



New York City Council Hearing

Language Access in Hospitals

Committee on Hospitals

Ivelesse Mendez-Justiniano, PhD, MBA, MS
Chief Diversity, Equity, and Inclusion Officer

NYC Health + Hospitals

June 10, 2025

Good afternoon Chairwoman Narcisse and members of the Committee on Hospitals. I am Ivesse Mendez-Justiniano, Chief Diversity, Equity and Inclusion Officer at NYC Health + Hospitals (Health + Hospitals). Language access is an essential component of Health + Hospitals' mission to deliver high quality health care services to all patients, regardless of the language they speak. Thank you for the opportunity to testify before you to discuss access to language services and related programs at Health + Hospitals.

Whether a patient is walking through the doors of Health + Hospitals, or logging on for a telehealth appointment, it is our mission to provide personalized health care to all New Yorkers, with no exceptions. When a patient begins their health care journey with Health + Hospitals, they will find language posters and signage informing them that we provide free interpretation services, no matter the facility they walk into. With over 300 languages provided through various means, our staff and providers have access to on-demand phone and video interpretation as well as in-person interpretation for spoken and sign languages at select facilities to ensure each patient receives their personal health care information in their preferred language. In addition, through our Accessible Format Directory, Health + Hospitals provides written translation of critical documents into the top 13 languages spoken by the communities we serve, which include:

- Albanian
- Arabic
- Bangla/Bengali
- Chinese (simplified)
- Chinese (traditional)
- French
- Haitian Creole
- Hindi
- Korean
- Polish
- Russian
- Spanish
- Urdu

In 2024, Health + Hospitals provided 41.2 million minutes of interpretation in 190 different languages and dialects. Of the 41.2 million minutes, roughly 74% was via over-the-phone interpretation and 24% via video remote interpretation. These services are provided 24/7 across the system, both in-person and digitally, and through on-site interpreters at select facilities. In addition to these interpreter services, Health + Hospitals also works with vendors to translate After Visit Summaries (AVS) generated by our Epic system as well as pharmacy labels and instructions.

Health + Hospitals strives to be a fully integrated, equitable health system that meets New Yorkers where they are. As part of this commitment, interpretation services are integrated into our telehealth platforms providing immediate access to Over-the-Phone Interpretation and Video Remote Interpretation services during virtual consultations. Patients can also customize their MyChart patient portals in their preferred language.

To support effective communication with patients with Limited English Proficiency, Health + Hospitals has updated its System New Employee Orientation training modules, to include interpretation guidance and regulatory updates aligned with Section 1557 of the ACA. In addition, we have conducted a system-wide language proficiency assessment and require a 40-hour interpreter training for multilingual staff involved in patient care to ensure safe and effective communication. Health + Hospitals works closely with its vendors to ensure interpreter accreditations are up to date, and that those hired are meeting the standards of care necessary for medical interpretation.

NYC Health + Hospitals remains committed to advancing health equity through a robust language access infrastructure to support New York City's diverse populations. We recognize that clear communication is foundational to delivering high-quality health care. This means creating an environment where patients can seek care without fear, feel understood across languages and cultures,

and navigate medical information with clarity. We will continue to strengthen our language services to meet patient needs, uphold legal standards, and reflect best practices.

Thank you again for the opportunity to testify today on this critical topic. I'm happy to answer any questions.

June
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2025

Council Member Mercedes Narcisse
Chair, Committee on Hospitals
New York City Council
250 Broadway, Suite 1792
New York, NY 10007

RE: Statement for “Language Access in Hospitals” Hearing

Dear Council Member Narcisse:

Thank you for the opportunity to submit a statement on behalf of the Greater New York Hospital Association (GNYHA), which represents every public and voluntary hospital in New York City, as well as hospitals and health systems throughout New York State, New Jersey, Connecticut, and Rhode Island. GNYHA is proud to serve these hospitals and health systems that provide 24/7/365 care for all their patients.

