AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 811
(I-23)

Introduced by: Medical Student Section
Subject: Expanding the Use of Medical Interpreters
Referred to: Reference Committee J

Whereas, over 25 million people in the US have limited English proficiency (LEP), and
interpreter use for these patients is associated improved morbidity and mortality, provider
communication, discharge education, and health literacy and fewer medical errors\(^1\)-\(^6\); and

Whereas, a study of increased interpreter use showed decreased readmission rates with
monthly hospital savings of $160,000, after accounting for interpreter costs\(^9\); and

Whereas, multiple analyses, including a systematic review, find that reminders by text and
phone provided in a patient’s preferred language can increase appointment attendance that
reminders by text reminders by text or phone improve patient adherence and appointment
attendance when delivered in the patient’s preferred language\(^10\)-\(^13\); and

Whereas, bilingual physicians are not officially certified and may still be required to use an
interpreter for liability\(^14\); and

Whereas, in one study, 84% of bilingual medical students reported being asked to interpret for
patients, of whom 53% reported feeling uncomfortable with interpretation\(^15\); and

Whereas, some institutions offer interpretation courses (with advanced skills beyond
introductory language electives) for already bilingual trainees to increase comfort with
interpretation, improve patient interactions, and even save costs\(^16\)-\(^22\); therefore be it

RESOLVED, that our American Medical Association amend H-160.924, “Use of Language
Interpreters in the Context of the Patient-Physician Relationship,” by addition as follows:

Use of Language Interpreters in the Context of the Patient-Physician
Relationship H-160.924

1. AMA policy is that: (1) further research is necessary on how the use of
interpreters--both those who are trained and those who are not--impacts
patient care; (b) treating physicians shall respect and assist the patients’
choices whether to involve capable family members or friends to provide
language assistance that is culturally sensitive and competent, with or
without an interpreter who is competent and culturally sensitive; (c)
physicians continue to be resourceful in their use of other appropriate
means that can help facilitate communication--including print materials,
digital and other electronic or telecommunication services with the
understanding, however, of these tools' limitations--to aid Limited English
Proficiency (LEP) patients’ involvement in meaningful decisions about their
care; d) patients have expanded access to documentation and
communications available in their preferred language, including appointment reminder calls/messages, post-appointment summaries, and electronic medical records, through access to trained interpreter and translator services; and (de) physicians cannot be expected to provide and fund these translation services for their patients, as the Department of Health and Human Services’ policy guidance currently requires; when trained medical interpreters are needed, the costs of their services shall be paid directly to the interpreters by patients and/or third party payers and physicians shall not be required to participate in payment arrangements.

2. Our AMA recognizes the importance of using medical interpreters as a means of improving quality of care provided to patients with LEP including patients with sensory impairments.

3. Our AMA encourage hospital systems, clinics, residency programs, and medical schools to promote and incentivize opportunities for physicians, staff, and trainees to receive medical interpreter training and certification.

(Modify Current HOD Policy)

Fiscal Note: Minimal - less than $1,000

Received: 09/27/2023

REFERENCES


RELEVANT AMA POLICY

H-295.870 Medical School Language Electives in Medical School Curriculum
Our AMA strongly encourages all Liaison Committee on Medical Education- and American Osteopathic Association-accredited US medical schools to offer medical second languages to their students as electives. [Res. 304, A-07; Reaffirmed: CME Rep. 01, A-17]

H-160.931 Health Literacy
Our AMA:
(1) recognizes that limited patient literacy is a barrier to effective medical diagnosis and treatment;
(2) encourages the development of literacy appropriate, culturally diverse health-related patient education materials for distribution in the outpatient and inpatient setting;
(3) will work with members of the Federation and other relevant medical and nonmedical organizations to make the health care community aware that approximately one fourth of the adult population has limited literacy and difficulty understanding both oral and written health care information;
(4) encourages the development of undergraduate, graduate, and continuing medical education programs that train physicians to communicate with patients who have limited literacy skills;
(5) encourages all third party payers to compensate physicians for formal patient education programs directed at individuals with limited literacy skills;
(6) encourages the US Department of Education to include questions regarding health status, health behaviors, and difficulties communicating with health care professionals in all future National Assessment of Adult Literacy studies;
(7) encourages the allocation of federal and private funds for research on health literacy;
(8) recommends all healthcare institutions adopt a health literacy policy with the primary goal of enhancing provider communication and educational approaches to the patient visit;
(9) recommends all healthcare and pharmaceutical institutions adopt the USP prescription standards and provide prescription instructions in the patient's preferred language when available and appropriate; and
(10) encourages the development of low-cost community- and health system resources, support state legislation and consider annual initiatives focused on improving health literacy. [CSA Rep. 1, A-98; Appended: Res. 415, I-99; Modified and Reaffirmed: CSAPH Rep. 1, I-09; Appended: Res. 718, A-13; Reaffirmed: BOT Rep. 09, A-23]

H-385.917 Interpreter Services and Payment Responsibilities
Our AMA supports efforts that encourage hospitals to provide and pay for interpreter services for the follow-up care of patients that physicians are required to accept as a result of that patient's emergency room visit and Emergency Medical Treatment and Active Labor Act (EMTALA)-related services. [CMS Rep. 5, A-11; Reaffirmed: CMS Rep. 1, A-21; Reaffirmed in lieu of: Res. 231, A-23]