



# Language Access for Individuals with Limited English Proficiency

## FACT SHEET

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This report is the culmination of a yearlong investigation that examined the extent to which language barriers impact access to essential government services and healthcare for individuals with Limited English Proficiency (LEP). The Commission assessed how federal agencies and recipients of federal funding provide language access, where gaps remain, and best practices for strengthening interpretation and translation services. The report was unanimously approved by a bipartisan group of Commissioners.

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. The federal government defines these individuals who speak English less than “very well” as limited English proficient (LEP). 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. This population often requires language assistance, such as translations or interpreters, to access government services.

As part of this investigation, the Commission held a public briefing in May 21, 2025 in Washington, D.C., during which the Commission heard testimony from subject matter experts such as language access researchers and attorneys, federal and state government officials, community advocates, and directly impacted individuals.

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**While LEP individuals recognize the importance of learning English, they may be unable to do so when their basic needs are not met.**

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**Language assistance helps to ensure that each individual can participate fully and contribute to society.**

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
- social services

**Over the past several decades, many federal agencies have taken important steps to provide LEP individuals with access to government-funded services.**

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.

## This report is organized into five chapters

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### **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

### **Chapter 2 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
- Section 602 empowers federal agencies to issue rules and regulations implementing Section 601 with the programs and activities they fund

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.

### **Chapter 3 summarizes the steps that USDA and HHS have taken to address language access in SNAP and hospitals, respectively.**

Federal agencies have historically worked to provide 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.

- One study found that about 25% of hospitals in “high need” areas with large LEP populations do not provide language assistance
- 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
- 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

## **Chapter 4 presents the results of quantitative content analysis of county websites, state SNAP program websites, and hospital websites.**

- 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%)
- 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

Chapter 4 also includes our qualitative analysis of responses to the Commission’s survey of community organizations that serve LEP populations.

- 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
- 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
- Most organizations indicated that Spanish-speakers are served well, but speakers of less common languages have difficulty accessing interpreters

## **Chapter 5 concludes the report with the Commission’s findings and recommendations found on [pg. 153](#)**

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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.

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**For more information about this report, visit:**

**<https://www.usccr.gov/reports/2026/language-access-individuals-limited-english-proficiency>**