to provide meaningful access to persons with LEP;"
- Convened "a language access work group to facilitate discussions on common challenges, scale best practices, and improve collaboration across state agencies;" and
- "[S]trengthened the integration of language access requirements into the guidance disseminated to states for the development of their annual State Plans of Operation."[591]

Additionally, FNS said that the agency was planning additional efforts over the next five years, contingent on available funding and agency priorities. These planned initiatives included:

- "Expanding translation efforts to cover a broader range of languages, increasing accessibility for persons with LEP in more language groups;"
- "Strengthening engagement with state agencies to facilitate more robust discussions on language access challenges and solutions;" and
- "Continuing to refine training and technical assistance to ensure state agencies have the necessary resources and expertise to meet their language access obligations."[592]

However, it is unclear whether these initiatives will move forward given DOJ's July 2025 guidance and USDA rescinding its 2014 Title VI guidance. In August 2025, USDA told the Commission

[589] Ibid., pp. 5-6.
[590] Ibid., p. 20.
[591] FNS Statement, p. 3.
[592] Ibid.

that "USDA now defines success [of language access plans] by legal compliance, operational efficiency, and service delivery in English. Success is no longer based on the expansion of multilingual services."[593] Additionally, in January 2026, USDA told the Commission that:

> The Department is currently reviewing language access practices consistent with Executive Order 14224 and DOJ's July 2025 guidance. While prior findings under the previous administration identified challenges such as limited bilingual staffing and resource constraints, USDA is now evaluating program delivery under updated laws, rules, and regulations to determine effective approaches for ensuring meaningful language access. This review is ongoing.[594]

The Department's previous efforts to ensure language access have resulted in relatively few language access complaints. According to data USDA provided to the Commission, the Office of the Assistant Secretary for Civil Rights (OASCR) received a total of 6,800 complaints between 2019 and 2024, 12 of which related to language access.[595] Regarding the SNAP program, the Department reported 775 total complaints from 2019 to 2024, four of which were related to language access.[596] The small number of language access complaints is a positive sign regarding the success of previous language access efforts. It is important to keep in mind, however, that language barriers can affect the ability of LEP individuals to file a complaint and LEP individuals may not know about their rights to language access.[597] It remains to be seen what changes the Department will make in response to E.O. 14224 and the effect that these changes will have on language access in SNAP.

Language Access in Hospitals (HHS)

This section of the report relies entirely on publicly available information because HHS did not provide testimony for the Commission's briefing, nor did they respond to requests for information and documents. Additionally, at the time of writing this report, many of the webpages HHS previously used to provide information about its civil rights initiatives were not currently active. The Department's most recent Language Access Plan, issued in 2023, is no longer available on the HHS website, and trainings for providers regarding language access have also been

[593] U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, Response to Interrogatories from the U.S. Commission on Civil Rights, Aug. 2025, p. 1 [on file].
[594] U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, Response to Interrogatories from the U.S. Commission on Civil Rights, Jan. 2026, p. 4 [on file].
[595] Ibid., p. 6.
[596] Ibid., p. 7.
[597] Vanessa Grubbs, Alice Hm Chen, Andrew B. Bindman, Eric Vittinghoff, and Alicia Fernandez, "Effect of Awareness of Language Law on Language Access in the Health Care Setting," *Journal of General Internal Medicine*, 2006, vol. 21, no. 7, 683–88, https://doi.org/10.1111/j.1525-1497.2006.00492.x.

removed.[598] The removed trainings include: "Title VI: Language Access During the COVID-19 Pandemic & Other Health Emergencies: Training for Recipients of Federal Financial Assistance," video trainings by OCR and The Joint Commission Project to Promote Language Access Education, and a video training titled "Breaking Down the Language Barrier: Translating English Proficiency Policy into Practice."[599] As a result, this section primarily focuses on HHS language access regulations and guidance published in the Federal Register. This section also includes news reports and expert testimony about the efficacy of the Department's oversight of funding recipients' compliance with language access requirements.

Historical HHS Title VI Guidance

The primary laws governing language access in hospitals are Title VI of the Civil Rights Act of 1964[600] and Section 1557 of the Patient Protection and Affordable Care Act of 2010.[601] Prior to President Clinton issuing E.O. 13166 in 2000, HHS had already begun an initiative to formalize guidance on language access under Title VI of the Civil Rights Act. In 1998, HHS issued internal guidance on funding recipients' language access obligations under Title VI to promote consistency in investigations of language access complaints.[602] Just weeks after President Clinton signed E.O. 13166, HHS published its language access guidance to clarify "for recipient/covered entities and the public, the legal requirements under Title VI that OCR has been enforcing for the past 30 years."[603]

Similar to the subsequent 2002 guidance issued by DOJ, the 2000 HHS guidance emphasized flexibility in funding recipients' language access programs. The guidance stated that:

> The type of language assistance a recipient/covered entity provides to ensure meaningful access will depend on a variety of factors, including the size of the recipient/covered entity, the size of the eligible LEP population it serves, the nature of the program or service, the objectives of the program, the total resources available to the recipient/covered entity, the frequency with which particular languages are encountered, and the frequency with which LEP persons come into contact with the program.[604]

The 2000 HHS guidance described four key elements of effective language access programs including: (1) assessment of the language needs of the populations served, (2) development of a

[598] U.S. Department of Health and Human Services, Office for Civil Rights, "Training Materials," https://www.hhs.gov/civil-rights/for-providers/training/index.html (accessed May 22, 2025).
[599] Ibid.
[600] Civil Rights Act of 1964, Pub. L. 88-352, 78 Stat. 252, Title VI, § 601 (codified as 42 U.S.C § 2000d).
[601] Patient Protection and Affordable Care Act, Pub. L. 111-148, 124 Stat. 260, § 1557 (codified as 42 U.S.C. § 18116).
[602] Policy Guidance on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency, 65 Fed. Reg. 52762, 52763-64 (Aug. 30, 2000).
[603] *Id.* at 52764.
[604] *Id.* at 52765.

written language access policy, (3) training staff to understand and implement the policy, and (4) regular oversight of the language assistance program.[605] The guidance also emphasized the importance of ensuring the competence of interpreters and cautioned funding recipients against requiring, suggesting, or encouraging individuals with LEP to use friends, family members, or minor children as interpreters. The guidance stated that the

> [u]se of such persons could result in a breach of confidentiality or reluctance on the part of individuals to reveal personal information critical to their situations. In a medical setting, this reluctance could have serious, even life threatening, consequences. In addition, family and friends usually are not competent to act as interpreters, since they are often insufficiently proficient in both languages, unskilled in interpretation, and unfamiliar with specialized terminology.[606]

However, the guidance stated that if an individual with LEP was informed of their right to free interpretation services and still requested to use a friend or family member, they could do so, provided that "such a person would not compromise the effectiveness of services or violate the LEP person's confidentiality."[607] Finally, the guidance provided examples of frequently occurring problems that are likely to violate Title VI as well as "promising practices" for providing language assistance.[608]

In July 2002, DOJ issued a memo requesting that federal agencies' LEP guidance documents use the 2002 DOJ guidance as a model to ensure consistency of language access requirements across the federal government.[609] Accordingly, in 2003, HHS published revised guidance that more closely resembled the DOJ guidance. Because USDA also closely modeled its guidance on the DOJ guidance, the discussion of USDA's guidance above covers the key points in the 2003 HHS guidance.[610] Like USDA's guidance, the 2003 HHS guidance relied on DOJ's four-factor test to determine when language services are necessary and provided relevant examples of when immediate access to language services are vital (e.g., serious or life-threatening emergency situations), when language services may be necessary but not urgent (e.g., obtaining informed consent for elective surgery where the delay would not impact the patient's health) or even unnecessary (e.g., a general public tour of a facility).[611] The guidance also discussed the importance of accuracy in interpretation and translation, when friends and family members are and

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[605] *Id.* at 52766.
[606] *Id.* at 52769.
[607] *Id.*
[608] *Id.* at 52770.
[609] Ralph F. Boyd, Jr., Memorandum to Heads Federal Agencies, General Counsels, and Civil Rights Directors, "Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency)," July 8, 2002, https://www.justice.gov/crt/federal-coordination-and-compliance-section-publications-11.
[610] *See supra* notes 534-542 (discussing the 2014 USDA guidance).
[611] Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 Fed. Reg. 47311 (Aug. 8, 2003).

are not appropriate as interpreters, and the key aspects of language access plans.[612] Federal agencies' reliance on the 2002 DOJ guidance to provide consistent treatment for individuals with LEP across the federal government underscores the importance of the updated guidance DOJ will be providing to agencies in response E.O. 14224.[613]

The Affordable Care Act (ACA) Section 1557 Implementing Regulations

As discussed in Chapter 2, Section 1557 of the Affordable Care Act (ACA) prohibits discrimination by health care entities and directly references Title VI of the Civil Rights Act of 1964.[614] Courts have long interpreted Title VI to include hospitals and other health care providers that receive payments from Medicare and Medicaid.[615] The vast majority of hospitals in the U.S. accept Medicare and/or Medicaid, so there are relatively few hospitals that are not covered by Title VI. However, Department of Veterans Affairs (VA) hospitals are wholly operated by the federal government and therefore do not fall under Title VI because they are "federally conducted" rather than "federally assisted" programs.[616]

Section 1557 of the ACA states that:

> [A]n individual shall not, on the ground prohibited under title VI of the Civil Rights Act of 1964… be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under this title [i.e., the federal Health Insurance Marketplace, healthcare.gov].[617]

Thus, the ACA expands Title VI protections to apply to health programs conducted by federal agencies, including Medicare and VA hospitals, as well as the federal Health Insurance Marketplace and private insurance companies offering Medicaid Advantage Plans or participating in the Health Insurance Marketplace.[618] Additionally, Section 4302 of the ACA requires that "any federally conducted or supported health care or public health program, activity or survey…collects

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[612] *Id.*
[613] Pam Bondi, Memorandum for All Federal Agencies, "Implementation of Executive Order No. 14,224: Designating English as the Official Language of the United States of America," July 14, 2025, https://www.justice.gov/ag/media/1407776/dl?inline=&utm_medium=email&utm_source=govdelivery.
[614] *See supra* notes 239-242.
[615] Teitelbaum, *supra* note 242, at 365-66.
[616] U.S. Department of Justice, "Section V–Defining Title VI," Feb. 3, 2021, https://www.justice.gov/crt/fcs/T6manual5.
[617] Patient Protection and Affordable Care Act, Pub. L. 111-148, 124 Stat. 260, § 1557 (codified as 42 U.S.C. § 18116).
[618] Teitelbaum, *supra* note 242, at 365-66; Mara Youdelman, "What is Required Under Title VI and Section 1557 to Ensure Language Access for Individuals with Limited English Proficiency?" National Health Law Program, May 9, 2024, https://healthlaw.org/wp-content/uploads/2024/05/T-VI-and-Sec-1557-explainer-2024.pdf.

and reports, to the extent practicable—data on race, ethnicity, sex, primary language, and disability status for applicants, recipients, or participants."[619]

HHS issued language access regulations under Section 1557 of the ACA during the Obama, Trump, and Biden administrations. The first rule, issued in 2016, required that covered entities "take reasonable steps to provide meaningful access to each individual with limited English proficiency eligible to be served or likely to be encountered in its health programs and activities."[620] The rule's supplementary materials explained that:

> For individuals with limited English proficiency, lack of proficiency in English—and the use of non-English languages—is a direct outgrowth of, and is integrally tied to, their national origins. It is well-established under Title VI and its implementing regulation that a prohibition on national origin discrimination requires covered entities to take reasonable steps to provide meaningful access to individuals with limited English proficiency.[621]

This general provision to give meaningful access to individuals with LEP is maintained in the rules issued under Trump's first administration (in 2020) and Biden's administration (in 2024). The rules under each administration required the use of qualified interpreters and translators, and prohibited covered entities from requiring individuals with LEP to provide their own interpreter.[622] Each set of rules also prohibited covered entities from relying upon LEP individuals' friends or family members to act as interpreters.[623] Friends or family members may only be used as interpreters in emergency situations "involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with limited English proficiency immediately available" or when an LEP individual specifically requests to use an adult companion and "reliance on that adult for such assistance is appropriate under the circumstances."[624]

Other aspects of the regulations have changed from administration to administration. One notable difference across administrations is that the 2016 and 2024 rules do not include the four-factor test recommended in the DOJ's 2002 Title VI guidance. Instead, the 2016 regulation stated that in determining whether a covered entity is in compliance with the regulation, HHS's OCR Director will "give substantial weight to … the nature and importance of the health program or activity and the particular communication at issue, to the individual with limited English proficiency" and "take into account other relevant factors, including whether a covered entity has developed and

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[619] 42 U.S.C. § 300kk.
[620] Nondiscrimination in Health Programs and Activities, 81 Fed. Reg. 31376, 31470 (May 18, 2016).
[621] *Id.* at 31410.
[622] *Id.* at 31470; Nondiscrimination in Health and Health Education Programs or Activities, Delegation of Authority, 85 Fed. Reg. 37160, 37245-46 (June 19, 2020); Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37522, 37699 (May 6, 2024).
[623] *Id.*
[624] Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. at 37699.

implemented an effective written language access plan."[625] While this language is similar to the third point in the DOJ's four-factor test regarding the nature and importance of the program, the language does not explicitly include the number of LEP individuals likely to be served, the frequency of LEP contact with the program, or the resources and costs available to the entity.

In a written statement to the Commission, Joann Lee, Special Counsel at Legal Aid Foundation of Los Angeles, explained why language access advocates are moving away from the four-factor test. She argued that the "four-factor analysis has been harmful in implementation and enforcement efforts as it focuses too much on numerical conditions and has offered funded entities an 'out' by stating that providing language services is too resource intensive."[626] While some federal regulations condition language access on the number or proportion of LEP individuals in a jurisdiction,[627] Lee emphasized that, "no other protected classes are conditioned on a numerical analysis or the existence of resources."[628] She explained that because "many language service providers offer services in a vast number of languages," it is not necessary to "condition access to interpreters on population size when the process for securing the interpreter is the same, regardless of population size."[629]

The first Trump administration's 2020 guidance returned to the four-factor test.[630] In response to public comments disagreeing with the use of the four-factor test, HHS argued that the four-factor analysis is "meant to strike a balance that ensures meaningful access by LEP individuals to critical services while not imposing undue burdens on small businesses, small local governments, or small nonprofits" and is consistent with long-standing guidance.[631] The Biden administration's 2024 guidance returned to the language used in the 2016 rule, stating that "the four-factor analysis is more appropriately described as a general framework for planning on a system-wide and site-level basis, but does not provide clarity as to what the covered entity's obligations are to a particular individual."[632]

Another important difference between the administrations' rules is the requirement for posting notices about LEP individuals' rights to language assistance. The 2016 guidance required taglines in at least the top 15 LEP languages in the state to be posted in offices and on websites and included in important written communications.[633] The 2020 guidance "repealed the notice and tagline requirements, as well as video remote interpreting standards, on the basis that the cost to covered

[625] Nondiscrimination in Health Programs and Activities, 81 Fed. Reg. at 31470.
[626] Lee Statement, pp. 29-30.
[627] *See e.g.,* U.S. Department of Justice, Civil Rights Division, "Section 203 of the Voting Rights Act," July 15, 2024, https://www.justice.gov/crt/language-minority-citizens.
[628] Lee Statement, pp. 29-30.
[629] Ibid.
[630] Nondiscrimination in Health and Health Education Programs or Activities, Delegation of Authority, 85 Fed. Reg. at 37210.
[631] *Id.*
[632] Nondiscrimination in Health Programs and Activities, 87 Fed. Reg. 47824, 47862 (proposed Aug. 4, 2022).
[633] Nondiscrimination in Health Programs and Activities, 81 Fed. Reg. at 31469.

entities outweighed the benefits."[634] While the 2024 guidance does not use the term "taglines," it does require covered entities to provide "a notice of availability of language assistance services" in at least the top 15 languages spoken by LEP individuals in the state or states in which the entity operates.[635] These are required to be posted in physical locations, on websites, and to be included in a number of important documents, such as: applications and intake forms; notices of denial or termination of eligibility, benefits, or services; communications related to a public health emergency; consent forms; discharge papers; bills; complaint forms; and handbooks.[636] The 2024 guidance also sets standards for both audio and video remote interpreting services, including requirements for real-time video/audio without lags, clear images and/or audio, and adequate training for users of the technology.[637]

The 2024 rule also requires entities with 15 or more employees to have written language access procedures and to designate a ''Section 1557 Coordinator" whose duties include coordinating implementation of the language access procedures.[638] The language access procedures must include (at a minimum):

- Contact information for the Section 1557 Coordinator (if applicable);
- How an employee identifies whether an individual has limited English proficiency;
- How an employee obtains the services of qualified interpreters and translators the covered entity uses to communicate with an individual with limited English proficiency;
- The names of any qualified bilingual staff members; and
- A list of any electronic and written translated materials the covered entity has, the languages they are translated into, date of issuance, and how to access electronic translations.[639]

Finally, the 2024 rule addresses machine translation for the first time, stating that:

> If a covered entity uses machine translation when the underlying text is critical to the rights, benefits, or meaningful access of an individual with limited English proficiency, when accuracy is essential, or when the source documents or materials contain complex, non-

[634] Ben D'Avanzo and Chiraayu Gosrani, "Reducing Barriers, Improving Outcomes: Using Federal Opportunities to Expand Health Care Access for Individuals With Limited English Proficiency," National Immigration Law Center, July 10, 2023, https://www.nilc.org/wp-content/uploads/2023/07/Expanding-Health-Care-Access-for-Individuals-with-Limited-English-Proficiency.pdf.
[635] Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. at 37698.
[636] *Id.*
[637] *Id.* at 37699
[638] *Id*. at 37696.
[639] Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. at 37697.

literal or technical language, the translation must be reviewed by a qualified human translator.[640]

HHS Oversight of Language Access in Hospitals

HHS's language access complaint resolution process follows the same general procedure as USDA's process. OCR investigates complaints, and if the covered agency is found to be in noncompliance, the agency will work with the entity to achieve voluntary compliance. If voluntary compliance cannot be secured, the funding recipient must be given an opportunity for an administrative hearing, after which the agency can revoke funding or refer the matter to the DOJ to secure compliance through other legal means.[641] However, cutting funding to hospitals is extremely rare.[642] As Melanie Fontes Rainer, HHS's OCR Director from 2022-2025, told *Bloomberg Law*, "When you defund a hospital or organization, you're affecting how people access health care. I'm not sure that that's necessarily always aligned with the goals of these laws."[643]

Because HHS did not respond to the Commission's interrogatory requests, it is unclear how many complaints HHS receives about hospitals and other covered entities each year, how many relate to language access, or how many staff are available to process these complaints. However, several reports and expert testimony at the Commission's briefing suggest that OCR may lack the staff capacity to address complaints in a timely manner.[644] A *Bloomberg Law* article reported that OCR received "more than 34,000 complaints in fiscal year 2022 related to protecting patient health information" and more than 18,000 complaints related to civil rights.[645] The same article reported that the office has "just 91 investigators to make sure more than 6,000 hospitals comply with 55 different patient protection statutes" and, according to Leon Rodriguez, HHS's OCR Director from 2011-2014, it can take up to four years to resolve a complaint.[646]

Supervising Attorney at Community Legal Services of Philadelphia, Chi-Ser Tran, told the Commission that complaints submitted to OCR can take a long time to even get a response. She said that a Spanish-speaking client filed a complaint "after her nephrologist's office failed to provide her with an interpreter, and she had no choice but to use her Google Translate app to understand what was being said to her."[647] The client did not receive a response until Tran contacted the agency approximately seven months later. Tran testified that:

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[640] Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. at 37699.
[641] Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 Fed. Reg. 47311, Sec. VII (Aug. 8, 2003).
[642] Courtney Rozen, "Women Harmed by Doctors, Then Failed by US Civil Rights Watchdog," *Bloomberg Law*, Aug. 28, 2024, https://news.bloomberglaw.com/health-law-and-business/women-harmed-by-doctors-then-failed-by-us-civil-rights-watchdog.
[643] Ibid.
[644] Tran Statement, p. 6; *See also* Rozen, "Women Harmed by Doctors, Then Failed by US Civil Rights Watchdog."
[645] Rozen, "Women Harmed by Doctors, Then Failed by US Civil Rights Watchdog."
[646] Ibid.
[647] Tran Statement, p. 7.

> Even after direct intervention by an attorney, it took several more months of follow-up to receive a response. That response was a letter informing [her client] that the investigation was closed because the health care provider's office had since shut down. The matter took nearly a year from filing to closure, and review only happened after I made several attempts to follow up…
>
> These lengthy complaint processes did not provide our clients with an effective administrative remedy to the civil rights violations they have suffered and continue to suffer today. Moreover, this prolonged timeline is not conducive to language access needs that are immediate.[648]

Recent staffing cuts at HHS are unlikely to increase the speed of complaint processing and resolution in the already understaffed office. On March 27, 2025, HHS announced staffing reductions and restructuring[649] in accordance with President Trump's E.O. 14210, *Implementing the President's "Department of Government Efficiency" Workforce Optimization Initiative*.[650] The plan indicated that agency staffing levels would be reduced from 82,000 to 62,000 full time employees. Additionally, a new Assistant Secretary for Enforcement was created to provide oversight for OCR, as well as for the Departmental Appeals Board (DAB) and the Office of Medicare Hearings and Appeal (OMHA), "to combat waste, fraud, and abuse."[651]

It is unclear the extent to which the staffing cuts affected OCR, but the Health Care Compliance Association (HCCA) reported that OCR "lost staff in several of its most active enforcement offices" based on in an interview with Melanie Fontes Rainer, OCR Director from 2022-2025.[652] Additionally, Fontes Rainer said that OCR had "already been consolidating. When you run a small organization with a really important mission that's underfunded, no matter who is there, you have to figure out how to more efficiently do that, because otherwise you're not going to get all the things done."[653] She added, "There just isn't much fat at all because it's a shoe-string budget. It's been flat-funded for over two decades. It has a growing number of mandates. It's in charge of 55

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[648] Ibid.
[649] U.S. Department of Health and Human Services, Assistant Secretary for Public Affairs, "Fact Sheet: HHS' Transformation to Make America Healthy Again," Apr. 3, 2025, https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html.
[650] Implementing the President's "Department of Government Efficiency" Workforce Optimization Initiative, Exec. Order No. 14210, 90 Fed. Reg. 9669 (Feb. 14, 2025).
[651] U.S. Department of Health and Human Services, Assistant Secretary for Public Affairs, "Fact Sheet: HHS' Transformation to Make America Healthy Again," Apr. 3, 2025, https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html.
[652] Theresa Defino, "OCR Loses Staff, Faces Move to New 'Enforcement' Office; Will HIPAA Focus, Independence Suffer?" Health Care Compliance Association, *JD Supra*, Apr. 15, 2025, https://www.jdsupra.com/legalnews/ocr-loses-staff-faces-move-to-new-8337307/.
[653] Ibid.

different statutes, including the big ones, all the civil rights [laws], as well as HIPAA [The Health Insurance Portability and Accountability Act]." According to HCCA reporting from 2022-2025:

> OCR had a staff of between 120 and 150 employees who are supported by some 90 contracted investigators. According to its fiscal year (FY) 2025 budget request, OCR sought an increase of $17 million, which would have brought its total discretionary budget of $39.798 million to $56.798 million. The largest portion of the increase—$13 million—would have been used to hire "71 regional investigators to address complaints, breaches, compliance reviews" to add to its 115 full-time equivalent (FTE) employees. At the time, it cited a backlog of 8,000 cases.[654]

OCR's FY 2025 budget request was not approved, and it is unclear what staffing levels for the office will be after the current restructuring is complete. According to HHS's FY 2026 budget request, OCR is requesting to maintain their budget of $39.798 million despite "experiencing an increase in its case backlog due to the recent sharp decrease in the number of investigators on staff. At the close of FY 2024, the backlog stood at 6,532, whereas in May 2025 it stands at 13,274."[655]

The language access regulations and guidance discussed in this chapter demonstrate that HHS and USDA have historically provided federal funding recipients with detailed guidance about language access obligations. These efforts were spurred by E.O. 13166, the Food and Nutrition Act (in the case of SNAP), and Section 1557 of the ACA (in the case of health care). However, data from the SNAP Language Access Study, accounts of long timelines for addressing complaints to HHS, and understaffing at OCR suggest that enforcement of language access requirements could be improved. Chapter 4 will discuss the results of the Commission's content analysis of websites to better understand the extent to which state SNAP agencies and hospitals in a random sample of counties provide language access on their websites. Chapter 4 also discusses the results of the Commission's survey of community organizations to offer another lens through which to understand how social service agencies and hospitals are providing language access for individuals with LEP.