GNYHA’s member hospitals take seriously their responsibility to provide language access to patients. We and our members believe health care is a human right and that being able to communicate with your patients is necessary to provide high quality care. Hospitals operationalize their language access strategies by delivering interpretation across their facilities and by having a designated language assistance coordinator implement their strategies on a daily basis.

Hospitals and health systems serve different populations and communities, and the languages spoken by the patients who present to the hospital understandably vary. However, the core ways hospitals offer language access services are:

- telephonic services
- video remote interpretation
- trained staff interpreters
- and professional agency interpreters

The use of an array of language service modalities has enabled hospitals to serve patients who speak a wide range of languages, including languages that are less prevalent in the community. Hospitals also benefit from the strategic use of bilingual staff and volunteers for non-medical communication needs.



Hospitals' language access strategies include an annual language needs assessment so that hospitals can thoughtfully plan. Language assistance coordinators conduct this assessment using available demographic information from the US Census and their own utilization records, among other sources. Hospital language assistance coordinators manage language assistance and effective communication services for people with limited English proficiency and those who are hard-of-hearing, deaf, visually impaired, or with other communication needs. Like other hospital staff and health care workers, hospital language coordinators are passionate, trained, mission-driven language-access professionals who provide hands-on services. GNYHA convenes them on a quarterly basis to discuss how they address challenges to language assistance and to share information and best practices with their peers across the industry and City. This group's focus has always been to promote policies and services to best meet patient needs.

Crucially, hospitals rely on reimbursement from the Medicaid program and New York's Essential Plan to adequately provide all sorts of patient services, including language access services. That is why GNYHA, our member hospitals, and our allies are fighting in Washington, DC, to defend Medicaid and the Essential Plan from the draconian cuts proposed by Congress. The cuts passed by the House of Representatives and under discussion by the Senate total a staggering \$13.5 billion for just New York and roughly \$900 billion nationally over 10 years. We welcome the City Council's help in this critically important fight and look forward to working together to protect our community hospitals and the millions of patients they serve.

Please contact Chatodd Floyd (cfloyd@gnyha.org) or David Labdon (dlabdon@gnyha.org) with any questions or concerns.

Sincerely,



David Labdon
Assistant Vice President, State Affairs

CIDNY Testimony on Language Access in and About Hospitals

06/10/2025

My name is Mbacke Thiam. I am the Housing & Health Community Organizer at Center for the Independence of the Disabled, New York (CIDNY). We are a nonprofit organization founded in 1978. We are part of the Independent Living Centers movement, a national network of grassroots and community-based organizations that enhance opportunities for people with disabilities to direct their own lives. CIDNY advocates for people with disabilities in the five boroughs of New York City. Last year we served over 42,000 consumers.

Effective communication in the healthcare setting: A fundamental Right

Under the American with Disabilities Act, the Section 504 of the Rehabilitation Act and the section 1557 of the Affordable Care Act (ACA), as well as the NY State and NYC Human Rights Law, hospitals have a legal obligation to assure that people with disabilities can effectively communicate with doctors, nurses and other care providers. This includes providing qualified interpreters for people who are deaf or hard of hearing, and also alternative formats for those with visual, cognitive, speech, or intellectual disabilities. Failure to provide meaningful communication assistance can lead to serious miscommunication, which may drastically impact patients and health care outcomes.

Inclusive Language Access

Language Access does not just mean providing Spanish, Chinese and French interpreters. Hospitals should not rely on family members and friends of the patient. They need to cater to the need of people with disabilities in providing:

- Professional ASL Interpreters
- CART (Communication Access Realtime Translation) Captioning
- Braille for people who are blind
- Large Print for people with low vision acuity
- Trained Staff on Speech and cognitive disabilities

Lack of Inclusive Communication about Major Health Care Events and Hospital Closure

We can learn from a negative example. The NY State Health Equity Impact Assessment (HEIA) requirement was signed into law in December of 2021 and

amended in February of 2022. The requirement went into effect with the law on June 22, 2023. Section 2802-b of the Public Health Law directs Article 28 facilities to file an HEIA with every Certificate of Need (CON) application for certain project applications requiring the New York State Public Health and Health Planning Council's or Commissioner of Health's approval. The purpose of the HEIA is to demonstrate the health equity impacts of a proposed project by a health care facility. It has requirements of extensive public notice, although there is no discussion of reaching people with impaired language abilities. It had one other major flaw- it was not applicable to hospital closures. A problem which we hope will be addressed by this year's LICH bill (Local Input in Community Healthcare Act 2025-2026 [A6004](#) / [S1226](#)), which passed the Senate and Assembly this past week.

