



Kennedy Krieger Institute

**DATE:** March 28, 2024                              **COMMITTEE:** Senate Education, Energy, and Environment  
**BILL NO:** House Bill 981  
**BILL TITLE:** State Government - Equal Access to Public Services for Individuals With Limited English Proficiency - Modifications  
**POSITION:** Support

**Kennedy Krieger Institute supports House Bill 981 - Principal Departments - Individuals With Limited English Proficiency - Access to Public Services**

**Bill Summary:**

House Bill 981, as amended, requires principal departments of the Executive Branch to fully implement by July 1, 2025, statutory provisions that require certain reasonable steps to provide equal access for individuals with limited English proficiency (LEP).

**Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger’s services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

The vision for the Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

**Rationale:**

In Maryland, about 1 out of 5 people over the age of 5 speak a language other than English at home.<sup>1</sup> In the past fiscal year, Kennedy Krieger provided over 20,000 appointments for individuals who required the use of an interpreter and while the majority of these individuals reported speaking Spanish (over 70%), the Institute had more than 40 other unique languages represented across our patient population.

Being able to receive information on important state-sponsored programs in an individual’s preferred language would help ensure that Marylanders are able to access the care and support they need.

In the health care setting, providing language access means ensuring that individuals with limited English proficiency (LEP) skills can communicate effectively to participate in and receive services.<sup>2</sup> The ability for patients to effectively communicate is a critical and an important step in eliminating health disparities and achieving health equity.<sup>2</sup> Language is a social determinant of health because language barriers contribute to difficulties with accessing health care services.<sup>3</sup> Language barriers can also contribute to serious health risks for those who have LEP as a result of lower quality of care.<sup>4</sup> Language-concordant care (i.e., a match between a health-care provider and a patient’s language) improves health outcomes such as having a higher likelihood of receiving preventative health screenings or services.<sup>5</sup> However, there is a shortage of health professionals who are able to provide health care services in other languages. Moreover, a reliance on unqualified interpreters such as family members can lead to misunderstandings and potentially devastating outcomes.<sup>6</sup>

Overall, a lack of interpretation and translation services for individuals with LEP likely have significant effects on patient safety, quality of care, and patient satisfaction.<sup>7</sup> As such, we are in full support of HB 981 which would be a critical first step towards health equity for individuals with LEP in Maryland who are seeking critical public services.

**Kennedy Krieger Institute requests a favorable report on House Bill 981.**

**Contact information: Emily Arneson, AVP Government Affairs – 443.631.2188 or arneson@kennedykrieger.org**

## References

1. Migration Policy Institute. State Immigration Data Profiles: Maryland. Published 2022. Accessed February 29, 2024. <https://www.migrationpolicy.org/data/state-profiles/state/language/MD//>
2. Language Access. Wyoming Department of Health. Published August 23, 2022. Accessed September 2, 2022. <https://health.wyo.gov/publichealth/office-of-performance-improvement-and-health-equity/multicultural/cultural/>
3. Language as a Social Determinant of Health: An Applied Linguistics Perspective on Health Equity. Language as a Social Determinant of Health: An Applied Linguistics Perspective on Health Equity - American Association For Applied Linguistics. Accessed September 3, 2022. <https://www.aal.org/news/language-as-a-social-determinant-of-health-an-applied-linguistics-perspective-on-health-equity#>
4. A Practical Guide to Implementing the National CLAS Standards. Accessed September 3, 2022. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>
5. Diamond L, Izquierdo K, Canfield D, Matsoukas K, Gany F. A Systematic Review of the Impact of Patient–Physician Non-English Language Concordance on Quality of Care and Outcomes. *J GEN INTERN MED*. 2019;34(8):1591-1606. doi:10.1007/s11606-019-04847-5
6. Chen AH, Youdelman MK, Brooks J. The Legal Framework for Language Access in Healthcare Settings: Title VI and Beyond. *J GEN INTERN MED*. 2007;22(S2):362-367. doi:10.1007/s11606-007-0366-2
7. Goenka PK. Lost in translation: impact of language barriers on children’s healthcare. *Current Opinion in Pediatrics*. 2016;28(5):659-666. doi:10.1097/MOP.0000000000000404