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[654] Ibid.
[655] U.S. Department of Health and Human Services, Budget Justification Fiscal Year 2026, https://www.hhs.gov/sites/default/files/fy-2026-gdm-cj.pdf.

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CHAPTER 4: Website Content Analysis & Community Organization Survey

There are multiple ways that governments can provide language access to LEP populations. In this study, we use a health lens to explore these decisions, using SNAP to focus on low income LEP populations and hospitals to include all LEP populations. These programs were selected to include the full spectrum of LEP populations. We rely on a mixed methods approach to interpret different types of data about LEP populations.[656] For the quantitative portion of the study, we investigated website translation as one way that LEP populations access these health services. Not everyone seeking to apply for SNAP or visit a hospital will use the internet for information. Still, websites provide applicants and patients with pertinent information regarding these services, so this is one method to understand how governments and hospitals provide information to LEP populations. For the qualitative portion of the study, we surveyed nonprofit organizations that provide services to LEP individuals to learn about specific successes and barriers different language speakers encounter in accessing federally funded services.

The purpose of this chapter is to explore the experiences of LEP populations in a sample of randomly selected U.S. counties. It is important to note that the content analysis of websites in this section is not meant to rebuke or commend specific governments or hospitals. Instead, it is intended to describe how these organizations approach providing language access resources on their websites. The quantitative data should be read as a point-in-time description because websites change over time for many reasons,[657] including evolving priorities[658] and shifts in languages spoken by U.S. residents.[659] Similarly, the qualitative data come from service providers who interact with LEP populations as they are uniquely situated to know about shifts in the composition and needs of LEP groups in counties. The evidence from nonprofit organizations is not intended to endorse the viewpoint or work of any specific organization.

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[656] Sami Almalki, "Integrating Quantitative and Qualitative Data in Mixed Methods Research–Challenges and Benefits," *Journal of Education and Learning*, 2016, vol. 5, no. 3, https://files.eric.ed.gov/fulltext/EJ1110464.pdf.
[657] Eytan Adar, Jaime Teevan, Susan T. Dumais, and Jonathan L. Elsas, "The Web Changes Everything: Understanding the Dynamics of Web Content," In *Proceedings of the Second ACM International Conference on Web Search and Data Mining*, 2009, pp. 282-291, https://dl.acm.org/doi/abs/10.1145/1498759.1498837.
[658] Seulki Lee-Geiller and Taejun David Lee, "Using Government Websites to Enhance Democratic E-Governance: A Conceptual Model for Evaluation," *Government Information Quarterly*, 2019, vol. 36, no. 2, https://www.sciencedirect.com/science/article/abs/pii/S0740624X18302752.
[659] Rubén G. Rumbaut and Douglas S. Massey, "Immigration & Language Diversity in the United States," *Daedalus*, 2013, vol. 142, no. 3, https://direct.mit.edu/daed/article/142/3/141/26991/Immigration-amp-Language-Diversity-in-the-United.

Research Approach

Sample

Counties are the level of geography that we use to explore the question of language access, as county governments are a major provider of social services,[660] and significantly fund community hospitals.[661] Though counties are all the same level of geography, they are diverse on multiple domains. This diversity includes region and urbanicity, which is a measure of population size, population density, and infrastructure.[662]

Figure 1.2 in Chapter 1 shows U.S. counties by the percentage of residents who are LEP using ACS five-year data from 2022. The vast majority of county populations (82%) are less than 5% LEP; there are 55 counties with no reported LEP residents. There is substantial regional variation in LEP populations, with high concentrations of LEP residents in California, Texas, Florida, and mid-Atlantic states. The map in Chapter 1, Figure 1.2, demonstrates that large cities tend to have high LEP populations, but some rural and suburban counties also have high LEP populations. The five counties with the highest proportion of LEP residents are rural and suburban counties in Texas (Maverick, Presidio, Hudspeth, Starr, Kenedy, and Webb).

Because counties are diverse on multiple domains, including LEP populations, we used a stratified random sampling technique. To create the county sampling frame, we merged multiple datasets, primarily using ACS five-year data from 2022. The strata for the sample are the percentage of the population (age 5+) that are LEP, the percent change in the foreign-born population between the 2010 and 2022 ACS five-year data, and urbanicity. We randomly selected 80 counties[663] from 3,128 U.S. counties for the sample.[664] See Appendix A for additional information about the datasets and sampling technique.

Characteristics of the sampled counties are shown below in Table 4.1 by urbanicity. The sample was selected to reflect the share of Americans who live in urban, suburban, and rural counties. The

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[660] Paige Kelly and Linda Lobao, "Whose Need Matters?: The Local Welfare State, Poverty, and Variation in US Counties' Social Service Provisioning," *Social Currents*, 2021, vol. 8, no. 6, https://journals.sagepub.com/doi/full/10.1177/23294965211047886.

[661] Nancy De Lew, George Greenberg, and Kraig Kinchen, "A Layman's Guide to the US Health Care System," *National Library of Medicine,* 1992, vol. 14, no. 1, https://pmc.ncbi.nlm.nih.gov/articles/PMC4193322; *see also* "Health and Hospital Expenditures," Urban Institute, https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/health-and-hospital-_expenditures.

[662] Centers for Disease Control, "2013 NCHS Urban-Rural Classification Scheme for Counties," National Center for Health Statistics, Apr. 2014, https://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf.

[663] In Virginia, 38 independent cities are counted by the Census as county-equivalents. *See* "The Voice of the Commonwealth's Counties," https://www.vaco.org/virginia-counties/.

[664] The sampling frame does not include all 3,143 counties in the U.S. because of changes in the number of counties and county boundaries over time in our merged final dataset. *See* "More Than Half of U.S. Counties Were Smaller in 2020 Than in 2010," Census Bureau, https://www.census.gov/library/stories/2021/08/more-than-half-of-united-states-counties-were-smaller-in-2020-than-in-2010.html.

National Center for Health Statistics' Urban-Rural classification scheme, merged with ACS 2022 five-year data, demonstrates that 31% of the population live in urban counties, 55% live in suburban counties, and 14% live in rural counties.[665] Though region was not used as a sampling stratum,[666] Table 4.1 shows that the sample of counties is regionally diverse, with 25% of the counties located in the Midwest, 16% in the Northeast, 43% in the South, and 16% in the West.

Table 4.1: Descriptive Statistics of Selected Counties, N=80

	Total	**Urban**	**Suburban**	**Rural**
N	80 (100.0%)	24 (30.0%)	44 (55.0%)	12 (15.0%)
Region				
Northeast	13 (16.3%)	6 (7.5%)	4 (5.0%)	3 (3.8%)
Midwest	20 (25.0%)	3 (3.8%)	13 (16.3%)	4 (5.0%)
South	34 (42.5%)	10 (12.5%)	21 (26. 3%)	3 (3.8%)
West	13 (16.3%)	5 (6. 3%)	6 (7.5%)	2 (2.5%)
Mean Population	652,598.8	1,884,266.8	150,339.2	30,881.2
% with a B.A. or Higher	31.9	41.4	28.6	24.7
% Below Poverty Level	12.1	11.6	12.3	12.5
% Foreign Born	9.9	22.0	4.9	4.0
% LEP	5.9	13.1	2.9	2.9
Race (%)				
Non-Hispanic White	70.4	45.6	79.9	84.9
Black	10.9	18.8	8.4	4.5
Latino	11.7	23.7	6.6	6.5
Asian	3.8	8.9	1.9	0.8
American Indian/Alaska Native	0.6	0.5	0.6	0.9
Hawaiian/Pacific Islander	0.1	0.2	0.1	0.1
Two or More Races	5.8	9.4	4.4	3.9
Other Race	4.0	8.6	2.0	1.9

Note: Variables were created using different ages based on the variables in specific datasets (see Appendix A, Table A.1). Percent foreign born is calculated using the whole population of a county, percent LEP is based on residents 5+, race percentages are calculated for residents 16+, percent under the poverty line is based on people 20-64, and percent with at least a bachelor's degree is based on residents aged 25-65.

[665] National Center for Health Statistics, "NCHS Urban-Rural Classification Scheme for Counties," https://www.cdc.gov/nchs/data-analysis-tools/Urban-Rural.html.

[666] While region is also important, we did not include region as a stratum in the sample because the number of groups, and therefore the sample size needed, grows multiplicatively with additional strata. However, after randomly selecting the sample, we checked to ensure that the resulting sample includes representation from each region.

Some characteristics of county residents vary by urbanicity. An average of 22% of urban county residents in this sample were born outside of the U.S. compared to 5% in suburban counties and 4% in rural counties. There is also a substantial difference in the share of LEP residents. In urban counties, 13% of residents speak English "less than very well"[667] compared to 3% in suburban and rural counties. Table 4.1 above shows that while urban county residents have higher educational attainment than suburban or rural county residents–41% compared to 29% and 25%, respectively, have a bachelor's degree or above–there are not major differences in the share of residents living below the poverty line (see Appendix A, Table A.3 for summary statistics of variables).[668] The racial composition of residents also varies by urbanicity. An average of 85% of rural residents are non-Hispanic White compared to 46% of urban residents. A higher share of non-White residents in all categories live in urban counties, with the exception of American Indian/Alaska Natives whose highest share is in rural counties. See Appendix A, Table A.2 for a full list of counties and their characteristics.

We also investigated hospital websites for this study because they receive federal funds. Most hospitals, however, are not administered through the federal government, with the exception of hospitals for specific populations, such as military veterans served by the Department of Veterans Affairs (VA).[669] Most hospitals in the U.S. are community hospitals that are organized at the local level and are open to the general public.[670] For this study, hospitals were selected within counties since counties are the unit of analysis. It is important to acknowledge, however, that people use various criteria when deciding which hospital to visit for medical needs and can get care at a hospital that is not in their county of residence.[671] People who live in areas with high population density–i.e., residents of urban or suburban counties–typically have far more hospital choices than people who live in rural counties.[672]

We used data from the Center for Medicare & Medicaid Services to locate hospitals within the sample counties.[673] We excluded specialty hospitals (e.g., psychiatric, VA, orthopedic) from the sampling frame. Not all counties in the sample have a hospital and some counties have multiple hospitals. We included all hospitals in counties with one, two, or three non-specialty hospitals (N=43). For counties with more than three non-specialty hospitals (N=27), we selected a random

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[667] LEP.gov, "Commonly Asked Questions," https://www.lep.gov/commonly-asked-questions (accessed May 21, 2025).
[668] We do not test for significant differences between groups.
[669] Jason B. Liu and Rachel R. Kelz, "Types of Hospitals in the United States," *JAMA Network*, 2018, vol. 320, no. 10, https://jamanetwork.com/journals/jama/fullarticle/2702148.
[670] De Lew, Greenberg, and Kinchen, "A Layman's Guide to the US Health Care System."
[671] Ryan J. Ellis, Tarik K. Yuce, Daniel B. Hewitt, Ryan P. Merkow, Christine V. Kinnier, Julie K. Johnson, and Karl Y. Bilimoria, "National Evaluation of Patient Preferences in Selecting Hospitals and Health Care Providers," *Medical Care*, 2020, vol. 58, no. 10, https://pmc.ncbi.nlm.nih.gov/articles/PMC7492361/.
[672] U.S. Government Accountability Office, "Why Health Care Is Harder to Access in Rural America," May 6, 2023, https://www.gao.gov/blog/why-health-care-harder-access-rural-america.
[673] Center for Medicare & Medicaid Services, "Hospital General Information," https://data.cms.gov/provider-data/dataset/xubh-q36u.

sample of three. In counties without a hospital (N=10), we used the nearest hospital using the hospital finder on medicare.gov.[674] Because counties can contain multiple zip codes, we used the zip code of the county seat, recognizing that the hospital in the sample will not be the closest for all county residents. There are 153 hospitals in the final sample.[675] Of the 80 counties in the sample, 36 have one hospital, 14 have two hospitals, and 30 have three hospitals.[676] See Appendix A, Table A.5 for a full list of hospitals by county.

LEP Language Data and Method

To determine how governments and hospitals provide language access to their LEP populations on websites, it is necessary to first know which languages are spoken by LEP residents in the sampled counties. We used ACS data to capture the top three languages spoken by the LEP population in each county in the sample (see Appendix A for more information about the data for LEP languages). Table 4.2 below shows the number of counties in the sample for which each language was the most spoken, second most spoken, and third most spoken by LEP populations in the county. Spanish is in the top three most common languages spoken by LEP populations in 76 of the 80 sampled counties (95%). In the vast majority of these counties (88%), Spanish is the top language spoken by LEP individuals. However, as Table 4.2 below shows, there is variety in the second and third most common languages spoken in the sampled counties. Whereas there are only seven languages that are the most spoken language for LEP populations, there are 19 second most common languages and 27 third most common languages. Chinese speakers comprise the largest share of LEP languages for the second (23%) and third (18%) most common languages, followed by Vietnamese (13% second most common, 11% third most common).

Table 4.2: Number of Sample Counties for Which Each Language is in the Top Three Most Common Among the LEP Population, N=80

	1st Most Spoken	2nd Most Spoken	3rd Most Spoken
African Languages		5	1
Arabic		1	5
Cambodian			1
Chinese	2	18	14
French	2	3	1
French Creole/Haitian		4	4
German	3	5	5
Gujarati			1
Hebrew			1

[674] Medicare.gov, "Find Hospitals Near Me," https://www.medicare.gov/care-compare/?providerType=Hospital.
[675] This omits the second instance of Wellstar West Georgia Medical Center, which is in the sample twice because it is the closest hospital to the county seat of Heard County, GA, which does not have its own hospital.
[676] There are multiple hospitals in the final sample with the same parent group because each hospital was included in the sampling frame regardless of its parent group.

Hungarian			1
Italian		1	4
Japanese			2
Korean		2	4
Polish		2	2
Portuguese		4	2
Russian		2	1
Scandinavian Languages			1
Serbo-Croatian		2	
Spanish	70	6	
Tagalog		3	6
Thai		2	1
Urdu			1
Vietnamese		10	9
Other Asian		2	5
Other Germanic	1		1
Other Indic	1	4	2
Other Indo-European			1
Other Native American	1		1
Other Pacific Island		3	
Other Slavic			2

Note: The 2nd and 3rd rank columns sum to 79 because Appomattox, VA has just one reported language spoken by its LEP population.

It is important to note that the share of people who speak one of the top three LEP languages varies substantially across counties. The variable measuring the percentage of the population that is LEP is not normally distributed;[677] 65% of sample counties have a population that is less than 5% LEP. Table 4.3, below, shows the minimum, maximum, and mean percentage of LEP residents by urbanicity. Urban counties have a higher percentage of LEP populations than suburban or rural counties for the first, second, and third most spoken languages. In this sample, Miami-Dade has the highest share of LEP residents who speak the most common LEP language at 34%. Miami-Dade is a large, urban county with over two million residents. In Kern County, CA, 16% of residents speak the most common LEP language, which is the highest share in suburban counties.[678] Kern County, an agricultural producer, has 900,000 residents.[679] Hood River County, Oregon, also an agricultural producer, has the highest share of LEP residents who speak the most common LEP language for rural counties at 14%.

[677] Summary statistics of key variables are shown in Appendix A, Table A.3.
[678] For most counties, including Kern County, ACS 2015 5-Year data were used for the top three languages whereas 2022 ACS 5-Year data were used for the total LEP population. See Appendix Table A.1.
[679] CA Grown Blog, "Kern County: Part of California's Ag Heartland," https://californiagrown.org/blog/kern-county/.

Table 4.3: Percentage of Top Languages Spoken in Sample Counties, N=80

	Total	Urban	Suburban	Rural
1st Most Spoken				
Mean	3.92	8.66	1.77	2.32
Min – Max	0.06 – 31.68	0.48 – 31.68	0.06 – 15.99	0.10 – 13.78
2nd Most Spoken				
Mean	0.54	1.16	0.28	0.23
Min – Max	0.05 – 4.97	0.23 – 4.97	0.05 – 1.22	0.08 – 0.46
3rd Most Spoken				
Mean	0.29	0.62	0.16	0.09
Min – Max	0.01 – 1.20	0.17 – 1.20	0.01 – 0.60	0.03 – 0.24

Note: There are 79 counties for 2nd and 3rd most spoken languages because Appomattox, VA only has one LEP language.

The primary quantitative data for this study come from a content analysis of websites from the sampled counties.[680] We analyzed translation capabilities of SNAP and hospital websites to serve as a proxy for gauging LEP individuals' access to social safety programs and health care. Because county residents apply for SNAP benefits through the state, we analyzed both county websites and state SNAP websites in the states where the counties are located. We included both levels–county and state–because governments at different levels may make different decisions about how to serve LEP populations. On the one hand, county websites might offer website translation and/or translated language assistance information in languages that closely match those of county residents because they are more proximate to those populations. On the other hand, counties have fewer resources than states and may have a smaller share of LEP residents than the state overall, so they might not prioritize translation on their websites. We also analyzed hospital websites for the final sample of hospitals, which are shown in Appendix Table A.5.

As with any content analysis, it is critical to use sound sampling, clear measures, and consistent techniques to produce reliable results.[681] Therefore, to maintain consistency between counties, we analyzed translations available on the homepage because a person with limited English proficiency might start their search for social services on their county website. We maintained that consistency for hospital websites, so we used the homepage for hospital websites as well. For state SNAP websites, we used the page closest to the page where users log in to apply for/access benefits to approximate how users might interface with the SNAP websites.

[680] Content analysis can be a qualitative or quantitative method. Our approach is quantitative. *See* Howard Lune and Bruce L. Berg, *Qualitative Research Methods for the Social Sciences* (Pearson, 2017).
[681] Klaus Krippendorff, *Content Analysis: An Introduction to its Methodology* (Sage Publications, 2018).

Language Access Measures

We measured language access on websites both by website translation and by other language resources, such as phone numbers to call for interpretation. The coding process for each website began by looking for information about translation written in English or for text in languages other than English. We measured website translation in two ways. The first measure captured whether the website contains languages embedded that translate its contents into a language or languages other than English. We collected data on whether the website could automatically be translated into another language, how many languages, and the exact languages (if fewer than 15).

The second measure of website translation is whether the website is linked to a machine translation (MT) web application, such as Google Translate. Though MT is a common translation strategy for people without a strong grasp of a language, such as immigrants and travelers,[682] we measured it separately than embedded website translation due to its limitations.[683] Whereas embedded translations should always translate the website, MT might not work on certain versions of browsers, or it might not be accessible when users are unable to modify pop-up blockers, such as on work computers or computers at a public library.[684] For websites with translations, we collected data on whether the other languages are embedded, linked through MT, or both. Because MT can look like it is embedded, we visited and coded websites twice: once using browsers with pop-up blockers and once using browsers without pop-up blockers.

We also captured if there are language access resources available other than website translations. This variable includes whether there is a number to call for language assistance with text written in English, a number to call with text written in one or more non-English languages, a nondiscrimination or language assistance statement in English only without a phone number, or a nondiscrimination or language assistance statement in multiple languages without a phone number. We included an "other" code for this variable to capture any resources outside of these categories.

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[682] Daniel J. Liebling, Michal Lahav, Abigail Evans, Aaron Donsbach, Jess Holbrook, Boris Smus, and Lindsey Boran, "Unmet Needs and Opportunities for Mobile Translation AI," In *Proceedings of the 2020 CHI Conference on Human Factors In Computing Systems*, 2020, https://dl.acm.org/doi/pdf/10.1145/3313831.3376261.

[683] For this study we were not concerned about the accuracy of Google Translate compared to embedded translations because we do not know that MT was not also used for websites with embedded translations. There is evidence that MT is not fully accurate, which is particularly important in high stakes settings, such as accessing medical care or legal needs. *See* Lucas Nunes Vieira, Minako O'Hagan, and Carol O'Sullivan, "Understanding the Societal Impacts of Machine Translation: A Critical Review of the Literature on Medical and Legal Use Cases," *Information, Communication & Society*, 2021, vol. 24, no. 11, https://www.tandfonline.com/doi/full/10.1080/1369118X.2020.1776370.

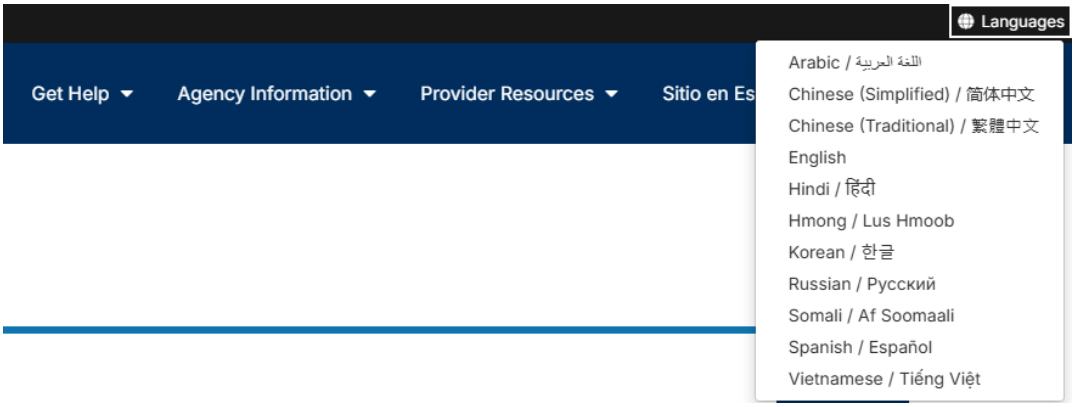
[684] *See e.g.*, Anuj C. Desai, "Filters and Federalism: Public Library Internet Access, Local Control, and the Federal Spending Power," *U. Pa. J. Const. L.*, 2004, vol. 7, https://scholarship.law.upenn.edu/cgi/viewcontent.cgi?article=1296&context=jcl.

Quantitative Results

State SNAP Websites

As discussed above, we used a stratified random sampling technique to select 80 counties that are representative of all U.S. counties in terms of the population (age 5+) that are LEP, the percent change in the foreign-born population between 2010 and 2022, and urbanicity. These 80 counties are located in 31 states. Table 4.4 shows a variety of decisions states make about language access on their SNAP websites. Approximately 13% of state SNAP websites in this sample do not provide translation as they do not have languages embedded that translate the website or link to MT.[685] The same share, 13%, provide embedded translation of at least one language other than English. Embedded translations are often presented in a dropdown menu, typically at the top of a webpage, or with buttons indicating translation to a specific language (e.g., "*En Español*"). An example of a state SNAP website with a dropdown menu is shown below in Figure 4.1 and an example of a state SNAP website with a translation button is shown below in Figure 4.2.

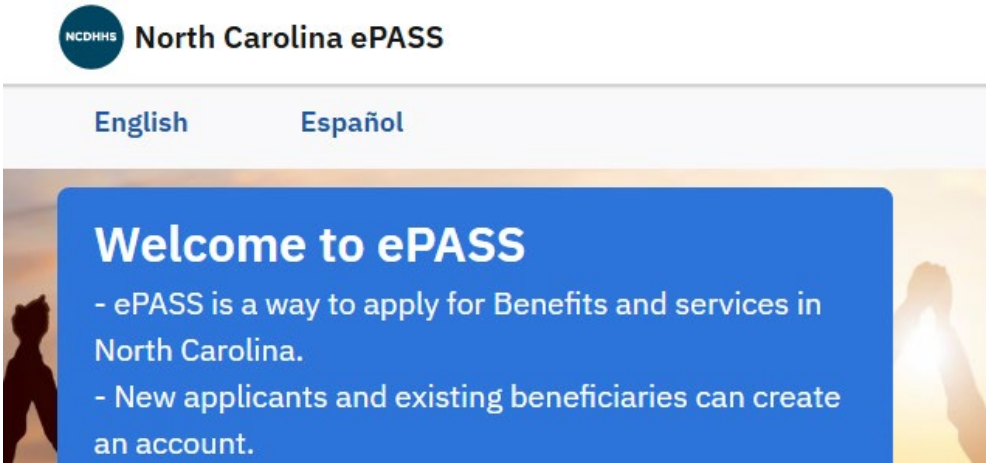
Figure 4.1: Example of a Website Dropdown Menu, Oregon



Source: Oregon Department of Human Services, "SNAP Food Benefits," https://www.oregon.gov/odhs/food/pages/snap.aspx (accessed Dec. 15, 2025).

[685] In this study we collected data on whether Google Translate or other MT services are linked to specific websites. It is possible for some users to translate websites even if the website is not linked by visiting the Google Translate website, then clicking on websites. *See* "Google Translate Help," https://support.google.com/translate/answer/2534559?hl=en&co=GENIE.Platform%3DDesktop.

Figure 4.2: Example of a Website Translation Button, North Carolina



Source: North Carolina ePASS, https://epass.nc.gov/ (accessed Dec. 15, 2025).

In some cases, it is only clear that language translation is embedded or provided through MT when viewing the same website with and without pop-up blockers. With pop-up blockers, a dropdown menu might show languages for translation but will not translate into those languages if linked through MT. In this sample, 100% of embedded languages that could be translated were presented in that language instead of in English (e.g., "*Tiếng Việt*" instead of "Vietnamese"). For websites with embedded translation in just one language, 45% of the sample of states, that one language is always Spanish.

Table 4.4: Characteristics of State SNAP Websites, N=31

	Mean/Percent
Translation Tool	
None	12.9%
Embedded	12.9%
Machine Translation	19.4%
Embedded & MT	54.8%
Embedded Website Translation Languages	
0	32.3%
1	45.2%
2-10	9.7%
More than 10	12.9%
Mean Embedded Website Translations	3.1
Mean Embedded Website Translations if Any (N=21)	4.5
Spanish Only Overall	45.2%
Spanish if Only One Embedded (N=14)	100.0%
Additional Language Resources	
None	38.7%

English Only Statement	3.2%
Other Language(s) Statement	3.2%
English Only Phone Number	9.7%
Other Language(s) Phone Number	45.2%
Other Resource	0.0%
Resource in Non-English Languages	
0	51.6%
1	3.2%
2-10	6.5%
More than 10	38.7%
Mean Languages for Non-English Resources	8.1
Mean Languages for Non-English Resources if Any (N=15)	16.7

Approximately one in five state SNAP websites in this sample use only MT to provide translation (Table 4.4 above). We distinguish between embedded translation and linked MT because embedded translations should consistently translate the website whereas MT might not translate depending on the version of the browser used and pop-up restrictions. The majority of states in this sample (55%) have both embedded language translation and linked MT on their SNAP websites at the time data were collected. Whereas embedded translations in this sample are presented in the language of translation, MT menus are often written in English (e.g., "German" not "*Deutsch*"). One common feature that underscores how MT makes a website theoretically translatable instead of consistently functionally translatable is that many websites with both embedded translation and MT only open MT when the option for Spanish translation is clicked. For instance, shown in Figure 4.3 below, Georgia's SNAP website has a button at the top that reads, "*¿Habla Español*?"[686] When clicked, the website content is translated into Spanish. Additionally, clicking the button opens Google Translate, which allows the website to be translated into hundreds of languages. This means that an LEP person in Georgia who does not speak Spanish would have to know that clicking on a button in Spanish could provide access to their own language, which might not be intuitive.

[686] Georgia Gateway, https://gateway.ga.gov/access/ (accessed Dec. 15, 2025).

Figure 4.3: Example of a Website Translation Button to Machine Translation, Georgia

a. Example of Spanish translation button

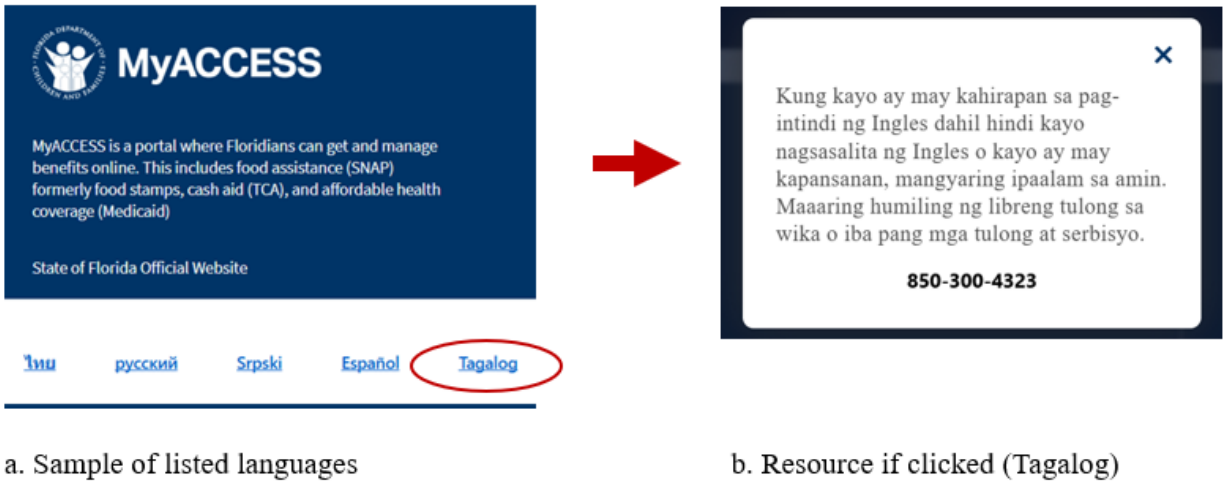
b. Google Translate pop-up after clicking "*¿Habla Español*?"

Source: Georgia Gateway, https://gateway.ga.gov/access/ (accessed Dec. 15, 2025).

The other way that websites can provide language access for LEP populations is through resources other than translation. These resources are often found at the bottom of the webpage as buttons in non-English languages. The most common type of resource on state SNAP websites is a statement in non-English languages with a number to call (45%; see Table 4.4. above).[687] For instance, on Florida's portal to benefits, there are 16 languages written in those languages at the bottom of the webpage. Clicking on any of those languages brings up the following message, written in that language: "If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323."[688] The example of Florida is shown below in Figure 4.4. While this study did not assess the outcome of calls made to the listed number, these are coded as a resource because they provide an initial pathway for users who cannot fully understand the website's content.

[687] Some resources are difficult to find on websites. Though multiple coders checked each website, it is possible that there are some language resources available on websites that were missed. The results should be read as estimates of the landscape of website resources instead of as precise statistics.
[688] Florida Department of Children and Families, "Welcome to MyACCESS," https:/ /myaccess.myflfamilies.com/ (accessed Dec. 15, 2025).

Figure 4.4: Example of a Website Language Resource, Florida

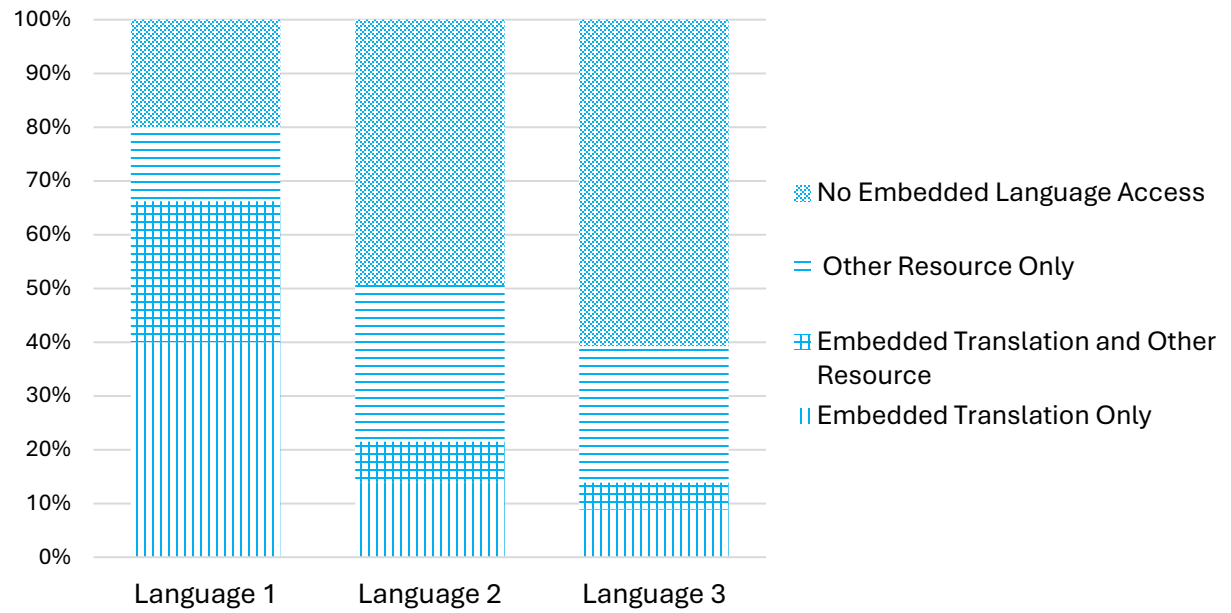


a. Sample of listed languages b. Resource if clicked (Tagalog)

Source: Florida Department of Children and Families, "Welcome to MyACCESS," https://myaccess.myflfamilies.com/ (accessed Dec. 15, 2025).

We also used state-level SNAP websites to investigate whether there are language access resources provided for the three most common languages spoken by LEP populations in the sample counties. Because we measured language at the county-level for this study, Figures 4.5 and 4.6 below show the language resources available on the state SNAP website for the top three LEP languages in the 80 sampled counties. We separate embedded resources from translations that include MT because, as discussed above, embedded resources work on all browsers and are sometimes more intuitive for LEP individuals to find on the website. Figure 4.5 below shows embedded language resources, including translation and additional resources in that language. As the figure shows, embedded resources are the most common for the top language spoken by LEP populations on SNAP websites, with 80% of sampled counties having embedded translation in the top LEP language, a resource in the top LEP language, or both. Comparatively, websites have fewer embedded language translations, embedded resources, or both for the second and third most common LEP languages in that county (approximately 51% and 39%, respectively). Websites providing resources other than translation (e.g., phone lines) are more common than embedded translations for the second and third most common languages in counties on their state's SNAP websites.

Figure 4.5: Embedded Language Access Resources on State SNAP Websites by Top Three LEP Languages in Sampled Counties, N=80

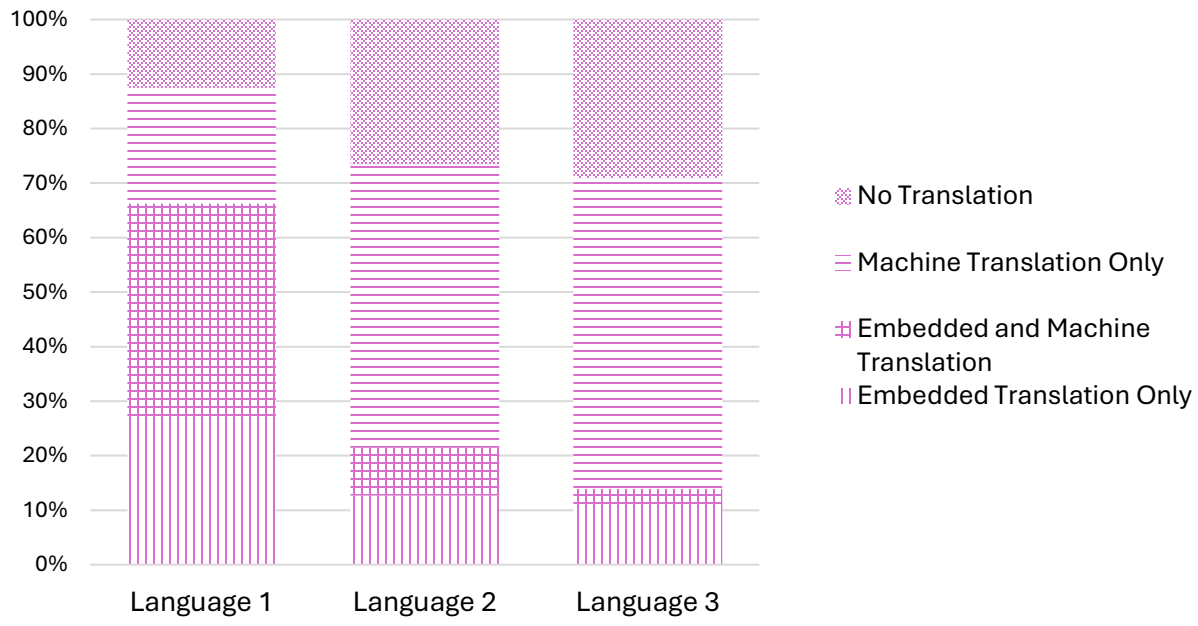


Another way to measure language access on websites is through translations, including those that use MT. Whereas Figure 4.5 above shows language access through embedded translations and other embedded language resources, Figure 4.6 below shows language translation for the top three languages in counties on state SNAP websites through embedded translation and access to translation through MT. As with embedded resources, the top spoken LEP languages in the sample counties have the most translation access on state SNAP websites compared to the second and third most common languages. For the top language, 88% of counties have embedded translation, linked MT, or both on their state's SNAP website. For the next most common languages, just over 70% of counties have a translation option. For the second and third most common LEP languages, access to translation is largely through MT, which is much more common than embedded translation on state SNAP websites. While MT is a common resource for language learning,[689] MT is not always accurate (see Chapter 1).[690] Some websites provide a disclaimer about MT accuracy for translation. Out of the 31 states in our sample, three SNAP websites include a translation accuracy disclaimer. Moreover, MT can theoretically translate websites but might not be available to all users depending on their browser and/or if they are using a network or computer that blocks certain websites. Even if available to a user, MT may not always be intuitive to find on a website,

[689] Vahid Reza Mirzaeian and Katayoun Oskoui, "Google Translate in Foreign Language Learning: A Systematic Review," *Applied Research on English Language*, 2023, vol. 12, no. 2, https://are.ui.ac.ir/article_27218.html.
[690] *See e.g.,* Sumant Patil and Patrick Davies, "Use of Google Translate in Medical Communication: Evaluation of Accuracy," *BMJ*, 2014, vol. 349, https://www.bmj.com/content/349/bmj.g7392.full; Breena R. Taira, Vanessa Kreger, Aristides Orue, and Lisa C. Diamond, "A Pragmatic Assessment of Google Translate for Emergency Department Instructions," *Journal of General Internal Medicine*, 2021, vol. 36, no. 11, https://doi.org/10.1007/s11606-021-06666-z; *supra* notes 296-311 (discussing machine translation).

such as when the user must click on a translation in a language different from their own (i.e., Spanish) in order for the MT to pop up and offer additional languages. For instance, someone who speaks Chinese might have to click on a button in Spanish to access MT for Chinese.

Figure 4.6: Language Translations on State SNAP Websites by Top Three LEP Languages in Sampled Counties, N=80



This analysis reveals that a majority of LEP residents who speak the most common language in the sampled counties have access to some form of resource in their language on their state SNAP website (see Figures 4.5 and 4.6). This language access decreases for the second and third most commonly spoken LEP languages. However, the reduced access for second and third LEP languages could reflect the smaller share of residents who speak those languages (see Table 4.3).

County Websites

We conducted the same content analysis using county homepages as another avenue for assessing information about access to social safety net programs. As with state SNAP websites, we investigated how counties provide language access to their LEP residents. Each of the 80 sampled counties has a website. There is heterogeneity in the type and volume of information available on county websites, which is unsurprising given the diversity of counties in the sample. For instance, Los Angeles, CA had 9,735,169 residents in 2022[691] compared to Lincoln County, Minnesota, which had just 5,434 residents.[692] Table 4.5, below, shows decisions about language access

[691] Los Angeles County, California, https://lacounty.gov/.
[692] Lincoln County, Minnesota, https://www.co.lincoln.mn.us/.

resources on county websites. In contrast to state SNAP websites, most county websites (53%) do not have translation on their websites (embedded or linked to MT). The next largest share, 44% of counties, have linked MT available on their websites, but no embedded translation. Only about 4% of counties have any embedded translation available, and all of these counties also link to MT for additional languages. Of the counties with any translation available (N=38), approximately one third indicate the translation in the language to be translated (e.g., "*Kreyòl*") and two thirds indicate the translated language in English (e.g., "Creole"). The vast majority of county websites do not provide additional resources about language access (95%). Of those that have additional resources, only two provide that information in a language other than English. Though sometimes challenging to find on county websites, 41% of county websites link to their state's SNAP website.

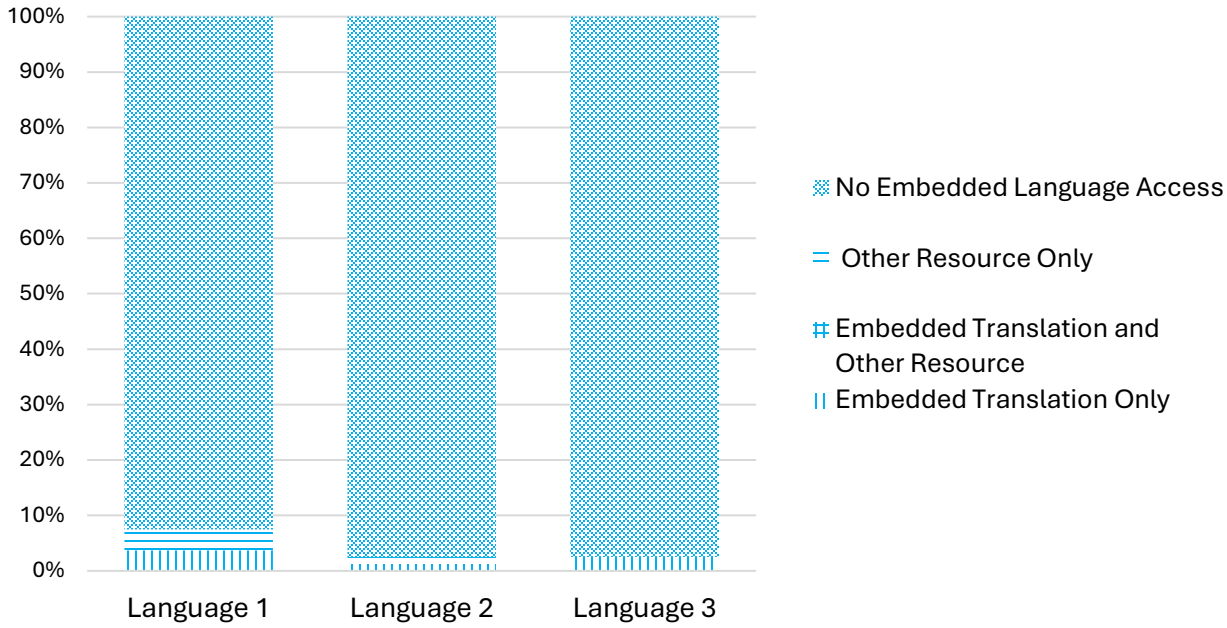
Table 4.5: Characteristics of County Websites, N=80

	Mean/Percent
Translation Tool	
None	52.5%
Embedded	0.0%
Machine Translation	43.8%
Embedded & MT	3.8%
Embedded Website Translation Languages	
0	96.3%
1	1.3%
2-10	1.3%
More than 10	1.3%
Mean Embedded Website Translations	0.3
Mean Embedded Website Translations if Any (N=3)	7.7
Spanish Only Overall	1.3%
Spanish if Only One Embedded (N=1)	100.0%
Additional Language Resources	
None	95.0%
English Only Statement	0.0%
Other Language(s) Statement	1.3%
English Only Phone Number	1.3%
Other Language(s) Phone Number	0.0%
Other Resource	2.5%
Resource in Non-English Languages	
0	96.3%
1	3.8%
2-10	0.0%
More than 10	0.0%
Mean Languages for Non-English Resources	0.04

Mean Languages for Non-English Resources if Any (N=3)	1.0

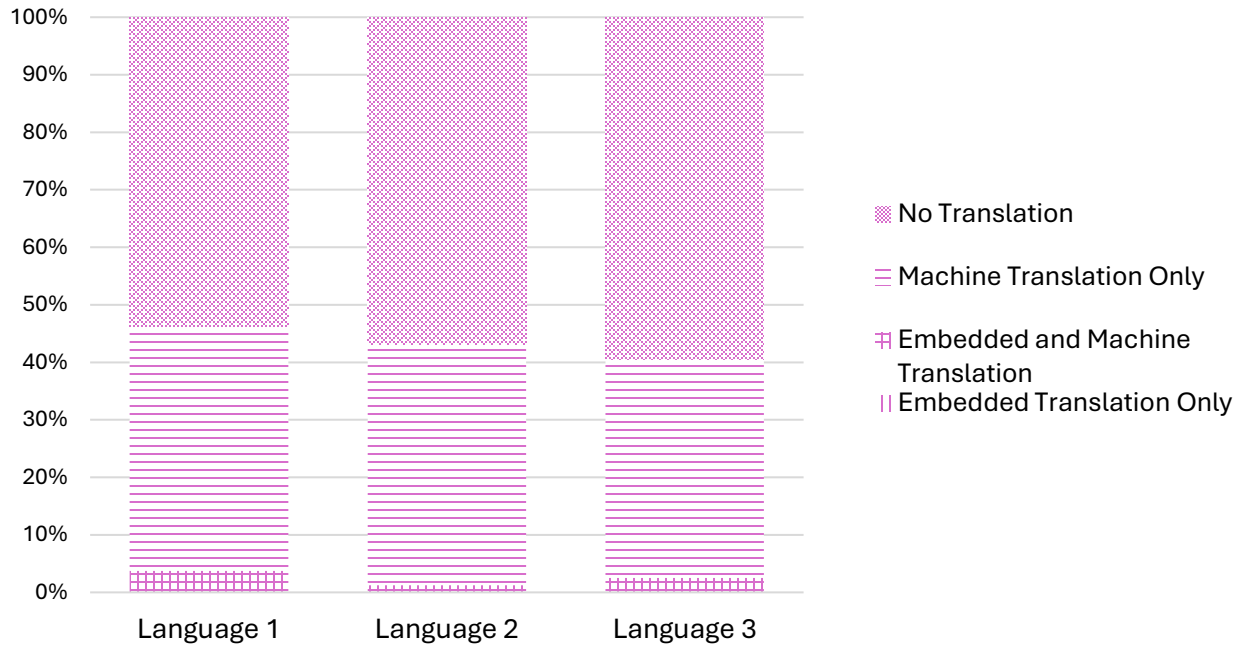
As with state SNAP application websites, we investigated whether counties provide language access resources for the top three most common LEP languages. Figure 4.7 below shows embedded language resources, including translation and additional resources in that language. Unlike state SNAP websites, county websites do not have a notable decrease in embedded resources from the top to the next two most common LEP languages. Fewer than 10% of sampled counties have embedded translation in the top language, a resource in the top language, or both. Fewer than 5% of counties have embedded translation and/or resources for the second and third most common LEP languages.

Figure 4.7: Embedded Language Access Resources on County Websites by Top Three LEP Languages, N=80



Below, Figure 4.8 shows website translation through embedded translation, link to MT, or both. Between 40-46% of counties in the sample do not have any translation for the top three languages spoken by their LEP population. When translation is available on county websites it is overwhelmingly MT. While MT can be helpful since it theoretically provides translation in many languages, as mentioned previously, MT may not be completely accurate or accessible to all users. Only six out of 80 counties include any disclaimer on their website about translation accuracy.

Figure 4.8: Language Translations on County Websites by Top Three LEP Languages in Sampled Counties, N=80



Overall, county websites provide less language access for LEP populations compared to state SNAP websites. There could be important distinctions in how different types of counties provide language access to their residents, however; Table 4.6 below shows county website translation tools by urbanicity. The results indicate that urban counties provide more website translation compared to their suburban and especially rural counterparts. While 13% of urban counties in this sample do not provide any website translation through embedded translation or linked MT, just over 83% of rural counties do not provide any website translation. These results, however, should be interpreted with caution since we did not conduct tests of statistical significance and there are only 12 rural counties in the sample.

Table 4.6: County Website Translation Tool by Urbanicity, N=80

	Urban	**Suburban**	**Rural**
Embedded Translation	0.0%	0.0%	0.0%
Embedded and Machine Translation	12.5%	0.0%	0.0%
Machine Translation	75.0%	34.1%	16.7%
No Website Translation	12.5%	65.9%	83.3%
Total	100.0% (N=24)	100.0% (N=44)	100.0% (N=12)

On average, urban counties have a higher percentage of LEP residents than rural counties (see Table 4.1), but urbanicity and percentage of LEP residents are not perfectly correlated. Therefore, another way to compare counties is by the percentage of their population that is LEP. Table 4.7 below shows county website translation tools by percentage of the population that is LEP. The LEP percentage is presented as a categorical variable in thirds (see Appendix A for further explanation). It appears that counties are responsive to how many of their residents are LEP, as counties in this sample with higher LEP populations provide more website translation than those with low LEP populations. As previously stated, very few county websites have any embedded translation. However, 68% of counties with high LEP populations are linked to MT compared to just 11% of counties with low LEP populations.

Table 4.7: County Website Translation Tool by LEP Category, N=80

	High LEP	**Medium LEP**	**Low LEP**
Embedded Translation	0.0%	0.0%	0.0%
Embedded and Machine Translation	7.3%	0.0%	0.0%
Machine Translation	61.0%	40.0%	10.5%
No Website Translation	31.7%	60.0%	89.5%
Total	100.0% (N=41)	100.0% (N=20)	100.0% (N=19)

Language resources other than translations available on county websites might also vary by county type. Table 4.8 below shows county website resources by urbanicity. Unlike website translation, there is not much variation between urban, suburban, and rural counties in language resources on their websites, primarily because most do not have any additional language resources. In this sample, there are no rural counties with additional language resources on their websites. Approximately 92% of urban counties and 96% of suburban counties also do not have any additional resources.

Table 4.8: County Website Resources by Urbanicity, N=80

	Urban	**Suburban**	**Rural**
None	91.7%	95.5%	100.0%
English Only Statement	0.0%	0.0%	0.0%
Other Language(s) Statement	0.0%	2.3%	0.0%
English Only Phone Number	4.2%	0.0%	0.0%
Other Language(s) Phone Number	0.0%	0.0%	0.0%
Other Resource	4.2%	2.3%	0.0%
Total	100.0% (N=24)	100.0% (N=44)	100.0% (N=12)

There is also no notable variation in website language resources by percentage of the county that is LEP. Table 4.9 below shows that, like rural counties, 100% of counties in the lowest third of LEP populations do not have any language resources on their websites. For medium and high LEP counties, 90% and 95%, respectively, do not have additional language resources on their websites.

Table 4.9: County Website Resources by LEP Category, N=80

	High LEP	Medium LEP	Low LEP
None	95.1%	90.0%	100.0%
English Only Statement	0.0%	0.0%	0.0%
Other Language(s) Statement	0.0%	5.0%	0.0%
English Only Phone Number	2.4%	0.0%	0.0%
Other Language(s) Phone Number	0.0%	0.0%	0.0%
Other Resource	2.4%	5.0%	0.0%
Total	100.0% (N=41)	100.0% (N=20)	100.0% (N=19)

Though counties are more proximate to their residents than states, county websites in this sample provide fewer embedded translations, links to MT for translation, and non-English language resources than state SNAP websites. Governments at all levels, including counties,[693] use websites to provide services to residents. This study shows that not all government websites are equally accessible to all residents. In this sample, state SNAP websites provide greater access to language resources than county websites for LEP individuals who are seeking food assistance.

Hospitals

The final set of websites that we analyzed from our 80 counties were hospital homepages. We investigated website translation and additional language resources on 153 hospital websites from the sampled counties.[694] The full list of hospitals is shown in Appendix A, Table A.5. Language access on hospital websites might be distinct from state and county websites because, as discussed in Chapters 2 and 3, Section 1557 of the Affordable Care Act prohibits discrimination in health programs that receive federal funds, such as through Medicare & Medicaid.[695] HHS regulations implementing Section 1557 require that hospitals "provide meaningful access to each individual

[693] *See e.g.*, Aroon Manoharan, "A Study of the Determinants of County E-Government in the United States," *American Review of Public Administration*, 2013, vol. 43, no. 2, https://journals.sagepub.com/doi/full/10.1177/0275074012437876.
[694] Wellstar West Georgia Medical Center is included in the final dataset of hospitals twice because it is the closest hospital to the county seat of Heard, GA, which does not have its own hospital. Analyses of hospital websites without regard to the county in which it is embedded only include this hospital once, for a total of 153 hospitals.
[695] Patient Protection and Affordable Care Act, Pub. L. 111-148, 124 Stat. 260, § 1557 (codified as 42 U.S.C. § 18116).

with LEP,"[696] so hospital websites might prioritize language access differently than state and county government websites.

Below, Table 4.10 shows language access resources on hospital websites. One main conclusion from this analysis is that few hospital websites in this sample offer website translation but commonly provide additional language resources (e.g., phone numbers for translation services). Approximately 18% of hospital websites provide any website translation; 7% of websites only provide translation through MT. When there is embedded translation on hospital websites, it is most common to have just one embedded language (10%). For all hospitals in this sample with one embedded website translation, that translation is for Spanish.

Table 4.10: Characteristics of Hospital Websites, N=153

	Mean/Percent
Translation Tool	
None	81.7%
Embedded	3.3%
Machine Translation	7.2%
Embedded & MT	7.8%
Embedded Website Translation Languages	
0	88.9%
1	9.8%
2-10	1.3%
More than 10	0.0%
Mean Embedded Website Translations	0.1
Mean Embedded Website Translations if Any (N=17)	1.2
Spanish Only Overall	9.8%
Spanish if Only One Embedded (N=15)	100.0%
Additional Language Resources	
None	12.4%
English Only Statement	11.1%
Other Language(s) Statement	19.6%
English Only Phone Number	5.2%
Other Language(s) Phone Number	49.0%
Other Resource	2.6%
Resource in Non-English Languages	
0	28.8%
1	3.3%

[696] Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37522, 37699 (May 6, 2024). https://www.govinfo.gov/content/pkg/FR-2024-05-06/pdf/2024-08711.pdf.

2-10	2.6%
More than 10	65.4%
Mean Languages for Non-English Resources	14.2
Mean Languages for Non-English Resources if Any (N=15)	19.9

The vast majority of hospital websites have a resource that mentions language access (88%). Most of these are provided by a link to their nondiscrimination policies. Resources about language access vary in their accessibility. In this sample, 11% of hospitals provide a statement about language access that is only in English, and another 5% provide a statement with an accompanying phone number that is only in English. For LEP individuals, locating and reading a statement in English might not be possible, functionally leaving them without necessary information about how to access care in their own language.

There is also a range of language access for the 69% of hospitals that provide a statement or a statement with a phone number in language(s) other than English. It is common for hospitals that have languages other than English available on their websites to first require users to navigate multiple English-only pages to find them. For instance, Barnesville Hospital in Belmont, OH has a PDF telling visitors that they can request a translator in 16 non-English languages.[697] In order to find that PDF, however, visitors must click on the "Patients & Visitors" tab, scroll to the bottom of the page to find the "Non-discrimination and Accessibility Notice," click that link, then click the "Free language services" link. Because all of the pages prior to the translation PDF are in English, it might be difficult for an LEP individual to find any information in their language. On the other hand, some hospital websites have non-English language resources on their homepage. For instance, CarolinaEast Medical Center in Pamlico County, NC has 15 non-English languages, written in that language (e.g., "日本語" instead of "Japanese"), at the bottom of the homepage.[698] These links bring the user to a PDF with a nondiscrimination statement in these 15 languages with a phone number to call for free language assistance services.[699]

Because hospitals are located in counties, we also investigated whether hospitals provide language access resources for the top three most common LEP languages within their county. Figure 4.9 (below) shows embedded language resources, including website translation and additional resources in that language. Seventy percent of hospital websites in our sample have at least one resource in the first most common LEP language in their county. The share is not much smaller for the second and third most common LEP languages; approximately 60% of hospitals have resources in both the second and third most common languages. These resources are primarily

[697] WVU Medicine, "Notice of Non-discrimination," https://wvumedicine.org/wp-content/uploads/2020/06/Request-a-translator.pdf.
[698] CarolinaEast Health System, https://www.carolinaeasthealth.com/.
[699] CarolinaEast Health System, "Discrimination is Against the Law," https://res.cloudinary.com/dpmykpsih/image/upload/carolinaeast-site-282/media/1453/carolinaeast-notice-of-non-discrimination.pdf.

those other than embedded website translation, such as PDFs with nondiscrimination statements in languages other than English.

Figure 4.9: Embedded Language Access Resources on Hospital Websites by Top Three LEP Languages, N=154

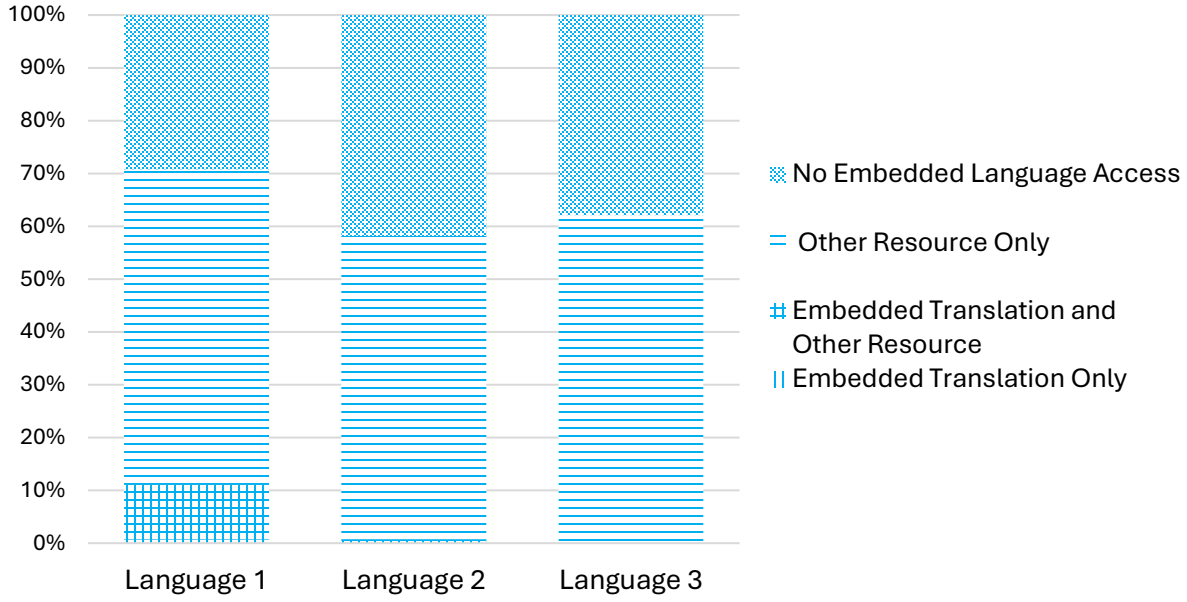
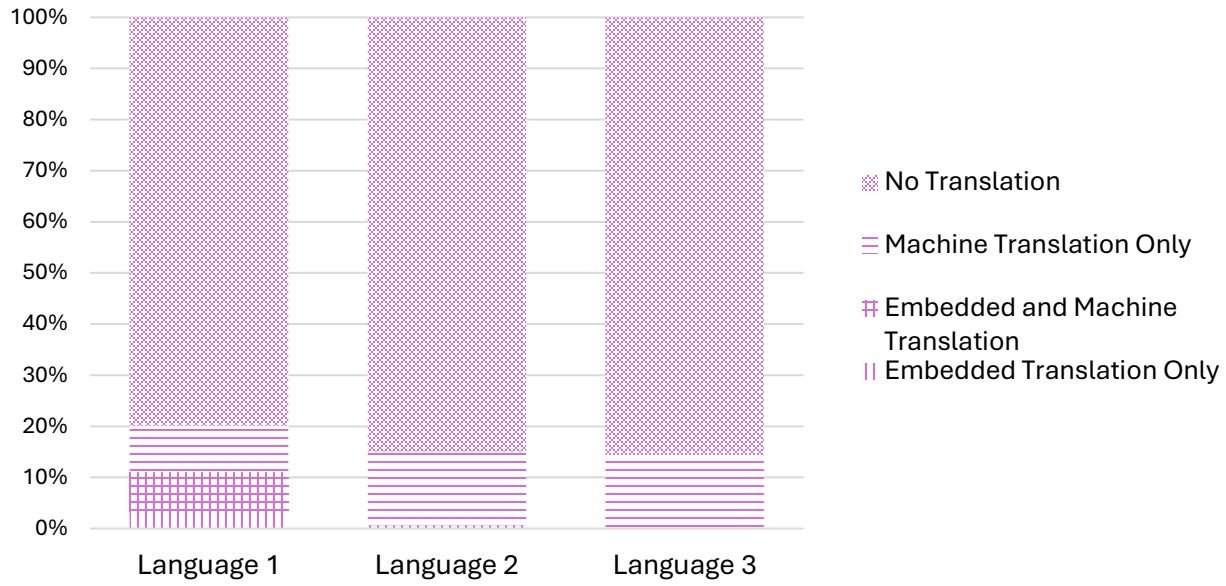


Figure 4.10 below shows website translation through embedded translation, link to MT, or both. Any type of website translation is much less common for hospital websites compared to state SNAP websites or county websites. Fewer than 20% of hospital websites in the sample have any translation for the top three LEP languages. For the most common LEP language, approximately half of the 20% of hospitals with translatable websites have embedded translation in that language. On the other hand, only one hospital has embedded translation for the second most common LEP language and no hospital has embedded translation for the third most common LEP language. Even linked MT is relatively rare, with only about 15% of websites having linked MT for any of the top three LEP languages.

Figure 4.10: Language Translations on Hospital Websites by Top Three LEP Languages in Sampled Counties, N=154



Hospitals offer fewer website translations but provide more additional resources compared to state SNAP and county websites. This finding may be explained by hospital legal nondiscrimination requirements (see above),[700] as well as by how they are administered. While hospitals are located in counties, many are administered by larger health systems with multiple affiliated doctors and/or facilities that are not tied to one county.[701] For instance, Hospital Corporation of America (HCA) Healthcare has over 200 locations.[702] Our sample includes four HCA facilities, including HCA Houston Healthcare Northwest[703] in Houston, TX and HCA Florida Oak Hill Hospital[704] in Hernando County, FL. Despite different county sizes and language needs of their LEP populations, the location-specific websites have the same nondiscrimination notice in 50 languages linked at the bottom of the homepage. Notices with many languages could be a way for hospitals administered by large hospital systems to provide language resources efficiently, as providing one notice in many languages is more efficient than varying the statement based on the common LEP languages of a given region.

Though many hospitals are administered by large hospital systems, we investigated whether there are distinctions in how hospitals provide language access by urbanicity of the county in which they

[700] *See supra* notes 442-444 (discussing Section 1557 of the ACA).
[701] Tisamarie B. Sherry, Cheryl L. Damberg, Maria DeYoreo, Andy Bogart, Denis Agniel, M. Susan Ridgely, and José J. Escarce, "Is Bigger Better?: A Closer Look at Small Health Systems in the United States," Medical Care, 2022, vol. 60, no. 7, https://pmc.ncbi.nlm.nih.gov/articles/PMC9186448/pdf/nihms-1793521.pdf.
[702] HCA Healthcare, "Locations," https://hcahealthcare.com/locations/.
[703] HCA Houston Healthcare, https://www.hcahoustonhealthcare.com/locations/northwest.
[704] HCA Florida Healthcare, https://www.hcafloridahealthcare.com/locations/oak-hill-hospital/?utm__campaign=corp_listings_mgmt&utm_source=google&utm_medium=business_listing.

are located. While counties for this study were randomly selected to represent the share of Americans living in urban, suburban, and rural counties, the hospitals in this sample are mostly in urban and suburban counties because rural counties have fewer hospitals.[705] Table 4.11 below shows county website translation tools by county urbanicity. While hospitals in urban counties have the largest share of websites with any embedded translation, there are not meaningful differences in the share of hospitals that have translation available by urbanicity.

Table 4.11: Hospital Website Translation Tool by County Urbanicity, N=153

	Urban	Suburban	Rural
Embedded Translation	5.6%	1.5%	0.0%
Embedded and Machine Translation	8.5%	7.5%	6.7%
Machine Translation	7.0%	7.5%	6.7%
No Website Translation	78.9%	83.6%	86.7%
Total	100.0% (N=71)	100.0% (N=67)	100.0% (N=15)

There is slightly more variation in language access on hospital websites by share of the county population that is LEP. Table 4.12, below, shows that 76% of hospitals in counties with the highest third of LEP residents do not have any website translation compared to 96% of hospitals in counties with the lowest third of LEP residents. Similarly, over 15% of hospitals in counties with the highest LEP populations have some embedded translation on their websites whereas no hospitals in counties with the lowest LEP populations have embedded translation on their websites.

Table 4.12: Hospital Website Translation Tool by County LEP Category, N=153

	High LEP	Medium LEP	Low LEP
Embedded Translation	5.2%	0.0%	0.0%
Embedded and Machine Translation	10.3%	6.7%	0.0%
Machine Translation	8.3%	6.7%	3.9%
No Website Translation	76.3%	86.7%	96.2%
Total	100.0% (N=97)	100.0% (N=30)	100.0% (N=26)

We also investigated whether hospital websites with language resources other than translation vary by county type. Table 4.13 shows hospital website language resources by county urbanicity. Although there are more resources than website translations available on hospital websites (see Table 4.10 and Figures 4.9 and 4.10), urbanicity is not strongly correlated with whether these resources are available. Nondiscrimination statements with a phone number in languages other

[705] U.S. Government Accountability Office, "Why Health Care Is Harder to Access in Rural America."

than English are of note because they are arguably the most comprehensive resource for LEP residents. Most hospitals in suburban counties have this resource (57%), compared to 44% of urban hospitals and 40% of rural hospitals.

Table 4.13: Hospital Website Resources by County Urbanicity, N=153

	Urban	Suburban	Rural
None	12.7%	11.9%	13.3%
English Only Statement	11.3%	7.5%	26.7%
Other Language(s) Statement	22.5%	17.9%	13.3%
English Only Phone Number	5.6%	4.5%	6.7%
Other Language(s) Phone Number	43.7%	56.7%	40.0%
Other Resource	4.2%	1.5%	0.0%
Total	100.0% (N=71)	100.0% (N=67)	100.0% (N=15)

There is little notable variation in hospital website language resources by percentage of the county that is LEP. Table 4.14, below, shows that around the same share of hospitals in high, medium, and low LEP counties offer zero language access resources on their websites. The highest share of statements with a phone number in languages other than English are in counties with the lowest third of LEP residents, which is somewhat counterintuitive. Still, most hospitals (88-90%) have a language resource regardless of the share of their county population that is LEP.

Table 4.14: Hospital Website Resources by County LEP Category, N=153

	High LEP	Medium LEP	Low LEP
None	11.3%	10.0%	11.5%
English Only Statement	8.3%	23.3%	7.7%
Other Language(s) Statement	25.8%	6.7%	11.5%
English Only Phone Number	5.2%	10.0%	0.0%
Other Language(s) Phone Number	45.4%	50.0%	61.5%
Other Resource	4.1%	0.0%	0.0%
Total	100.0% (N=97)	100.0% (N=30)	100.0% (N=26)

The quantitative data collected for this study from state SNAP websites and county websites show that governments make a wide variety of decisions in providing language access to their LEP residents. Some of these websites provide no language translation or resources and others provide language translation and multiple additional resources in many languages; most are between these poles. Though counties are a closer unit of geography to populations than states, a higher share of state SNAP websites provide website translations and additional resources than county websites.

Hospitals also make diverse decisions about language access on their websites. Likely because of Section 1557 of the Affordable Care Act,[706] most hospitals provide language resources about nondiscrimination on their websites. This means that on many hospital websites, LEP individuals in some groups have at least an entry point to information in their native language.

Qualitative Data from Organizations: Sample, Recruitment, and Analysis

For the next part of this study, we used qualitative data to investigate how LEP individuals access federally funded resources. The qualitative data for this study come from answers to a survey we sent to nonprofit organizations that provide services to LEP individuals in the sampled counties. To locate these organizations, we conducted a series of internet searches (see Appendix A for more information). As with hospitals, some counties have many organizations, and some do not have any. For the–mostly large, urban–counties with multiple organizations that serve LEP populations, we selected those that mention assistance with accessing health care and government benefits programs. As a result of this criterion, many of the organizations in the final sampling frame are refugee resettlement organizations that assist refugees in obtaining the public benefits for which they are eligible.[707] We prioritized organizations that serve a variety of language groups by selecting organizations that serve many language groups or choosing several organizations that focus on different language groups. For our final sample, we chose up to five organizations to contact in each county that satisfied these criteria.

Most counties have an organization serving LEP populations with a physical office in the sampled county. For counties that do not have an organization that we could locate, we contacted an organization in a nearby county if its website mentions serving the sampled county. We could not find an organization in or around the county to contact for 26 of the 80 counties in our sample. We sent surveys to a single organization in or around a county for 25 counties. In the remaining 29 counties, we sent surveys to two to five organizations depending on how many organizations there were in the county. See Appendix A, Table A.6 for county-level information about nonprofit organizations.

We contacted organizations via email or a "contact-us" form on their website and included a link to the survey on Qualtrics. If there was no email address or "contact-us" form, we called and asked for an email address to which we could send the survey. We contacted 121 organizations between March 4, 2025, and May 5, 2025. We sent at least one reminder to organizations for which we had an email address or contact form; we sent two reminders after the initial email to most organizations.

[706] Health and Human Services, "Section 1557: Frequently Asked Questions," https://www.hhs.gov/sites/default/files/section-1557-final-rule-faqs-7282017rev15.pdf.
[707] We do not list organization names unless given explicit permission.

The content of the consent form and survey are shown in Appendix B. Organizations that decided to participate could opt to remain anonymous. We asked service providers to share their expertise about challenges and successes that LEP populations in their counties face in accessing health care and social services. We also asked about changes in the LEP population and differences in how language groups are served. We used open-ended questions on the survey to illicit nuance through a written description.[708] Respondents who completed the survey did so online using the Qualtrics platform, so they were not limited in response length.[709] We analyzed the text of the open-ended questions by categorizing answers into common themes and noting special cases.[710]

Qualitative Results

The qualitative results for this study are based on survey responses from 20 organizations. The sampling technique and low response rate mean that the information responding organizations provided is not generalizable to all organizations that serve the same constituencies. Still, these qualitative data are essential because they are well suited to uncover the lived experience of LEP communities[711] as well as recent demographic shifts that are not yet publicly available in quantitative datasets. The survey results are summarized below by theme. Many of these themes are similar to the findings from previous literature and testimony at the Commission's briefing, discussed in Chapter 1.

The Far Reach of Limited English Proficiency

Organizations that serve LEP populations understand the various and intersecting needs of people in their communities. While the survey focused on hospitals and social services, a common theme from survey responses was that there are numerous barriers for LEP individuals in most institutions, and that those barriers spill over into other areas. Organizations named specific struggles for their LEP clients in schools, housing, employment, police interactions, the Department of Motor Vehicles, and Child Protective Services. One organization from an urban county in the Northeast explained:

> [W]hile awareness of language access has increased, there are still not enough training opportunities for social service providers on how to work with LEP individuals. Our clients

[708] Anil Kumar Chaudhary and Glenn D. Israel, "Influence of Importance Statements and Box Size on Response Rate and Response Quality of Open-Ended Questions in Web/Mail Mixed-Mode Surveys," *Journal of Rural Social Sciences*, 2016, vol. 31, no. 3, https://www.researchgate.net/profile/Anil-Kumar-Chaudhary/publication/313498036_Influence_of_Importance_Statements_and_Box_Size_On_Response_Rate_and_Response_Quality_of_Open-Ended_Questions_in_WebMail_Mixed-Mode_Surveys/links/589c7a0a92851c599c953c59/Influence-of-Importance-Statements-and-Box-Size-On-Response-Rate-and-Response-Quality-of-Open-Ended-Questions-in-Web-Mail-Mixed-Mode-Surveys.pdf.
[709] Ibid.
[710] Lune and Berg, *Qualitative Research Methods for the Social Sciences*.
[711] Ibid.

> often tell us that they don't feel they have full access to the services available to them, mainly because they don't understand them and cannot find them due to a lack of English proficiency. They face language challenges in areas like school enrollment, communication with schools, finding housing, and securing jobs, where pay often depends on their English level.[712]

Organizations explained that while they believe there are dedicated workers who try to serve LEP individuals in the social service offices in their counties, these devoted employees are often overworked and underprepared to meet LEP individuals' language needs. The Refugee Assistance Partners of NJ described how well-intentioned but ultimately overwhelmed social service offices can restrict access to language services and affect other parts of LEP individuals' lives:

> Services are overwhelmed with the size of the need vs. the size of their staff. Caseloads are very high, which leaves individuals without services they very much need. LEP individuals not connected to supportive organizations, like ours, are many times lost in the system. The number of individuals we serve is a small pool of all those needing help moving through the medical or social services system. They get behind by not finding jobs, not getting medical care, [and] having an inability to pay very high rent costs, which leaves them feeling anxious and unable to cope.[713]

Organizations noted the importance of providing language access training for staff so that they are better prepared to assist LEP individuals.[714] Lauren Rogers, Director of Community Engagement at International House in Mecklenburg, North Carolina, stated:

> The hospitals and medical providers all have access to interpreters and translation tools. The resources are available, but often staff have never received training on best practices for working [with] interpreters, providing culturally responsive solutions, navigating cultural differences in expectations relating to healthcare, culturally appropriate programs for mental health services, etc.

Another major issue that organizations shared is that LEP individuals are not aware of social services available in the U.S. This is consistent with evidence from Chapter 1 demonstrating that many people, including LEP individuals, do not use the social safety net programs to which they are entitled.[715] Many factors contribute to the overall low use of social safety net programs in the

[712] Anonymous, response submitted Mar. 28, 2025, [on file].
[713] Refugee Assistance Partners of NJ, response submitted Mar. 4, 2025, [on file].
[714] *See supra* notes 255-265 (discussing staff underutilization of language access resources).
[715] *See supra* notes 157-191 (discussing language barriers in social safety net programs).

U.S., including a lack of knowledge about programs, stigma associated with receiving government benefits, and substantial barriers to access.[716] Lauren Rogers explained:

> In addition to language barriers, many clients have limited understanding of the cultural norms and social systems in place here in the U.S. Clients have told us before that they were shocked to learn how many programs are available for food support, affordable clothing, etc. In many countries, programs like this don't exist or they are very difficult to access, so many newcomers don't look for resources or try to access programs.[717]

LEP individuals also struggle to navigate the convoluted health care system in the United States. Organizations shared that this difficulty often arises from the complexity of how health care and insurance function in the U.S.[718] The International Rescue Committee in Salt Lake City, UT, said that a major barrier for their LEP clients accessing health care "is understanding the norms and systems here in the U.S. The biggest challenge is learning to navigate health insurances and medical billing."[719]

This complexity is, of course, even harder to navigate with language barriers. As discussed in Chapter 1, not being able to communicate with providers at a hospital can have catastrophic consequences.[720] All the organizations that responded to the survey asserted that LEP individuals in their counties encounter at least some language access obstacles in hospitals. For instance, Gabriela Galicia, Executive Director of Street Level Health Project in Oakland, CA, said:

> Many community members don't know their rights in asking for interpretation and even at times when they ask they may not be provided, or with the language access line it is not adequate … This then discourages community members [] at times, even when it is an emergent/emergency issue.[721]

Though we did not ask organizations to rank institutions, most offered that hospitals provide better and more thorough language access to LEP populations compared to social service offices. For instance, Alisa Pifine, Program Director of Language Services at Catholic Charities of Louisville, said, "While no one is perfect, hospitals at least seem to make a better effort to provide proper

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[716] Pamela Herd and Donald P. Moynihan, *Administrative Burden: Policymaking by Other Means* (Russell Sage Foundation, 2019). *See also* Matthew Desmond, *Poverty, By America* (Crown Publishing Group, 2023).
[717] International House, response submitted Mar. 4, 2025, [on file].
[718] Cathy Schoen, Robin Osborn, David Squires, and Michelle M. Doty, "Access, Affordability, and Insurance Complexity Are Often Worse in the United States Compared to Ten Other Countries," *Health Affairs*, 2013, vol. 32, no. 12, https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2013.0879. *See also* Robert Field, "Regulation of Health Care in the United States: Complexity, Confrontation and Compromise," *An Inst Hig Med Trop*, 2017, vol. 16, no. Supl. 3, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3699036.
[719] International Rescue Committee, response submitted Mar. 18, 2025, [on file].
[720] *See supra* notes 88-89 (discussing consequences of language barriers in hospitals).
[721] Street Level Health Project, response submitted Mar. 12, 2025, [on file].

language access."[722] Many organizations pointed out that hospitals have language access technologies that county governments do not. Some organizations were enthusiastic in their assessment of hospitals in their area. An organization in an urban county in the Northeast said of one of the nearby hospital groups, "The [hospital] network has created a good language access support system, including 'I Speak' cards, language charts, and access to culturally sensitive interpretation services."[723] However, as this report has shown, LEP individuals struggle with navigating all institutions. While hospitals are doing better than some others according to the sample of nonprofit organizations, language barriers persist.

Differences in Access by Language

Spanish is the most common language spoken by LEP individuals in the United States.[724] All organizations that answered the survey believed that Spanish speakers have the most access to translation and interpretation in social services and hospitals in their counties. Organizations explained this access in two main ways. The first is that Spanish speakers are entrenched members of their county so there is an established infrastructure of interpreters and translated material. The second reason for greater access for Spanish speakers in some counties is due to bilingual Spanish-English staff, meaning clients do not need external interpretation services.

Relying on bilingual speakers who are not professionally licensed interpreters is risky.[725] As discussed in Chapter 1, it is beneficial when bilingual staff are properly trained and tested in their language proficiency.[726] For instance, one organization in the Midwest said, "There are far more Spanish-speaking providers in the community who do not require interpretations. Having bilingual or multilingual staff reduces barriers to accessing care."[727] Though organizations said Spanish is the language with the best interpretation and translation services, multiple respondents also pointed to the need for an increased number of bilingual (Spanish-English) direct service providers.

While organizations stated that Spanish speakers have the most access to language services, most organizations said that speakers of less common languages face major barriers to accessing services.[728] One of the main barriers is the amount of time it takes from when someone needs an interpreter to when an interpreter who speaks that language can be located. In an urban county in the Northeast, one organization shared:

[722] Catholic Charities of Louisville, response submitted Mar. 11, 2025, [on file].
[723] Anonymous, response submitted Mar. 28, 2025, [on file].
[724] Dietrich and Hernandez, "Language Use in the United States: 2019."
[725] *See e.g.*, Flores, Abreu, Barone, Bachur, and Lin, "Errors of Medical Interpretation." *See also supra* notes 314-322 (discussing ad hoc interpreters).
[726] *See supra* notes 234-238, 352 (discussing the benefits of bilingual providers).
[727] Anonymous, response submitted Mar. 4, 2025, [on file].
[728] *See supra* notes 282-288 (discussing languages of lesser diffusion).

> There is a significant difference between getting access to a Spanish interpreter and, for example, an interpreter for African languages. The waiting time is much longer, and the quality of interpretation is sometimes not great. Languages like Afar, Nuer, Arabic, [and] Sudanese are not often available.[729]

Most responding organizations noted that the population of new speakers of less common languages in their counties are linked to demographic changes in the U.S. that stem from larger geopolitical events. For example, Lauren Rogers, Director of Community Engagement at International House, explained about her county:

> These languages vary from year to year depending on what's going on in the world that brings people to Charlotte. For example, there were not as many Russian or Ukrainian speakers in the region 5 years ago. That is a new–and growing–demographic. We saw an increase in Arabic, Farsi, and Dari speakers after the U.S. withdrew our military from Afghanistan.[730]

Some organizations shared that Afghan immigrants and refugees have substantial challenges accessing services in their native languages. This difficulty partially stems from important differences in dialects that are not evident to all language service providers in the U.S.[731] For instance, a program manager for an organization in an urban county in the West explained:

> [H]ealthcare services, school districts, and county staff think Farsi and Dari are one language, and they call the wrong interpreters. This has been almost resolved in the court system but in the mentioned departments, especially schools, it is still there. This misunderstanding causes districts and the county to refer translators/interpreters to organizations for testing their language proficiency, where they are tested based on Farsi (Persian) but not Farsi (Dari).[732]

Multiple organizations also named difficulties for LEP individuals who speak indigenous languages. Speakers of Mam, who are mostly from Guatemala and Mexico, have become more common in some areas of the U.S.[733] A difficulty for Mam speakers is that providers often assume that they speak Spanish because of their country of origin. However, Mam is a distinct

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[729] Anonymous, response submitted Mar. 28, 2025, [on file].
[730] International House, response submitted Mar. 4, 2025, [on file].
[731] *See supra* notes 289-291 (discussing dialects).
[732] Anonymous, response submitted Mar. 4, 2025, [on file].
[733] Ai-Vi Tran and Kenneth P. Roberts, "Language Accommodations for Limited English Proficient Patients in Rural Health Care," *Journal of Immigrant and Minority Health*, 2023, vol 25, no. 3, https://link.springer.com/article/10.1007/s10903-022-01416-7.

language.[734] An organization in an urban county in the Midwest explained, "There are some languages, like Mam, that are difficult to find interpretation for quickly. This sometimes forces an individual to use their second language, like Spanish, rather than communicate in the language they are most comfortable and competent in."[735]

There are consequences for the lack of interpretation services for LEP individuals, particularly for members of traditionally marginalized groups. Gabriela Galicia, Executive Director of the Street Level Health Project, explained:

> For Mayan Mam speakers many times it's difficult, as Mam may be the only language they speak so even having Spanish speaking providers and staff will not be useful because they cannot communicate … For the Mam community[,] who has suffered a lot of trauma[,] it is even more off-putting if they feel like they are being discriminated [against] for being Indigenous and will not go back for services.[736]

For some languages, interpretation is appropriate, but translation is not a feasible option because the language is oral, not written.[737] Lauren Rogers, Director of Community Engagement at International House, provided an example:

> It's also important to remember that some languages are primarily verbal/oral. Languages like Wolof are spoken, and very rarely written down. Because of this, very few native Wolof speakers can read/write in Wolof. It would be ineffective to translate large amounts of medical information into Wolof for a community that can't read it.[738]

There are also some national origin groups with low levels of literacy.[739] Gabriela Galicia explained that many LEP individuals who reside in the community that their organization serves "have no/low education opportunities in their countries so they do not know how to read or write."[740] If hospitals or social service offices do not provide clear signs and visuals, LEP individuals with limited literacy have to go through the additional step of finding a nonprofit for help filling out documents. Lauren Rogers echoed this point, saying,

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[734] Denise N. Obinna, "Alone in A Crowd: Indigenous Migrants and Language Barriers in American Immigration," *Race and Justice*, 2023, vol. 13, no. 4, https://journals.sagepub.com/doi/abs/10.1177/21533687211006448.
[735] Anonymous, response submitted Mar. 4, 2025, [on file].
[736] Street Level Health Project, response submitted Mar. 12, 2025, [on file].
[737] *See supra* notes 179-182 (discussing traditionally unwritten languages).
[738] International House, response submitted Mar. 4, 2025, [on file].
[739] Jeffrey Meyer, "Tabulating Global Literacy: Trends in Global, Continental, Regional, and National Literacy Rates Between 2000 and 2020," In *Routledge Handbook of Poverty in the Global South*, 2023, pp. 32-47.
[740] Street Level Health Project, response submitted Mar. 12, 2025, [on file].

> Providers need to understand the literacy levels of the different language groups they work with too. For some communities, instruction videos, infographics, and word-of-mouth conversations are more beneficial than simple document translation.[741]

Overall, survey answers from organizations show that the language LEP individuals speak matters for how they access services. Because of differences in language type and literacy rates, having visual information that does not depend on words can benefit people from all language groups.

The Role of Technology

As discussed in Chapter 1, technology is integral to the current landscape of language access. In their responses, many organizations who answered our survey discussed the key role of technology for LEP populations in their counties. While they are not a new technology, phones continue to serve as a vital bridge for language access services. LEP individuals often first reach out for social services and hospital appointments using the phone.[742] Though this technology is typically an accessible point of contact, organizations reported that challenges can arise for LEP individuals who speak less commonly used languages in the U.S. In discussing how LEP individuals in their county access hospital services, Refugee Assistance Partners of NJ said, "When they call to make appointments, the options are only in Spanish or English. They are told to press numbers, and they don't understand what those numbers are. They can't get past the first question and therefore can't make appointments."[743] This is consistent with findings from the quantitative evidence from county, state, and hospital websites in this study demonstrating that Spanish is the most accessible language for LEP individuals.

Phones are also a primary way that language interpretation is provided. The quantitative analysis in the section above shows that 45% of state SNAP websites in our sample (Table 4.4) and 49% of hospital websites in our sample (Table 4.10) have a statement with a phone number in at least one non-English language for LEP individuals to call for language assistance. Though we did not test what happens when calling those numbers, the survey answers from organizations shed light on telephonic interpretation services more generally. Organizations shared that the quality of interpretation can vary depending on the language and that it can take a long time to find an interpreter for less common languages. Qualitative survey data also show that it is critical for service providers to know how to use the phone system to request an interpreter, as their unfamiliarity with the system can cause delays in finding an interpreter.

As discussed in Chapter 1, machine translation (MT) is also important for LEP individuals. Multiple organizations shared that hospitals in their county use MT technology, such as on a tablet given to LEP patients. While some organizations were excited about these advances, others

[741] International House, response submitted Mar. 4, 2025, [on file].
[742] *See e.g., supra* notes 173-175 (discussing telephone interpretation).
[743] Refugee Assistance Partners of NJ, response submitted Mar. 4, 2025, [on file].

lamented that there are issues with accuracy, which is consistent with research showing varying accuracy in MT by language and platform.[744] An organization located in an urban county in the Midwest believed that phone translation is still superior to MT:

> Many LEP individuals do not know they have a right to interpretation services at many locations. Many [health care and social service] employees don't know if they are required to offer interpretation and therefore often refuse out of ignorance, or offer interpretation that is subpar, like using a phone-based translation app instead of getting a qualified interpreter over the phone or in person.[745]

Organizations also exposed a different issue with MT beyond accuracy in their survey responses. Multiple organizations shared that digital literacy issues are common for some LEP individuals in their counties, especially the elderly, making it challenging for them to navigate any online system. One organization in a suburban county in the West said, "Technology is a big barrier. Online appointment scheduling and use of email is a barrier."[746] While advances in technology have expanded opportunities for translation and interpretation, technology alone is not sufficient for providing language access. A human translator is often needed to supplement MT to ensure accuracy.[747]

Related Barriers to Access

An important theme from organizations who responded to the survey is that LEP populations need more than direct language interpretation/translation to fully access services. Language is just one part of culture. As a result, organizations argued that LEP individuals need services that reflect different cultural norms, which can vary by place of origin. Organizations shared that some service providers have difficulties communicating with LEP individuals beyond language barriers because of differences in norms around what is appropriate to discuss publicly, mental health care terminology, and interactions between sexes.

Many LEP individuals are marginalized in various other ways that make language just one issue in a larger ecosystem of difficulties. An organization in the West explained:

> Immigrant and refugee populations who are LEP individuals often face several challenges when trying to access health care or social services. These barriers can be attributed to a mix of cultural, linguistic, financial, and systemic factors. Lack of interpreters, cultural

[744] Guerreiro, Alves, Waldendorf, Haddow, Birch, Colombo, and Martins, "Hallucinations in Large Multilingual Translation Models."
[745] Anonymous, response submitted Mar. 4, 2025, [on file].
[746] Anonymous, response submitted Mar. 4, 2025, [on file].
[747] *See supra* note 309 (discussing human review of MT).

> perceptions of health care, gender and privacy concerns, unfamiliarity with systems, [and] post-traumatic stress disorder are among the unique challenges refugees face.[748]

As this organization pointed out, there are LEP populations–including some immigrant[749] and refugee groups[750]–with high rates of economic hardship in the U.S. These financial constraints affect access to learning English, which many organizations said their clients want. Marina Lipkovskaya, Executive Director of the New World Association of Emigrants from Eastern Europe, said, "ALL LEP clients are looking for ESL classes."[751] Living in poverty makes this challenging in several ways. An organization in the Northeast said that some ESL language classes that are offered in their county cost too much for most LEP individuals to afford. Additionally, not having adequate financial resources makes transportation difficult.[752] An organization in the South asserted that transportation can undermine an LEP individual's efforts to learn English:

> Because of the transportation barriers, taking ESL classes is challenging for most of the newly arrived families to the United States … Public transportation is not great in [the area]. This barrier will limit accessibility to ESL classes.[753]

It is noteworthy that multiple organizations offered information about the economic and logistical barriers to taking English classes because we did not ask about learning English in the survey. The International Rescue Committee explained why they believe this is so important to their clients:

> LEP individuals in our communities have so much to offer. Their ability to contribute in meaningful ways and truly be on a trajectory to long-term self-sufficiency really does depend on their English ability or their access to language services.[754]

Organizations across the country painted a picture of LEP individuals who are trying very hard to access services, including English classes, but often fall short not just because of language barriers, but also because of low socioeconomic status.

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[748] Anonymous, response submitted Mar. 4, 2025, [on file].
[749] John Iceland, "Hardship Among Immigrants and the Native-Born in the United States," *Demography*, 2021, vol. 58, no. 2, https://read.dukeupress.edu/demography/article/58/2/655/168243/Hardship-Among-Immigrants-and-the-Native-born-in.
[750] William N. Evans and Daniel Fitzgerald, "The Economic and Social Outcomes of Refugees in the United States: Evidence from the ACS," National Bureau of Economic Research, 2017, https://www.nber.org/system/files/working_papers/w23498/w23498.pdf.
[751] New World Association of Emigrants from Eastern Europe, response submitted Mar. 11, 2025, [on file].
[752] Matthew Desmond, *Poverty, By America* (Crown Publishing Group, 2023).
[753] Anonymous, response submitted Mar. 5, 2025, [on file].
[754] International Rescue Committee, response submitted Mar. 18, 2025, [on file].

The Current State of Language Access

Many organizations also provided unprompted information about the current political climate's effect on their LEP clients. As discussed in Chapter 2, President Trump designated English as the official language of the U.S. for the first time in its history with Executive Order 14224 in March 2025.[755] While this E.O. does not require changes to current language assistance services, some organizations believe that it will undermine LEP individuals' ability to access necessary services,[756] which could impact organizations' willingness to provide information to the federal government, including the Commission. This fear and/or lack of trust could partially explain the low response rate for this survey.[757]

Multiple organizations link the current rhetoric about immigrants to how LEP individuals interact with institutions. Lauren Rogers, Director of Community Engagement at International House, explained that one reason LEP individuals may not seek social safety net supports is because they "have a lot of distrust and fear in social systems, especially those connected to government agencies."[758] Gabriela Galicia, Executive Director of the Street Level Health Project, argued that providers need explicit training given some popular rhetoric about immigrants:

> It is important providers are given trainings on how to work with this community as well as the community knowing their rights to ask for interpretation regardless of status especially at this moment with the anti-immigrant sentiment. Also that LEP are not just undocumented community members but it includes documented.[759]

It is unsurprising that responding organizations believe in the value of serving LEP populations because that is typically part of their organization's mission. Still, hearing from people who work directly with impacted communities provides an important insight into the barriers that LEP communities face and the role of the federal government in shaping those services.

Success in Language Access

Despite longstanding and contemporary struggles with language access, most responding organizations gave examples of specific ways that some institutions serve LEP individuals well. Multiple organizations named institutions with an intentional and proactive approach for providing services to LEP individuals. Jaryn Abdallah, Vice President of Called to Care, Canandaigua, said

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[755] Designating English as the Official Language of the United States, Exec. Order No. 14224, 90 Fed. Reg. 11363 (Mar. 1, 2025). *See also supra* notes 434-438 (panelist testimony about E.O. 14224).
[756] *See e.g.*, American Translators Association, "Joint Statement on the Trump Administration's Executive Order 14224 Designating English as the Official Language of the United States and Revoking Executive Order 13166," https://www.atanet.org/wp-content/uploads/2025/03/Joint-Language-Association-Statement-Opposing-Executive-Order-14224.pdf.
[757] We received responses from 20 out of 121 nonprofit organizations to which we sent surveys.
[758] International House, response submitted Mar. 4, 2025, [on file].
[759] Street Level Health Project, response submitted Mar. 12, 2025, [on file].

that students in New York are "well served" because the state's "guidelines for schools have been very helpful."[760]

An organization in the Midwest named the success of a specific police department because they have "an immigrant liaison officer who helps advocate for LEP individuals and helps them access law enforcement and educates people on their rights."[761] Most successes that organizations identified stem from having a person or department specifically for the needs of LEP communities. Lauren Rogers explained:

> Many departments and programs have dedicated staff that act as liaisons for community partners who need to make referrals for services. This approach is incredibly helpful to strengthening relationships between partner organizations and ensuring that clients don't fall through the cracks when being referred to different agencies.[762]

Even when the needs of LEP individuals are not the purpose of a service, they can still benefit when the institution assists people with low socioeconomic status because LEP individuals are overrepresented among those with low socioeconomic status. Catholic Charities in Lake County, OH, provided an example:

> Our Lake County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board funds mental health services for uninsured individuals below a certain income threshold, many of whom are Spanish speakers. This removes a major barrier to mental health services and sets Lake County apart from many other counties in Ohio.[763]

Nonprofit organizations that serve LEP populations, including those in this study, play a major role in assisting LEP individuals with navigating complexities in accessing services across institutions. Paige Littlefield, Social Services Coordinator of the Asian Association of Utah, said:

> There is the [nonprofit] where most of our clients will go for help with their SNAP, Medicaid and Cash Assistance benefits. There they have many employees from similar refugee/immigrant backgrounds so they speak the same language. If no one is available for the specific language they are able to connect [to] a phone interpreter.[764]

Although the surveyed organizations believe that LEP individuals should receive assistance, multiple organizations in this sample acknowledged that providing translation and interpretation services is complicated and expensive. Still, they argued that it is worth the investment because of

[760] Called to Care, Canandaigua, response submitted May 7, 2025, [on file].
[761] Anonymous, response submitted Mar. 4, 2025, [on file].
[762] International House, response submitted Mar. 4, 2025, [on file].
[763] Catholic Charities, response submitted Mar. 14, 2025, [on file].
[764] Asian Association of Utah, response submitted Mar. 14, 2025, [on file].

LEP individuals' rights and their potential to contribute to their communities when given meaningful language access.

The quantitative and qualitative data collection and analyses for this study illuminate successes and areas of growth for federally funded services providing access to LEP populations. State SNAP websites in this sample are the most accessible because the majority are translatable into at least one language and have at least one additional language access resource. Hospital websites in this sample rarely provide website translation, though the vast majority (88%) have a different type of language access resource, mostly in the form of nondiscrimination statements. County websites in this sample have the fewest resources available. Still, 44% are linked to MT, which is not always accurate[765] or available on all browsers,[766] but is nonetheless an important resource for LEP individuals.[767] Spanish speakers have the most access on the sampled websites because if websites provide any embedded translations or additional resources, they always include Spanish.

The qualitative survey data from nonprofit organizations also demonstrate that Spanish speakers are well served. Most organizations said that their counties have established interpretation and translation services for Spanish speakers. Still, organizations shared that there are many barriers that LEP residents in their communities face. Speakers of less common languages have trouble accessing interpreters. Some LEP individuals speak mostly oral languages or have low literacy rates, so translated material does not work for them. Many LEP individuals do not know about social services that are available to them and have trouble navigating the complex U.S. health care system. While it is evident that governments and hospitals attempt to provide access, barriers remain. Immigrant and native born LEP individuals are embedded in communities throughout the U.S., so their meaningful access to federally funded programs is essential for their well-being and for that of the nation.

[765] *See e.g.*, Patil and Davies, "Use of Google Translate in Medical Communication: Evaluation of Accuracy."
[766] *See e.g.*, Desai, "Filters and Federalism."
[767] *See e.g.*, Vieira, O'Hagan, and O'Sullivan, "Understanding the Societal Impacts of Machine Translation."

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CHAPTER 5: Findings and Recommendations

Findings

I. Legal Landscape

a. Section 601 of Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of national origin in programs and activities receiving federal financial assistance. Courts and federal agencies have long recognized that language barriers can function as a proxy for national origin discrimination (page 65).

b. In 2000, President Clinton issued Executive Order (E.O.) 13166, *Improving Access to Services for Persons with Limited English Proficiency,* which required each individual agency and department to create language access policies under the guidance of the Department of Justice (DOJ) by examining the services it provides and developing and implementing a system by which persons with limited English proficiency (LEP) can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency (page 68).

c. In *Alexander v. Sandoval* (2001), the Supreme Court held that in order for individuals to sue for disparate impact discrimination under Title VI of the Civil Rights Act of 1964, Congress needed to expressly authorize a private right of action. Since Title VI does not directly address private right to action, the Court concluded that a private right to action does not exist. While individuals may be able to bring a suit for intentional discrimination, individuals cannot sue for disparate impact discrimination under Title VI (page 68).

d. In 2002, President George W. Bush directed federal agencies and funding recipients to develop and implement language access plans in accordance with President Bill Clinton's 2000 E.O. 13166 (page 69).

e. Section 1557 of the Affordable Care Act (ACA) prohibits discrimination based on race, color, national origin, sex, age, or disability in covered health programs and activities. Additionally, the U.S. Department of Health and Human Service's regulations under Section 1557 state that covered entities must take reasonable steps to provide meaningful access for individuals with LEP (page 105).

f. Section 11(e)(2) of the Food and Nutrition Act of 2008 requires that states "establish procedures governing the operation of supplemental nutrition assistance program offices that the State agency determines best serve households in the State,

including... households in areas in which a substantial number of members of low-income households speak a language other than English" (page 88).

g. Other federal statutes and regulations explicitly mention language in their text or have historically included language protections in their implementing regulations and guidance, including the Equal Education Opportunities Act of 1974, the 1975 amendments to Section 2 of the Voting Rights Act, the Court Interpreters Act of 1978, the Stafford Act of 1988, and the Fair Housing Act (page 77-78).

h. In 2022, President Joe Biden directed federal agencies to update their already exiting language access plans (page 70-71).

i. On March 1, 2025, President Donald Trump issued E.O. 14224, declaring English as the official language of the United States and revoked E.O. 13166, which had mandated language access to governmental services (page 72).

j. E.O. 14224 expressly does not prohibit translations. Rather, department and agency heads now have the discretion to continue providing language services. Agencies are not required to amend, remove, or otherwise stop production of all multilingual documents, products, or other services prepared or offered (pages 72-73).

k. Prior to E.O. 14224, 30 states and five U.S. territories had already declared English to be their official language (page 72).

l. Prior to 2025, the DOJ had encouraged all federal departments and agencies to translate vital documents that provided information on how to access the programs and activities of a department or agency (page 72).

m. The framework guiding language access is established by federal law and policy, including Title VI of the Civil Rights Act of 1964, Food and Nutrition Act of 2008, Section 11(e)(1) and (2), the requirements of 7 CFR 272.4(b), and USDA's 2014 guidance (79 FR 70771), which provides specific direction to state agencies on their obligations under Title VI (page 87).

n. Six states—California, Hawaii, Maryland, Minnesota, Nevada, New York— and Washington, D.C., and at least 35 counties and municipalities, require language access (page 80-81).

II. Individuals with Limited English Proficiency

a. Studies have found that health outcomes in the U.S. are worse for the LEP population compared to the English-proficient population including higher rates of misdiagnosis, delayed treatment, and reduced utilization of preventive care (page 41).

b. LEP individuals are less likely to have health insurance than English-proficient individuals (page 42).

c. Language is a barrier to LEP individuals' access to health care services. Some examples of barriers include difficulty communicating with health care office staff, difficulty understanding the instructions given by a health care provider, difficulty scheduling medical appointments, and difficulty filling and understanding how to use a prescription (page 43).

d. Native language resources are often left out among translated documents for governmental services, notwithstanding the high rates of limited English proficiency and geographic concentrations of some Native American tribes and nations (page 35).

III. Benefits Provided by Language Access

a. Access to language assistance improves patient care, increases operational efficiencies, and lowers health care costs (page 43).

b. Patient satisfaction and understanding increase when LEP patients see language-concordant providers. These patients feel more comfortable asking health-related questions and discussing their treatment with language-concordant healthcare providers (page 44).

c. Translated governmental forms can prevent individuals with limited English proficiency from unintentionally making false statements when signing documents and attestations because they will be fully aware and fully informed of what they are signing (page 18).

IV. Critical Need

a. Language access services, through written translated materials and oral interpretation, have helped ensure that federal-administrated and federally-funded

programs are accessible to Americans with limited English proficiency (page 59-64).

b. Language access is critical for social safety net programs like the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Children's Health Insurance Program (CHIP), and the Housing Choice Voucher Program (Section 8). Many of these programs are meant to provide basic necessities to help pull families out of poverty and provide a pathway for self-sufficiency or provide assistance to the elderly and those with disabilities (page 31). Studies have found that LEP populations are more likely to face economic hardships than English-proficient populations (pages 33).

c. Healthcare is a critical setting for language access since interpretation and translation assistance can literally be the difference between life and death (page 16 and 40).

d. Language access is critical for families navigating asylum and immigration status interviews, meetings, and forms (page 17).

e. Language access is critical for public benefit forms and deadlines, such as SNAP applications, registration forms for public schools, or veteran disability benefits forms (page 17).

f. Language access is critical for parents with LEP to understand instructions for their children to meet public school enrollment deadlines and instructions for parents with LEP (page 17-18).

V. Challenges

a. The lack of language assistance can have negative economic consequences and even exacerbate life and death situations. For example, LEP populations that are eligible are less likely to enroll in social safety net programs (page 33). Additionally, individuals with LEP in the health care setting who do not have access to a qualified interpreter may be unable to describe symptoms or situations that accompany an illness or injury, leading to misdiagnosis that can result in permanent complications or even loss of life (pages 16-17 and 40-41).

b. Finding interpreters for less commonly spoken languages can be challenging, even in areas where a significant proportion of the population speaks these languages (page 52-54).

c. There are documented instances of poor implementation and inefficiencies. For example, research suggests that available language services are often not adequately used by staff when interacting with LEP individuals due to the time it takes to obtain an interpreter or health care providers rushing through their interactions with the interpreter and leaving before the family can ask questions (pages 49-50).

d. Several common issues with language services that create barriers for individuals with LEP include:

    i. a lack of data about the need for and provision of language services,

    ii. insufficient staff use of language services,

    iii. the availability of interpreters for languages of lesser diffusion,

    iv. overreliance on technology, and

    v. the use of nonprofessional or ad hoc interpreters (page 48).

e. There is a need for increased detailed data collection about LEP individuals in government benefits and services (page 47-48).

f. Staff at departments and agencies are sometimes unaware of language access services and the rights of persons with LEP, at their own departments or agencies resulting in underutilization (page 49).

g. Language services are occasionally unavailable when needed or insufficiently provided, even when required by law (page 45-46).

VI. Machine Translations and Artificial Intelligence

a. Technology for translation services has greatly advanced in recent years with increased accuracy, providing more cost-effective assistance (page 54).

b. Machine translation tools used for interpretation and translation can be inaccurate. Artificial intelligence sometimes produces random errors and the insertion of content that is not present in the original source material (pages 54-56).

c. Some machine translation tools have higher accuracy rates for Spanish and Tagalog with some studies finding accuracy rates over 90%, however translation errors can still occur (page 55).

d. Some machine translation tools have lower accuracy rates for languages that are commonly spoken in many areas throughout the United States such as Farsi and Armenian with some studies finding accuracy rates only at about 55%-68% (page 55). Other commonly spoken languages in the U.S. include Chinese, Vietnamese, Korean, Arabic, and Russian (page 24) with accuracy of machine translation highly variable across languages (page 55).

e. Machine translation often lacks cultural norms and contextual knowledge that human translators can provide, for example non-verbal communication, social cues, and a caring rapport (page 56).

f. Quality-control safeguards, such as in-person review of translated materials, can be used to ensure the accuracy of translations (page 54).

g. The Department of Health and Human Services (HHS) requires that machine translations used by entities covered under Section 1557 of the ACA must be reviewed by qualified human translators when machine translation is used for text that is critical to the rights, benefits and meaningful access of an LEP individual, when accuracy is essential, or when the document contains complex, non-literal or technical language (page 108-109).

Recommendations

I. Adopt these Best Practices

a. The best translations involve a two-step process where translations are reviewed by stakeholders or proofread by a different translator to ensure accuracy and appropriateness (i.e., neither too colloquial, nor overly formal).

b. Cost-effective technology, including machine translations and artificial intelligence can be used to provide language assistance but quality-assurance systems such as human reviewers, are needed to ensure such translations are accurate.

c. Collaboration with community leaders and organizations for insight and expertise, followed by a community review process by the targeted audience, ensures the readability and understandability of translated documents.

d. Periodic training should be provided for agency administrators, managers, and general counsels regarding federal, state, and municipal laws and regulations requiring or encouraging language assistance.

e. Periodic reviews of language services should occur to ensure accuracy, clarity, and appropriate context by qualified translators and interpreters.

f. Common symbols and iconography can effectively and efficiently communicate messages, instructions, and directions. Yet, iconography should supplement, not entirely replace, required language assistance where such assistance is necessary to ensure meaningful access to services.

II. To Departments and Agencies

a. Consistent with the Attorney General's Guidance, language assistance, when provided, should be "accurate," "efficient," and "cost effective."

b. Departments and agencies should fully comply with federal, state, and municipal laws that require language access.

c. The Commission encourages compliance with the Attorney General's recommendation that departments and agencies review their policies and ensure they are compliant with the law.

d. The Commission encourages compliance with the Attorney General's recommendation that if a federal department or agency deems language access to be mission-critical, such public-facing information should be *translated accurately*.

e. Departments and agencies should identify which vital federally-administered and federally-funded public facing programs and services that LEP persons are eligible and that the assistance provided *effectively* reaches the LEP population.

f. Departments and agencies should prioritize providing accurate translations that are focused on specific areas for particular language groups where there is a demonstrated need (i.e., a high LEP rate) to avoid government waste. Other types of language assistance, such as phone lines that offer pay-as-you-go interpretation in many languages, may more efficiently provide language access in areas with more diffuse language access needs

g. Departments and agencies should:

i. Ensure that civil rights offices are staffed appropriately to handle language access complaints in a timely manner.

ii. Ensure regular reviews and oversight of funding recipients' language access programs when language access is required by law.

iii. Provide detailed guidance on language access obligations to funding recipients when language access is required by law.

iv. Provide opportunities for departments, agencies, and funding recipients to collaborate and share best practices on language access to promote efficiency.

v. Provide funding recipients with assistance in creating and reviewing language access plans.

vi. Provide translations of key documents (such as standard applications and complaint forms), "I Speak" Cards, and informational taglines with a phone number to call for support.

vii. Share these materials with funding recipients to promote efficiency and reduce the financial burden.

viii. Departments and agencies should contract multiple interpretation services to reduce waiting times on telephone assistance and language lines.

ix. To promote English-language learning departments and agencies should fund English courses and ensure individuals with LEP can access those courses.

x. Periodic training should be provided to ensure that all public-facing staff at a department or agency are aware of the language access services at their department or agency and how to properly access them. Additionally, training should also educate staff on best practices for interacting with LEP individuals, including understanding differences between common dialects in the area to ensure staff know how to acquire an appropriate interpreter.

III. To Congress

a. Congress should consider codifying E.O. 13166 into federal law to ensure meaningful access for individuals with limited English proficiency to federally operated and federally funded programs.

b. Congressional legislation can be modeled after the language assistance provisions of the federal Voting Rights Act, codified at Section 203, which has a legal formula that is highly tailored, along with implementing regulations containing effectiveness and efficiency standards.

c. Congressional legislation for language access should consider directing agencies and departments to translate vital documents or mission-critical materials created for the public into any languages the agency frequently engages, and the dominant languages spoken in the United States based on current U.S. Census data.

d. Congressional legislation should consider directing agencies and departments to develop systems to identify and track the spoken and written language needs of people who engage with the agency and ensure their language services meet those needs and are meaningfully accessible.

a. Congressional legislation for language access should consider including the following factors in determining whether language assistance should be provided for specific public-facing federal programs and federally-funded services for specific and identifiable language minority groups (i.e. individuals who speak the same language):

    i. The number or proportion of LEP persons in the eligible service population;

    ii. The frequency with which LEP individuals come into contact with the program;

    iii. The importance of the benefit, service, information, or encounter to the LEP person (including the consequences of lack of language services or inadequate interpretation/translation); and,

    iv. The resources available to the recipient and the costs of providing various types of language services.

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APPENDIX A: Sampling Method and Data

Sampling Technique

The sampling technique used in research directly affects the study's validity and reliability.[768] Random sampling is considered the "gold standard" because every unit of analysis has the same probability of being included in the final sample. As a result, random sampling reduces bias and allows generalization because the sample units should closely represent the population.[769] For this project, the unit of analysis is U.S. counties. Because counties are heterogenous in meaningful ways that might not be represented using a simple random sample, we used a stratified random sample. This technique requires first dividing the studied population into subgroups, or strata, and then randomly selecting from within those strata. Stratified random sampling ensures that subgroups are adequately represented in the random sample.[770] For this report, the stratified random sample guarantees that the final sample includes counties that differ in important ways to better understand the extent to which LEP populations access services across different types of local environments.

Social scientists in the Commission's Office of Civil Rights Evaluation (OCRE) used three strata to randomly select the sample using data from various Census and American Community Survey (ACS) files (see Table A.1 below). The first stratum is percentage of the population (age 5+) in each county that is Limited English Proficient (LEP)–defined as speaking English "less than very well"[771]–in the ACS 2022 five-year "Language Spoken at Home (S1601)" data.[772] This continuous variable is divided into subgroups so it can serve as a stratum. The vast majority of counties in the U.S. have what might be considered an intuitively low LEP population (i.e., 81.8% of all counties are less than 5% LEP), so we used the summary statistics of the variable itself to create groups by dividing the LEP percentage into thirds. These three groups are low LEP (<= 1.04%), medium LEP (>1.04% & <=2.83%), and high LEP (>2.83%).

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[768] Nurhafizah Ahmad, Fadzilawani Astifar Alias, and N. Razak, "Understanding Population and Sample in Research: Key Concepts for Valid Conclusions," *Sigcs: E-Learning*, 2023, vol. 6, https://appspenang.uitm.edu.my/sigcs/2023-2/Articles/20234_UnderstandingPopulationAndSampleInResearch.pdf.
[769] John Morgan Russell, "Sampling Techniques and Ethics" in *Significant Statistics: An Introduction to Statistics*, OpenStaxCollege, 2020, https://pressbooks.lib.vt.edu/introstatistics/chapter/data-sampling-and-variation-in-data-and-sampling/. *See also* Klaus Krippendorff, *Content Analysis,* p. 111.
[770] Ajay S. Singh and Micah B. Masuku, "Sampling Techniques & Determination of Sample Size in Applied Statistics Research: An Overview," *International Journal of Economics, Commerce and Management*, 2014, vol. 2, no. 11.
[771] LEP.gov, "Commonly Asked Questions," https://www.lep.gov/commonly-asked-questions (accessed May 21, 2025).
[772] This is the most recent five-year ACS estimate at the writing of this report. ACS five-year estimates are used because they include all counties, while one-year estimates only include counties that have populations greater than 65,000. *See* https://www.census.gov/programs-surveys/acs/guidance/estimates.html.

The next stratum is percent change in the foreign-born population between the 2010 and 2022 ACS five-year data. It is important to stratify by this measure because substantial recent changes in the immigrant population[773] could impact how jurisdictions interact with LEP populations. This continuous measure is split into two groups based on its summary statistics. Counties are coded as "low change" if the percentage of their foreign-born population changed 15% or less between 2010-2022 and "high change" if their percentage foreign-born population changed by more than 15% between 2010-2022.

The final stratum is urbanicity, which is important to include because a much higher share of LEP populations live in urban counties, yet rural counties are also critical because they are often new immigrant destinations.[774] We merged the National Center for Health Statistics' (NCHS) Urban-Rural classification scheme[775] to ACS 2022 five-year data. The NCHS data uses a numeric scale of 1-6 from the most urban to the most rural.[776] We classified counties as urban if they are coded as 1 in the NCHS data; suburban if they are coded as 2, 3, or 4; and rural if they are coded as 5 or 6.

We coded all U.S. counties using the three strata into the resulting 18 groups. The strata were included so that the sample of 80 counties is representative of the population by LEP population, foreign-born change, and urbanicity. We randomly sampled counties from the groups formed by the percentage of the population that is LEP and percent change in foreign-born population based on the share of the population living in urban, suburban, and rural counties. Therefore, the stratified random sample involved randomly selecting 24 urban counties, 44 suburban counties, and 12 rural counties (which equates to 30%, 55%, and 15% of the sample, respectively).[777]

The research method for the quantitative part of this study is a content analysis of websites to assess LEP individuals' access to social safety programs and health care online. To test whether social safety and health care programs serve the specific LEP populations in their county, we used ACS data to link the top three languages spoken by the LEP population in the sampled counties to the merged dataset. The most recent data available for most of the counties come from the 2015 ACS five-year estimates in the "Language Spoken at Home by Ability to Speak English for the

[773] Mohamad Moslimani and Jeffrey S. Passel, "What the Data Says About Immigrants in the U.S.," Pew Research, Sept. 27, 2024, https://www.pewresearch.org/short-reads/2024/09/27/key-findings-about-us-immigrants/.
[774] Chenoa Flippen and Dylan Farrell-Bryan, "New Destinations and the Changing Geography of Immigrant Incorporation," *Annual Review of Sociology*, 2021, vol. 47, no. 1, https://pmc.ncbi.nlm.nih.gov/articles/PMC8112640/.
[775] National Center for Health Statistics, "NCHS Urban-Rural Classification Scheme for Counties," https://www.cdc.gov/nchs/data-analysis-tools/Urban-Rural.html.
[776] Centers for Disease Control, "2013 NCHS Urban-Rural Classification Scheme for Counties," National Center for Health Statistics, Apr. 2014, https://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf.
[777] There are no urban counties in the U.S. that are low LEP. To take the sample for urban counties, OCRE randomly selected 12 counties from a combined group of mid- and high-LEP population with low demographic change and 12 counties from a combined group of mid- and high-LEP population with high demographic change.

Population 5 Years and Over (B16001)" data table.[778] More recent estimates from the 2022 ACS one-year data are available for 18 large counties in the sample. We used the 2022 one-year estimates when available (see Table A.1).[779] The data sources for key variables in this study are shown below in Table A.1.

Table A.1: Data Sources for Key Variables in Merged County Dataset

Variable(s)	Year	Data (File)
% LEP	2022	ACS 5-Year (ACSST5Y2022.S1601)
% Change in Foreign Born Population	2010	ACS 5-Year (ACSDP5Y2010.DP02)
	2022	ACS 5-Year (ACSDP5Y2022.DP02)
% Race, % Poverty Rate, % BA+ Completion	2022	ACS 5-Year (ACSST5Y2022.S2301)
Most Common LEP Languages (N=62)	2015	ACS 5-Year (ACSDT5Y2015.B16001)
Most Common LEP Languages (N=18)	2022	ACS 1-Year (ACSDT1Y2022.B16001)
Region	2021	Census Bureau Region and Division Codes and Federal Information Processing System (FIPS) Codes for States
Urbanicity	2013	National Center for Health Statistics Urban-Rural Classification Scheme

County and Hospital Samples

We used Stata SE 18.0 to merge and clean data, code counties, and randomly select the sample of 80 counties from the strata. The final sample is shown at the end of the appendix in Table A.2. The combined populations of the counties in the sample total over 50 million people, which is approximately 15% of the entire U.S. population. The sample also contains regional variation, with 25% of the counties located in the Midwest, 16% in the Northeast, 43% in the South, and 16% in the West. The average share of the LEP population (age 5+) in the sample of counties is 6%. Miami-Dade County has the highest percentage (34%) of LEP residents. There are 16 rural and suburban counties where fewer than 1% of residents are LEP. Summary statistics of the sample counties are shown in Table A.3.

[778] U.S. Census Bureau, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," American Community Survey, ACS 2015 5-Year Estimates, Table B16001, https://data.census.gov/table/ACSDT5Y2015.B16001?g=010XX00US$0500000.
[779] U.S. Census Bureau, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," American Community Survey, ACS 2022 1-Year Estimates, Table B16001, https://data.census.gov/table/ACSDT1Y2022.B16001.

The resulting sample includes counties from 31 states. For this study we also conducted a content analysis of these states' SNAP websites because SNAP applications are at the state level. The list of states in this study, as well as information about their decisions about language access on their SNAP websites, is shown in Table A.4.

The sample of hospitals in this study are embedded in the sample of counties. We located hospitals in counties using data from the Center for Medicare & Medicaid Services.[780] After excluding specialty hospitals (e.g., psychiatric, VA, orthopedic) from the sampling frame, we built a dataset with one, two, or three hospitals per county. In the 43 counties in our sample with up to three hospitals, we included all hospitals in the final dataset. For the 27 counties with more than three hospitals, we used a random sample to select three hospitals within the county. Ten of the 80 counties in the sample do not have a hospital. For those counties, we used the nearest hospital using the hospital finder on medicare.gov. Because counties can contain multiple zip codes, we used the zip code of the county seat. In the final sample there are repeats of hospital groups (e.g., HCA) and one repeat hospital because Wellstar West Georgia Medical Center is the closest hospital to the county seat of Heard County, GA, which does not have its own hospital. The full list of hospitals is shown in Table A.5.

Community Organizations Sample

We located nonprofit organizations that serve LEP populations in the sampled counties using a series of internet searches. Because most LEP individuals are immigrants, we began with the search term: "[county name] [state] immigrant assistance organization." If this term did not provide any relevant organizations, we searched for: "[county name] [state] social services organization." On each organization's website, we looked for evidence to determine whether they serve LEP individuals, either explicitly as part of their mission statement, or implicitly by providing language translations. When searches using the county name did not produce any results, we substituted the county name for one or more cities in the county, beginning with the county seat and largest cities.

We located and contacted 121 organizations in 54 of the 80 counties in our sample. In six of those 54 counties, the organization was technically outside of the county but still serves residents of the counties in our sample. We sent surveys to up to five organizations in a county. Table A.6, at the end of this appendix, shows the number of organizations to which we sent surveys by county. The survey and consent form are shown in Appendix B.

[780] Center for Medicare & Medicaid Services, "Hospital General Information," https://data.cms.gov/provider-data/dataset/xubh-q36u.

Table A.2: Sample County List and Characteristics

County	State	Region	Population	Urbanicity	% LEP	% Foreign	% BA+	% Poverty	% NH White	ACS Year
Elmore County	AL	South	83,398	Suburban	1.4	2.2	23.2	8.3	73.6	2015
Mohave County	AZ	West	210,510	Suburban	3.0	6.6	14.7	16.6	77.7	2015
Alameda County	CA	West	1,629,149	Urban	16.3	34.0	53.7	8.5	31.4	2022
Kern County	CA	West	879,856	Suburban	17.6	20.3	18.2	16.0	34.7	2015
Los Angeles County	CA	West	9,735,169	Urban	22.9	34.0	35.7	11.9	27.2	2022
Sacramento County	CA	West	1,553,476	Urban	13.3	21.6	33.1	11.8	45.3	2022
Duval County	FL	South	971,937	Urban	6.0	12.1	32.9	12.1	53.1	2015
Hernando County	FL	South	194,500	Suburban	3.9	7.8	20.1	12.3	76.5	2015
Hillsborough County	FL	South	1,442,474	Urban	11.7	19.1	38.1	12.2	48.8	2022
Lee County	FL	South	761,051	Suburban	10.0	17.8	27.5	10.8	68.2	2015
Leon County	FL	South	276,305	Suburban	2.6	7.2	47.9	20.3	57.0	2015
Miami-Dade County	FL	South	2,641,530	Urban	33.9	55.0	35.0	12.1	12.2	2022
Orange County	FL	South	1,389,326	Urban	14.5	23.2	38.9	12.0	39.7	2022
Heard County	GA	South	11,356	Suburban	2.8	1.7	12.5	16.3	84.6	2015
Troup County	GA	South	68,057	Rural	1.9	3.9	19.6	17.0	57.5	2015
Mills County	IA	Midwest	14,153	Suburban	0.7	1.7	34.7	7.6	95.0	2015
Polk County	IA	Midwest	484,601	Suburban	5.8	9.9	40.8	9.3	79.0	2015
Washington County	ID	West	10,417	Rural	4.8	6.2	15.6	18.0	81.3	2015
Cook County	IL	Midwest	5,139,908	Urban	13.6	21.4	44.0	11.7	43.6	2022
Jay County	IN	Midwest	20,190	Rural	0.7	1.0	13.6	12.0	95.3	2015
Marion County	IN	Midwest	956,461	Urban	6.4	10.4	34.3	13.6	56.9	2015
Sullivan County	IN	Midwest	18,722	Suburban	0.7	0.7	13.4	9.7	91.6	2015
Doniphan County	KS	Midwest	6,754	Suburban	0.6	1.4	18.8	8.9	87.9	2015
Osage County	KS	Midwest	15,589	Suburban	0.4	1.2	21.1	10.2	93.9	2015
Riley County	KS	Midwest	61,099	Suburban	2.9	8.1	48.0	22.1	77.3	2015

Daviess County	KY	South	99,979	Suburban	2.5	3.3	26.7	12.3	88.9	2015
Henderson County	KY	South	43,556	Suburban	1.0	1.4	18.6	15.2	86.9	2015
Jefferson County	KY	South	764,446	Urban	4.9	8.8	38.1	12.7	68.5	2015
Madison County	KY	South	87,295	Rural	1.1	2.6	34.7	16.0	89.5	2015
Oldham County	KY	South	64,269	Suburban	1.4	4.4	47.7	3.1	88.2	2015
St. Helena Parish	LA	South	10,727	Suburban	2.1	2.1	11.8	27.4	46.5	2015
Lincoln County	MN	Midwest	5,434	Rural	0.6	0.8	26.9	7.5	95.0	2015
Buchanan County	MO	Midwest	80,924	Suburban	3.0	4.0	23.7	15.5	83.3	2015
Franklin County	MO	Midwest	103,875	Suburban	0.4	1.3	21.8	7.7	91.8	2015
Saline County	MO	Midwest	21,695	Rural	4.7	5.4	25.0	13.6	80.3	2015
Carbon County	MT	West	10,524	Suburban	0.7	1.2	27.7	11.2	92.6	2015
Cascade County	MT	West	81,797	Suburban	0.9	1.5	28.0	12.9	85.7	2015
Missoula County	MT	West	115,407	Suburban	1.4	3.4	45.5	12.7	88.2	2015
Gaston County	NC	South	225,901	Suburban	3.2	5.2	26.6	11.3	72.3	2015
Mecklenburg County	NC	South	1,100,461	Urban	9.1	16.3	49.9	8.9	48.0	2022
Pamlico County	NC	South	11,476	Suburban	2.0	3.2	20.0	11.7	74.5	2015
Carroll County	NH	Northeast	50,068	Rural	0.4	2.6	34.7	8.2	95.6	2015
Camden County	NJ	Northeast	515,946	Suburban	8.7	12.0	36.3	10.8	57.7	2015
Essex County	NJ	Northeast	831,554	Urban	15.2	29.7	38.7	12.6	30.2	2022
Hudson County	NJ	Northeast	703,758	Urban	22.2	43.2	51.3	11.3	29.1	2022
Union County	NJ	Northeast	565,482	Urban	20.8	32.0	40.3	7.8	39.4	2015
Bronx County	NY	Northeast	1,389,399	Urban	25.6	35.3	22.2	23.4	9.3	2015
Essex County	NY	Northeast	35,078	Rural	1.7	4.3	30.4	10.2	91.8	2015
Ontario County	NY	Northeast	108,481	Suburban	2.1	4.1	39.8	8.7	89.9	2015
Rensselaer County	NY	Northeast	154,759	Suburban	2.4	5.9	37.7	10.6	83.1	2015
Belmont County	OH	Midwest	62,801	Suburban	0.5	1.2	18.0	12.4	91.7	2015
Carroll County	OH	Midwest	26,360	Suburban	1.0	0.4	13.6	11.1	95.2	2015
Hamilton County	OH	Midwest	809,243	Urban	2.7	6.1	42.3	13.6	67.0	2015
Lake County	OH	Midwest	229,448	Suburban	3.0	5.5	32.7	6.8	88.0	2015

Creek County	OK	South	71,205	Suburban	1.0	1.9	18.6	13.0	77.1	2015
Hood River County	OR	West	22,833	Rural	12.9	16.1	40.1	6.6	66.3	2015
Washington County	OR	West	591,783	Suburban	8.1	18.3	46.8	7.5	65.7	2022
Allegheny County	PA	Northeast	1,210,236	Urban	2.4	6.4	48.4	10.4	79.3	2022
Elk County	PA	Northeast	30,521	Rural	0.3	0.9	19.8	8.9	96.6	2015
Franklin County	PA	Northeast	154,143	Suburban	2.7	3.8	24.2	7.9	88.2	2015
Philadelphia County	PA	Northeast	1,545,396	Urban	11.1	15.1	36.2	19.7	36.7	2022
Fall River County	SD	Midwest	6,793	Rural	1.8	2.0	17.5	21.0	85.3	2015
Turner County	SD	Midwest	8,465	Suburban	1.1	1.6	30.2	7.7	95.9	2015
Bradley County	TN	South	105,702	Suburban	2.9	5.4	24.6	12.7	86.0	2015
Burleson County	TX	South	17,739	Suburban	7.8	7.5	21.5	12.6	66.1	2015
Collin County	TX	South	1,072,980	Urban	9.3	22.2	56.5	5.8	55.2	2022
Harris County	TX	South	4,681,090	Urban	19.6	26.5	33.5	12.9	30.1	2022
Rains County	TX	South	12,193	Rural	3.5	4.0	18.1	11.3	84.5	2015
Travis County	TX	South	1,261,545	Urban	10.3	17.8	54.9	10.1	50.6	2022
Salt Lake County	UT	West	1,164,693	Urban	7.0	13.1	38.3	7.7	71.6	2022
Appomattox County	VA	South	16,174	Suburban	0.3	1.6	21.8	10.5	78.2	2015
Henrico County	VA	South	329,913	Suburban	5.5	13.4	47.7	7.0	52.8	2015
Nelson County	VA	South	14,657	Suburban	1.8	4.3	27.4	14.0	82.5	2015
Spotsylvania County	VA	South	140,709	Suburban	4.7	8.6	34.1	6.1	67.1	2015
Radford City	VA	South	13,315	Suburban	0.8	4.2	48.6	34.5	83.3	2015
Virginia Beach City	VA	South	449,820	Urban	3.9	9.4	40.8	7.5	62.1	2015
King County	WA	West	2,212,871	Urban	10.7	25.0	57.0	7.9	58.6	2022
Mineral County	WV	South	26,290	Suburban	0.5	0.4	22.5	11.6	93.4	2015
Raleigh County	WV	South	71,000	Suburban	0.2	1.2	21.9	20.8	87.9	2015
Ozaukee County	WI	Midwest	89,708	Suburban	1.1	5.2	53.5	3.9	91.4	2015

Table A.3: Summary Statistics of Selected Counties, N=80

Variable	Urbanicity	Mean	Std. Dev.	Min	Max
Population	Total	652,598.8	1,371,789.4	5,434	9,735,169
	Urban	1,884,266.8	2,029,647.6	449,820	9,735,169
	Suburban	150,339.2	202,397.4	6,754	879,856
	Rural	30,881.2	25,601.4	5,434	87,295
% with a B.A.+	Total	31.9	12.2	11.8	57.0
	Urban	41.4	8.9	22.2	57.0
	Suburban	28.6	11.7	11.8	53.5
	Rural	24.7	8.7	13.6	40.1
% Below Poverty	Total	12.1	5.1	3.1	34.5
	Urban	11.6	3.8	5.8	23.4
	Suburban	12.3	5.8	3.1	34.5
	Rural	12.5	4.6	6.6	21.0
% Foreign Born	Total	9.9	10.9	0.4	54.0
	Urban	22.0	12	5.9	54.0
	Suburban	4.9	4.8	0.4	19.7
	Rural	4.0	4	0.8	15.4
% LEP	Total	5.9	6.9	0.2	33.9
	Urban	13.1	7.9	2.4	33.9
	Suburban	2.9	3.3	0.2	17.6
	Rural	2.9	3.5	0.3	12.9
% NH White	Total	70.4	22.1	9.3	96.6
	Urban	45.6	18	9.3	79.3
	Suburban	79.9	13.9	34.7	95.9
	Rural	84.9	12.3	57.5	96.6
% Black	Total	10.9	11.2	0.0	50.3
	Urban	18.8	10.2	1.7	39.1
	Suburban	8.4	9.9	0.3	50.3
	Rural	4.5	9.7	0.0	34.6
% Latino	Total	11.7	14.1	0.7	70.4
	Urban	23.7	17.4	2.1	70.4
	Suburban	6.6	8.6	0.9	51.8
	Rural	6.5	7.5	0.7	26.6
% Asian	Total	3.8	5.4	0.0	32.5
	Urban	8.9	7.3	1.7	32.5
	Suburban	1.9	2.3	0.0	11.1
	Rural	0.8	0.6	0.2	2.5

% American Indian/ Alaska Native	Total	0.6	1.5	0.0	10.4
	Urban	0.5	0.3	0.1	1.1
	Suburban	0.6	1.6	0.0	10.4
	Rural	0.9	2.2	0.0	7.7
% Hawaiian/ Pacific Islander	Total	0.1	0.2	0.0	1.5
	Urban	0.2	0.4	0.0	1.5
	Suburban	0.1	0.1	0.0	0.6
	Rural	0.1	0.2	0.0	0.7
% Two or More Races	Total	5.8	4.4	0.9	29.9
	Urban	9.4	5.5	3.3	29.9
	Suburban	4.4	2.7	0.9	15.8
	Rural	3.9	3.3	1.8	13.1
% Other Race	Total	4.0	5.3	0.0	31.4
	Urban	8.6	7.1	0.7	31.4
	Suburban	2.0	2.6	0.0	15.2
	Rural	1.9	1.9	0.2	5.9

Table A.4: State Sample and State SNAP Website Language Resources

State	Counties in Sample	Website Translation	Translated Languages	Other Resources	Non-English Resources
Alabama	1	Embed & MT	1	Other Language(s) Phone	15
Arizona	1	Embed & MT	1	Other Language(s) Phone	55
California	4	Embed	19	None	0
Florida	7	Embed	2	Other Language(s) Phone	16
Georgia	2	Embed & MT	1	Other Language(s) Phone	15
Idaho	1	Machine Translation	0	None	0
Illinois	1	Embed & MT	1	None	0
Indiana	3	None	0	Other Language(s) Phone	1
Iowa	2	Machine Translation	0	Other Language(s) Phone	15
Kansas	3	None	0	English Only Phone	0
Kentucky	5	Embed & MT	8	Other Language(s) Phone	8
Louisiana	1	Embed & MT	2	None	0
Minnesota	1	Embed & MT	1	None	0
Missouri	3	Machine Translation	0	English Only Phone	0
Montana	3	None	0	None	0
New Hampshire	1	None	0	Other Language(s) Phone	20
New Jersey	4	Embed & MT	1	None	0
New York	4	Embed & MT	12	Other Language(s) Phone	12
North Carolina	3	Embed & MT	1	Other Language(s) Phone	15
Ohio	4	Machine Translation	0	Other Language(s) Phone	16

Oklahoma	1	Machine Translation	0	English Only Statement	0
Oregon	2	Embed & MT	1	Other Language(s) Phone	23
Pennsylvania	4	Embed & MT	1	Other Language(s) Phone	12
South Dakota	2	Machine Translation	0	Other Language(s) Phone	17
Tennessee	1	Embed & MT	12	Other Language(s) Statement	10
Texas	5	Embed	1	None	0
Utah	1	Embed & MT	1	None	0
Virginia	6	Embed & MT	1	None	0
Washington	1	Embed & MT	26	None	0
West Virginia	2	Embed	1	None	0
Wisconsin	1	Embed & MT	1	English Only Phone	0

Table A.5: Sample Hospitals by County

County	State	Hospital 1	Hospital 2	Hospital 3
Elmore County	AL	Community Hospital	Elmore Community Hospital	--
Mohave County	AZ	Havasu Regional Medical Center	Kingman Regional Medical Center	Valley View Medical Center
Alameda County	CA	Kaiser Foundation Hospital – San Leandro	Stanford Health Care - Tri-Valley	Alta Bates Summit Medical Center
Kern County	CA	Kern Medical Center	Adventist Health Bakersfield	Ridgecrest Regional Hospital
Los Angeles County	CA	Hollywood Presbyterian Medical Center	PIH Health Whittier Hospital	Providence Little Company of Mary Medical Center Torrance
Sacramento County	CA	Mercy General Hospital	Methodist Hospital of Sacramento	Mercy San Juan Medical Center
Duval County	FL	Baptist Health Medical Center – Jacksonville	Ascension St. Vincent's Riverside	Shands Jacksonville
Hernando County	FL	Tampa General Hospital Brooksville	HCA Florida Oak Hill Hospital	--
Hillsborough County	FL	HCA Florida South Shore Hospital	Tampa General Hospital	AdventHealth Carrollwood
Lee County	FL	Gulf Coast Medical Center Lee Health	Cape Coral Hospital	HCA Florida Lehigh Hospital
Leon County	FL	HCA Florida Capital Hospital	Tallahassee Memorial Healthcare	--
Miami-Dade County	FL	West Kendall Baptist Hospital	Mount Sinai Medical Center	Steward Hialeah Hospital
Orange County	FL	UCF Lake Nona Hospital	AdventHealth Orlando	Orlando Health
Heard County	GA	Wellstar West Georgia Medical Center	--	--

Troup County	GA	Wellstar West Georgia Medical Center	--	--
Mills County	IA	Bellevue Medical Center	--	--
Polk County	IA	Broadlawns Medical Center	Iowa Methodist Medical Center	MercyOne Des Moines Medical Center
Washington County	ID	Weiser Memorial Hospital	--	--
Cook County	IL	South Shore Hospital	Resurrection Medical Center	Ascension Saint Joseph Hospital – Chicago
Jay County	IN	Indiana University Health Jay Hospital	--	--
Marion County	IN	Franciscan Health Indianapolis	Indiana University Health Methodist Hospital	Community Hospital North
Sullivan County	IN	Sullivan County Community Hospital	--	--
Doniphan County	KS	Mosaic Life Care at St. Joseph	--	--
Osage County	KS	AdventHealth Ottawa	--	--
Riley County	KS	Ascension Via Christi Hospital in Manhattan	--	--
Daviess County	KY	Owensboro Health Regional Hospital	--	--
Henderson County	KY	Deaconess Henderson Hospital	--	--
Jefferson County	KY	Baptist Health Louisville	Norton Hospital	University Of Louisville Hospital
Madison County	KY	CHI Saint Joseph Health – Saint Joseph Berea	Baptist Health Richmond	--
Oldham County	KY	Baptist Health La Grange	--	--
St. Helena Parish	LA	St. Helena Parish Hospital	--	--
Lincoln County	MN	Hendricks Community Hospital	Avera Tyler Hospital	--
Buchanan County	MO	Mosaic Life Care at St Joseph	--	--

Franklin County	MO	Mercy Hospital Washington	Missouri Baptist Sullivan Hospital	--
Saline County	MO	Fitzgibbon Hospital	--	--
Carbon County	MT	Beartooth Billings Clinic	--	--
Cascade County	MT	Benefis East Campus	Great Falls Clinic Hospital	--
Missoula County	MT	Providence St. Patrick Hospital	Community Medical Center	--
Gaston County	NC	Caromont Regional Medical Center	--	--
Mecklenburg County	NC	Novant Health Matthews Medical Center	Novant Health Presbyterian Medical Center	Carolinas Medical Center
Pamlico County	NC	CarolinaEast Medical Center	--	--
Carroll County	NH	Huggins Hospital	MaineHealth Memorial Hospital	--
Camden County	NJ	Virtua Voorhees Hospital	Jefferson Stratford Hospital	Cooper University Hospital
Essex County	NJ	Clara Maass Medical Center	Cooperman Barnabas Medical Center	Hackensack Meridian Health, Mountainside Medical
Hudson County	NJ	Carepoint Health, Christ Hospital	Carepoint Health, Hoboken University Medical Center	Hudson Regional Hospital
Union County	NJ	Overlook Medical Center	Trinitas Regional Medical Center	Robert Wood Johnson University Hospital Rahway
Bronx County	NY	St. Barnabas Hospital	NYC Health + Hospitals, Lincoln	Montefiore Einstein
Essex County	NY	Elizabethtown Community Hospital	--	--
Ontario County	NY	Clifton Springs Hospital & Clinic	Geneva General Hospital	Thompson Health
Rensselaer County	NY	Samaritan Hospital	--	--
Belmont County	OH	East Ohio Regional Hospital	Barnesville Hospital	--

Carroll County	OH	Trinity Health System, Twin City Medical Center	--	--
Hamilton County	OH	Mercy Health, Anderson Hospital	The Christ Hospital	UC Medical Center
Lake County	OH	Lake Health	--	--
Creek County	OK	Drumright Regional Hospital	Ascension St. John Sapulpa	--
Hood River County	OR	Providence Hood River Memorial Hospital	--	--
Washington County	OR	Kaiser Foundation Hospital Westside	Legacy Meridian Park Medical Center	Providence St. Vincent Medical Center
Allegheny County	PA	UMPC Presbyterian Shadyside	UPMC East	Jefferson Hospital
Elk County	PA	Penn Highlands Elk	--	--
Franklin County	PA	Wellspan Waynesboro Hospital	Wellspan Chambersburg Hospital	--
Philadelphia County	PA	Roxborough Memorial Hospital	Pennsylvania Hospital	Hospital of the University of Pennsylvania
Fall River County	SD	Fall River Health Services	--	--
Turner County	SD	Pioneer Memorial Hospital & Health Services	--	--
Bradley County	TN	Bradley Medical Center	--	--
Burleson County	TX	St. Joseph Health Burleson Hospital	--	--
Collin County	TX	Baylor Scott & White Medical Center - Centennial	Medical Center Mckinney	Texas Health Plano
Harris County	TX	Memorial Hermann - Texas Medical Center	Elite Hospital Kingwood	HCA Houston Healthcare Northwest
Rains County	TX	UT Health Quitman	--	--
Travis County	TX	Baylor Scott & White Medical Center Pflugerville	Ascension Seton Medical Center Austin	St. David's Medical Center

Salt Lake County	UT	St. Mark's Hospital	Holy Cross Hospital-Jordan Valley	LDS Hospital
Appomattox County	VA	Centra Lynchburg General Hospital	--	--
Henrico County	VA	Henrico Doctors' Hospital	--	--
Nelson County	VA	Augusta Health	--	--
Radford City	VA	Carilion New River Valley Medical Center	--	--
Spotsylvania County	VA	Spotsylvania Regional Medical Center	--	--
Virginia Beach City	VA	Sentara Virginia Beach General Hospital	Sentara Princess Anne Hospital	--
King County	WA	St. Anne Hospital in Burien	MultiCare Auburn Medical Center	Overlake Hospital Medical Center
Mineral County	WI	Aurora Medical Center - Grafton	--	--
Raleigh County	WV	Potomac Valley Hospital	--	--
Ozaukee County	WV	Beckley Arh Hospital	Raleigh General Hospital	--

Table A.6: Surveyed Organizations by County

County	State	Organizations Contacted
Elmore County	AL	1
Mohave County	AZ	1
Alameda County	CA	5
Kern County	CA	1
Los Angeles County	CA	5
Sacramento County	CA	2
Duval County	FL	3
Hernando County	FL	0
Hillsborough County	FL	1
Lee County	FL	2
Leon County	FL	1
Miami-Dade County	FL	4
Orange County	FL	4
Heard County	GA	0
Troup County	GA	0
Mills County	IA	0
Polk County	IA	5
Washington County	ID	0
Cook County	IL	5
Jay County	IN	0
Marion County	IN	4
Sullivan County	IN	0
Doniphan County*	KS	1
Osage County*	KS	1
Riley County	KS	2
Daviess County	KY	1
Henderson County	KY	0
Jefferson County	KY	3
Madison County	KY	1
Oldham County	KY	0
St. Helena Parish	LA	0
Lincoln County	MN	0
Buchanan County	MO	2
Franklin County	MO	1
Saline County	MO	0
Carbon County	MT	0

Cascade County	MT	0
Missoula County	MT	1
Gaston County	NC	0
Mecklenburg County	NC	4
Pamlico County	NC	0
Carroll County	NH	0
Camden County	NJ	1
Essex County	NJ	3
Hudson County	NJ	3
Union County	NJ	2
Bronx County	NY	4
Essex County	NY	1
Ontario County	NY	1
Rensselaer County	NY	1
Belmont County	OH	0
Carroll County	OH	0
Hamilton County	OH	3
Lake County	OH	2
Creek County*	OK	1
Hood River County	OR	1
Washington County	OR	2
Allegheny County	PA	5
Elk County	PA	1
Franklin County	PA	0
Philadelphia County	PA	4
Fall River County	SD	1
Turner County	SD	0
Bradley County	TN	1
Burleson County	TX	0
Collin County	TX	2
Harris County	TX	2
Rains County	TX	0
Travis County	TX	3
Salt Lake County	UT	4
Appomattox County	VA	0
Henrico County	VA	2
Nelson County*	VA	1
Radford City	VA	0

Spotsylvania County*	VA	1
Virginia Beach City	VA	0
King County	WA	5
Ozaukee County	WI	1
Mineral County*	WV	1
Raleigh County	WV	1
Total		**121**

*Note: Surveyed organization is located in a nearby county.

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APPENDIX B: 2025 Language Access LEP Organization Survey

Privacy Act Notification about Use of Information Collected by the U.S. Commission on Civil Rights for the Language Access Report

The U.S. Commission on Civil Rights (the Commission) is collecting information for our report on language access in government services and health care. The purpose of this page is to tell you how the Commission is going to use the information from this survey. The information provided may be used in the Commission's report on language access. The Commission's reports are available to the public (https://www.usccr.gov/) and submitted to Congress and the President of the United States. The Commission may also use the information in other projects or other reports. The Commission would like your feedback and input regarding the most common languages spoken by Limited English Proficient (LEP) individuals in your county and the extent to which these individuals are able to access federally funded services. The Commission is particularly interested in your feedback on the extent to which translation and interpretation services are available for LEP individuals at social services offices (i.e., county offices where individuals can apply for federally funded benefit programs, such as Medicaid or SNAP) and hospitals. Responses to this survey will be maintained in accordance with the Systems of Records Notification published in the Federal Register to meet the Privacy Act requirements (See 40 Fed. Reg. 40787 (Sept. 3, 1975) (discussing use of information collected in Commission projects). Participation in this survey is voluntary. You may decline to answer questions or end your participation in the survey at any time. The survey should take about 10 minutes to complete.

You may choose to participate in this survey and allow the Commission to use your name. You may also choose to participate in the survey, but request that the Commission use your organization's name, but not use your name. Finally, you may choose to participate but request that the Commission not use your name or the name of your organization. **Please indicate your preference below.**

- ○ The Commission may use my survey answers and my name, organization, and title.
- ○ The Commission may use my survey answers and my organization's name, but NOT my name and title.
- ○ The Commission may use my survey answers and identify me as anonymous but NOT use my name, organization name, or title.

Please enter the following:

- ○ Name _____
- ○ Email Address _____
- ○ Title _____
- ○ Organization _____
- ○ State _____
- ○ County _____
- ○ Date _____

Briefly tell us about your organization's work with populations with Limited English Proficiency (LEP).

_____

_____

_____

_____

_____

In general, and understanding that services may vary across offices, rate the language access support your county's **social services offices** provide to LEP individuals:

- ○ Very good
- ○ Good
- ○ Neither good nor poor
- ○ Poor
- ○ Very poor

Please explain why you chose the above rating.

_____

_____

_____

_____

_____

In general, and understanding that services may vary, rate the language access support your county's hospitals provide to LEP individuals:

- ○ Very good
- ○ Good
- ○ Neither good nor poor
- ○ Poor
- ○ Very poor

Please explain why you chose the above rating.

_____

_____

_____

_____

_____

To your knowledge, which languages are most commonly spoken by LEP individuals in your county? Have there been major changes over time, such as an increase or decrease in the share of county residents who speak certain languages?

_____

_____

Do language services provided by hospitals and social services offices seem to differ between languages (e.g., is translation/interpretation more likely to be available in one language than another)?

What are the most common challenges that LEP individuals face when attempting to access healthcare or social services in your county? Are there unique challenges for different languages?

Is there anything that your county social services offices or hospitals do particularly well to support LEP individuals?

_____

_____

_____

Is there any additional information that you would like the United States Commission on Civil Rights to know about LEP individuals or services in your community?

_____

_____

_____

_____

_____

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Statement of Chair Rochelle M. Garza

Life-changing decisions are made in moments that often feel ordinary. Sitting in a doctor's office, trying to explain what hurts. Reading a letter from the government that determines whether your family keeps its benefits. Signing a document you are told is important, but not fully understanding what it says. Speaking with an official and hoping you are answering the questions correctly.

For many Americans, these are routine interactions. But for millions of people in this country–especially those who need language assistance–those same moments carry a different weight, because they hinge on one simple, critical question: *Do you understand what is being said to you?*

As a fifth-generation Tejana raised in Brownsville, Texas, alongside Matamoros, Mexico, I have lived my entire life in a bicultural, bilingual community where language is not a barrier–it's a way of life. I grew up seeing families move seamlessly between Spanish and English, between cultures, and between systems. But I also saw something else. I saw what happens when our institutions do not meet people where they are.

I have seen the hesitation in someone's voice when they are unsure if they are being understood. I have seen the confusion on a parent's face when they are trying to make the best decision for their child without fully grasping the information in front of them. And I have seen how quickly those moments, small on their own, can turn into consequences that follow someone for years.

That reality came through clearly in this Commission's investigation.

Throughout this process we heard what can happen when someone walks into a doctor's office and cannot fully communicate with their provider. The ability to explain what you are feeling and to understand what a doctor is telling you is fundamental to receiving proper care. When that communication breaks down, the consequences go beyond confusion. Conversely, without access to a qualified interpreter, important details can be missed or misunderstood. This can lead to misdiagnosis, improper treatment, long-term harm, and in the most serious cases, can be fatal.

We also learned that, too often, communication depends on convenience rather than qualification. Family members, friends, or even children may be asked to interpret. While this may seem practical, it carries real risks. Untrained interpreters may not accurately convey medical information, may omit key details, or may unintentionally alter meaning. Patients themselves may hold back information out of concern for privacy.

Our learnings about what happens in medical settings reflect a broader truth about how language shapes access to every system that governs our lives.

Every day, people are asked to make decisions that carry real weight. They sign forms, respond to official notices, and navigate systems that are complex even under the best circumstances. When

those decisions are made without full understanding, the consequences are not always immediate, but they are real. Someone may miss a deadline they did not know existed. They may agree to something they did not fully intend. They may misunderstand a process and find themselves facing serious consequences simply because there was a breakdown in communication, not intent.

Over time, those moments add up. What begins as a language gap becomes something larger. It becomes a question of fairness, of access, and of whether people are truly able to participate in systems that impact their lives.

Today, more than 27 million people in the United States are limited English proficient and rely on language assistance to access essential services. That is not a small or isolated population. It represents families, workers, and neighbors who contribute to our communities every day.

And yet, access to language services remains inconsistent. In some places, it is built into the system. In others, it depends on chance, on whether someone happens to be available to interpret, or whether information has been translated at all.

That inconsistency has real consequences, and is why Executive Order 14224 undermines not only the current strides to improve language access, but also the expansion of further access. This order, designating English as the official language of the United States, was issued in March 2025, and left decisions about language access to individual agencies.

The Administration declined to testify before this Commission following the issuance of that order. As Chair of a body tasked with examining civil rights and informing national policy, that absence matters. It limits our ability to fully understand how language access will be protected and how we can continue to safeguard the rights of everyday Americans.

We should be clear about something fundamental – speaking English does not define what it means to be an American.

This country has always been shaped by many languages, many cultures, and many voices. Even for those who speak English fluently, navigating a doctor's visit, completing a lease agreement or consent form, or accessing essential government services can be difficult. These systems are complex by design.

When language barriers are added on top of that complexity, the likelihood of confusion increases, but the consequences go beyond confusion. They increase the risk of serious misunderstandings that can harm a person's health, affect their rights, and lead to life-threatening or even fatal outcomes. That is what is at stake.

Language access is not about convenience. It is not about preference. It is about whether people can understand the decisions they are being asked to make and whether those decisions are truly their own.

It is about dignity. It is about fairness. And it is about whether our systems live up to the promise of equal protection under the law.

In the community that raised me, language has always been a bridge between people, between cultures, and between ways of understanding the world.

Our policies should reflect that same principle.

Because no one should have to navigate the most important moments of their life, decisions about their health, their family, or their future, without the ability to fully understand what is being asked of them.

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Statement of Commissioner Stephen Gilchrist

One can traverse throughout the American landscape and hear a plethora of languages spoken besides English, specifically in our more Urban areas. It is understood by most Americans, though by default, America is an English-speaking country. While one might be fluid in speaking their "home" language it is understood by most and expected by many that one will know enough English to avail themselves of the opportunities within our country. This sentiment is consistent with President Trump's Executive Order (E.O.) 14224, *Designating English as the Official Language of the United States.*[781] The order details how the federal government will address language access on the federal level. This E.O replaced the previous administration's EO regarding language access. One of the main principles in the EO was to give federal agencies flexibility in how they implement LEP services. I believe allowing federal agencies to decide how best to implement and serve the American people makes sense. This can help eliminate unnecessary duplication and provide a cohesive standard that the public can readily expect from their national government.

A country as linguistically diverse as the United States must be commended. Our laws have made strides in ensuring that equal opportunities are available to its citizens. The corner stone of our system of government rests upon providing safety to the American people and opportunities for its citizens. Our country has made tremendous progress in accommodating LEP services in the United States. As mentioned in his testimony to the Commission, Jacob Hofstetter, Policy Analyst at the Migration Policy Institute, emphasized the progress governments at all levels have made in language access over the past 25 years, but cautioned that language access remains a "work-in-progress."[782]

In the United States, there are over 350 languages spoken, and some surveys suggest the number might be closer to over 400![783] I don't expect anyone to believe that of all the languages spoken in the US that there will be an expectation to accommodate some of the most uncommon languages spoken. However, it is reasonable to expect that where there is a large population of LEP clientele there should be efforts made to ensure services are available particularly related to essential public health issues and economic opportunity issues. Our government cannot be all things to all people, but we can be committed to American ideas, customs, and adherence to our laws. The executive summary in this report synthesizes the presidents Executive Order:

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[781] Designating English as the Official Language of the United States, Exec. Order No. 14224, 90 Fed. Reg. 11363 (Mar. 1, 2025).
[782] Jacob Hofstetter, Policy Analyst, Migration Policy Institute, Written Statement for the *Language Access for Individuals with Limited English Proficiency* Briefing before the U.S. Commission on Civil Rights, March 21, 2025, p. 2 (hereinafter Hofstetter Statement).
[783] ShareAmerica. "The United States is Rich in Languages." U.S. Department of State. https.//share.america.gov/united-states-is-rich-in-language

In welcoming new Americans, a policy of encouraging the learning and adoption of our national language will make the United States a shared home and empower new citizens to achieve the American dream. Speaking English not only opens doors economically, but it helps newcomers engage in their communities, participate in national traditions, and give back to our society. This order recognizes and celebrates the long tradition of multilingual American citizens who have learned English and passed it to their children for generations to come.[784]

And in July 2025, Attorney General Pam Bondi provided initial guidance to federal agencies on the implementation of E.O. 14224, stating that DOJ will "lead a coordinated effort to minimize non-essential multilingual services, redirect resources toward English-language education and assimilation, and ensure compliance with legal obligations through targeted measures where necessary."[785] In accordance with the E.O., DOJ guidance encourages agencies to consider "which of their programs, grants, and policies might serve the public at large better if operated exclusively in English," but states that agencies may still provide language services if it is "necessary to fulfill [the agency's] mission and efficiently provide government services."[786]

As its related to healthcare, our Limited English Proficiency (LEP) populations are challenged by miscommunication in medical settings, inadequate access to healthcare services and an inability to understand health information. These issues can lead to serious implications if not addressed with care and intention.[787] Our healthcare professionals are trained to preserve and save lives; therefore, they understand that patients need to comprehend their treatment plans, seek help when needed and do not allow fear or embarrassment to stop them from seeking needed medical care.

While these scenarios highlight the critical importance of language access and the importance of communication in healthcare settings to promote safety and health outcomes for LEP individuals. It's also important that we look at how to maximize technology to bridge gaps in knowledge and access.

AI and technology can significantly assist individuals with Limited English Proficiency (LEP) in several ways, though it's crucial to recognize their limitations. Currently, we have technology with language translation tools, speech recognition and voice assistants, interactive text to speech to

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[784] *Id.*
[785] Pam Bondi, Memorandum for All Federal Agencies, "Implementation of Executive Order No. 14,224: Designating English as the Official Language of the United States of America," Jul. 14, 2025, https://www.justice.gov/ag/media/1407776/dl?inline=&utm_medium=email&utm_source=govdelivery.
[786] Ibid.
[787] Twersky, Sylvia E., et al. *"The Impact of Limited English Proficiency on Healthcare Access and Outcomes in the U.S.: A Scoping Review."* Healthcare, vol. 12, no. 3, 2024, p. 364. MDPI, https://www.mdpi.com/2227-9032/12/3/364.
[mdpi.com]

text applications, visual aids, and symbols.[788] However, despite the advancement in technology, there still are challenges that technology cannot completely erase. AI language models often struggle with regional dialects, slang, and culturally specific terms, potentially leading to misinterpretation or ineffective communication. And not all LEP individuals have equitable access to technology, whether due to financial constraints, lack of digital literacy, or limited internet access.[789]

English is the language of commerce! Knowing it can be a tremendous asset, difficulty with learning can make navigating our essential systems more challenging. Many within our LEP community are industrious, smart, and entrepreneurial. Learning English quickly and competently can have tremendous benefits as its related to employability, networking opportunities, and integrating within the work culture. Several training programs and professional development opportunities are conducted in English.[790] By learning the language, immigrants can better participate in these programs, allowing them to acquire new skills and qualifications that can further enhance their job prospects and career advancement. Major industries in the U.S. are increasingly looking for workers who can communicate with a diverse customer base. English language skills enable immigrants to compete in these job markets and tap into sectors where English is the primary working language.

Conclusion:

Overall, learning English can be a transformative factor for immigrants. People want to come to America and build a better life here. Speaking the language can open doors to a better life. When we support English as our official language, we encourage newcomers to learn and engage with our culture, which benefits everyone. Conversely, we need to make sure that those who are not proficient in English still have the support they need to navigate our healthcare, educational and economic systems.

This report could not have been possible without the commitment and dedication of my fellow commissioners, specifically the lead on this report, Commissioner Magpantay.

I also want to thank our dedicated staff, interns, volunteers, and special assistants.

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[788] Five Benefits of Using Modern Technology in English| CEL. https://share.google/6vLN0Uxoiju3Jymly.
[789] Nelson, Jordan, Anderson Wills, and Jane Owen. *"Multilingual AI Assistants and Their Impact on Healthcare Equity."* **ResearchGate**, 24 Nov. 2024, https://www.researchgate.net/profile/Jordan-Nelson-15/publication/391901771_Multilingual_AI_assistants_and_their_impact_on_healthcare_equity/links/682c8172be1b507dce8c3a0d/Multilingual-AI-assistants-and-their-impact-on-healthcare-equity.pdf.
[790] *"Pearson's Latest Study Reveals English Fluency Can Boost Salaries by Up to 80%."* **Mondly Blog**, 12 Mar. 2024, https://www.mondly.com/blog/news/pearsons-english-study/.
[nilc.org]

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Statement of Commissioner Glenn D. Magpantay

I am grateful that this Commission unanimously approved, in a bipartisan manner, an investigation and report on *Language Access for Americans with Limited English Proficiency*. This issue cuts across political lines and affects many Americans. Today, 27.6 million people in the U.S. are limited English proficient (LEP).[791] This equates to 8% of the American population. Of that population, studies reveal:

- Latino, Spanish-speaking adults make up two-thirds of the LEP population, while LEP Asian American, Native Hawaiians, and Pacific Islanders (AANHPIs) account for over one-fifth;[792]
- Within these broader groups, certain communities show higher rates of LEP, with over 80% of Puerto Ricans[793] and 64% of Cuban Americans identifying as LEP;[794] and
- Chinese, Vietnamese, Korean, and Tagalog are amongst the top 5 languages spoken by LEP Americans with Arabic and Russian ranking amongst the top languages spoken across LEP Americans.[795]

Various federal laws and regulations, Supreme Court decisions, and Presidential Executive Orders (EO) collectively encourage, permit, and in many cases, mandate language assistance so that Americans with limited English proficiency can meaningfully access government services and federally funded programs. Six states and over 35 counties and municipalities have enacted their own language assistance requirements to ensure access to essential services.[796]

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[791] U.S. Census Bureau, "Selected Social Characteristics in the United States," American Community Survey, ACS 2023 1-Year Estimates, Population 5 Years of Age or Older That Speaks English Less Than "Very Well," Table DP02, https://data.census.gov/table/ACSDP1Y2023.DP02 (accessed Jun. 30, 2025).
[792] Sweta Haldar et. al, "Overview of Health Coverage and Care for Individuals with Limited English Proficiency (LEP)," KFF (Jul. 7, 2023), https://www.kff.org/racial-equity-and-health-policy/overview-of-health-coverage-and-care-for-individuals-with-limited-english-proficiency/.
[793] Fred Drews, "Six Questions about the Limited English Proficient (LEP) Workforce," Brookings (Sep. 24, 2014), https://www.brookings.edu/articles/six-questions-about-the-limited-english-proficient-lep-workforce/.
[794] Jeanne Batalova & Jie Zong, "Cuban Immigrants in the United States," Migration Policy Institution (Nov. 9, 2017), https://www.migrationpolicy.org/article/cuban-immigrants-united-states-2016#:~:text=For%20decades%2C%20immigrants%20from%20Cuba,approximately%2044%20million%20immigrants%20overall.
[795] https://www.migrationpolicy.org/article/cuban-immigrants-united-states-2016#:~:text=For%20decades%2C%20immigrants%20from%20Cuba,approximately%2044%20million%20immigrants%20overall.
[796] Localities with language access laws include: Anchorage, AK; Austin, TX; Baltimore, MD; Boston, MA; Chapel Hill, NC; Chicago, IL; Detroit, MI; Houston, TX; Humboldt County, CA; King County, WA; Long Beach, CA; Madison, WI; Minneapolis, MN; Monterey County, CA; Monterey Park, CA; Montgomery County, MD; Multnomah County, OR; Nassau County, NY; New York City, NY; Oakland, CA; Orange County, NC; Palm Springs, CA; Philadelphia, PA; Portland, ME; Prince George's County, MD; San Diego County, CA; San Francisco, CA; San Jose, CA; San Mateo County, CA; Santa Clara County, CA; Seattle, WA; Suffolk County, NY; Tucson, AZ; Westchester County, NY; and Worcester, MA. *See* Hofstetter, McHugh, and O'Toole, "A Framework for Language Access;" MIMA Statement, pp. 1-2.

Millions of Americans rely on essential government services and federally funded programs, yet too many face unnecessary barriers simply because English is not their first language.[797] Over the course of this investigation, we discovered troubling patterns:

- Mistranslations of life-saving health information;
- Disparate accuracy rates by Machine Translation tools for different languages;
- Legally mandated oral interpreters not provided upon request; and
- Explicit instances of required language access services overlooked or altogether neglected.

I am proud to have led the Commission's yearlong investigation and to have developed its Findings and Recommendations for the Administration and Congress. The investigation assesses critical issues, analyzes recurring challenges, and outlines best practices to strengthen language access nationwide. The Commission received invaluable input from subject-matter experts, including researchers, attorneys, federal and state officials, community advocates, impacted individuals, and members of the American public.

The gold standard for language assistance for translations is a two-step process where all written translations are reviewed, or proofread, by a second translator to ensure accuracy and appropriateness (i.e., neither too colloquial, nor overly formal).

I recognize that President Trump issued Executive Order 14224 on March 1, 2025, which designated English as the official language of the United States. The Order is mostly symbolic. While it mandates that all federal governmental materials be available in English, which is already done, nothing in the Order requires the elimination of translated materials, translated webpages, or interpreter telephone services.

In fact, the Order explicitly permits federal agencies to maintain existing policies, including language access plans, and to provide documents and services in languages other than English alongside English versions. It requires that translations be accurate, efficient, and cost effective, to which I agree, and to which the Commissions' report helps ensure.

However, President Trump's Order also repealed Executive Order 13166, which was adopted in 2000. The 25-year-old Executive Order had bipartisan support and was signed and followed by Presidents Clinton, Bush, Obama, Trump (1st term), and Biden. The effect, today, is that federal agencies are no longer *mandated* to "take specifically defined steps related to language access

[797] "21.3 Percent of the U.S. Population Participates in Government Assistance Programs Each Month," U.S. Census Bureau (May 28, 2015), https://www.census.gov/newsroom/archives/2015-pr/cb15-97.html.

but *can* do so if agency heads deem such steps appropriate or necessary."[798] Agency heads have flexibility in deciding how and when to offer translated materials and interpretation services to best fulfill the agency's mission.

Recommendations

I urge the President to codify Executive Order 13166 and language access provisions to ensure that Americans with limited English proficiency can meaningfully access government services and federally funded programs. Our report urges federal agencies and departments to continue to provide language assistance and ensure that assistance is accurate and effectively reaches the targeted language minority group.

The Commission, in a unanimous bipartisan vote, also urges Congress to codify language access into federal law. This can be done by codifying EO 13166 into a federal statute.

Alternatively, Congress can also require federal agencies and recipients of federal funding to use a proven-four factor test for specific and identifiable language minority groups in determining and developing their language access requirements (i.e., individuals who speak the same language):

1. The number or proportion of LEP persons in the eligible service population;
2. The frequency with which LEP individuals come into contact with the program;
3. The importance of the benefit, service, information, or encounter to the LEP person (including the consequences of lack of language services or inadequate interpretation/translation); and,
4. The resources available to the recipient and the costs of providing various types of language services.[799]

Congress should restore the foundational language access rights established by *Lau v. Nichols* (1974).[800] By codifying a private right of action, Congress can ensure individuals have the necessary legal remedies to combat discrimination and fully access the rights and benefits entitled to them.

Language access is a priority for Congressmembers, with Representative Grace Meng introducing the "The Language Access for All Act" on behalf of the Congressional Asian Pacific American

[798] Jacob Hofstetter, "Shifting Priorities: How the Official English Executive Order Could Affect Language Access Efforts," Migration Policy Institution (Mar. 2025), https://www.migrationpolicy.org/n1ews/official-english-order-language-access.
[799] "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," Treasury Department (Feb. 4, 2005), https://www.federalregister.gov/documents/2005/02/04/05-2156/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national.
[800] *Lau v. Nichols*, 414 U.S. 563 (1974).

Caucus in February 2026.[801] Language access is an issue that cuts across the political spectrum and should be of great importance for all elected members of Congress as translation and interpretation services benefit the American people. I urge for the bill's swift passage.

Acknowledgments

I would like to express my thanks to the expert witnesses and panelists who took the time to provide testimony and share their experiences which helped shape our report. Additionally, thank you to those who submitted public comments. The public comments we received demonstrated how significant and necessary language access is for the American people.

I would also like to extend my deepest gratitude to the entire Commission staff whose dedication made this investigation possible. Special thanks to Dr. Heather Hicks of the Office of Civil Rights Evaluation for the nuance and care that she brought to this subject matter. Additional thanks to the Commission's Administrative Support and Clearinghouse Division for their tireless efforts in ensuring the organization and execution of our briefing, and to the Public Affairs Unit for ensuring our investigation reaches the American public. I would also like to thank the student interns who provided invaluable research and support on this investigation: Jessica Kweon, University of Baltimore School of Law; Justin Cayago, George Washington School of Law; Josephine Kim, Duke University School of Law; Noorkaran Chima, University of North Carolina at Charlotte; Chelsea Hernandez, University of Florida; and Lavleen Mahadar, Brown University.

Thank you to my fellow Commissioners for their thoughtful review and contributions, as well as to the Special Assistants who keep us all on track. Special thanks to Commissioner J. Christian Adams for bringing his expertise and experience to this investigation. Lastly, endless thanks to my Special Assistant Stephanie Wong for all that she does.

[801] H.R. 7223, To improve access to Federal services by individuals with limited English proficiency, and for other purposes (Language Access for All Act), 119th Cong. (2025-2026), https://www.congress.gov/bill/119th-congress/house-bill/7223/actions.

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