In September 2023, Mount Sinai Health Network, which owned Beth Israel Hospital, began to close departments at Beth Israel, stopped providing services, and planned to entirely and permanently close the Hospital by July 2024 without production a "fair and independent" Health Equity Impact Assessment. The public notice about what was happening was generally deficient and totally failed to be inclusive of people with disabilities, including the elderly, even though those overlapping groups represented a huge percentage of the hospital's patients. We believe that this represented a wholly unlawful violation of the ADA and State and City Human Rights Laws (as did the whole closure). CIDNY fought the closure in Court; we delayed the closure for a year but eventually lost. In order to prevent the poor communication to the disabled community from happening again, our leaders must do better to ensure that people with disabilities receive effective communication - not just on the patient level, but also when public notice is needed on a community-wide basis. This Council can assure that the City's laws are strengthened so as to require inclusive communication about health care changes affecting the larger community. The City may not be able to stop hospital closures, but it can make sure that all affected can make the necessary changes in their healthcare plans.

We thank the City Council for providing CIDNY with the opportunity to testify. This testimony is supported by Arthur Z. Schwartz, General Counsel of CIDNY, and Dr. Sharon McLennon-Wier, Executive Director of CIDNY.

Thank you,

Mbacke



New York City Council Fiscal Year 2026

Executive Budget Hearings

Committee on Health and Committee on Mental Health, Disabilities, and Addiction

June 10th, 2025

Testimony of Miral Abbas, Health Partnerships Coordinator

Coalition for Asian American Children and Families

I'm writing to urge the Council to uplift community initiatives such as Access Health NYC to address the epidemic of language inaccessibility that is affecting the healthcare of those who are historically marginalized and limited English proficient in NYC. While there are 76 language access policies in New York's healthcare system, many Limited English Proficient (LEP) patients still face significant barriers to accessing services. These language barriers disproportionately affect hard to reach and immigrant populations, putting them **at a higher risk of health disparities because they cannot communicate effectively with healthcare professionals.**

A study with NYU's Center for the Study of Asian American Health found that **26% of survey respondents** lacked regular access to accurate information during the pandemic in their language. Research also shows that 52% of adverse events for LEP patients stem from communication errors. They also face nearly 20% longer emergency department visits, hospital stays are almost 1.33 days longer, and 30% higher readmission rates. **These disparities necessitate effective and equitable programmatic efforts from those closest to these barriers, who know best how to tackle them, such as Access Health's community organizations.**

Access Health NYC is a city-wide initiative that supports **37 community based organizations across all 5 boroughs of NYC** and enables community organizations to provide pivotal education, outreach, referrals & assistance to hard-to-reach populations about accessing vital healthcare, such as those who are uninsured, who are undocumented, who have limited English proficiency, have disabilities, are LGBTQ+, and who are unhoused. Access Health NYC's



organizations provide necessary language accessibility and culturally sensitive resources and programs.

A lack of accurate and available translated materials and the digital literacy divide which became more profound during the COVID-19 pandemic, has worsened language inaccessibility rates. This crisis is growing as those who are LEP and immigrant, are feeling the brunt of changing federal policies and “chilling effects” that are resulting in loss of healthcare and impacts on immigrants’ wellbeing. **Access Health NYC supports many awardees who are being threatened with cuts to critical health services by the federal administration and who are conducting necessary health outreach in their communities’ native languages, to dispel current misinformation, fear, and ‘chilling effects’.** Access Health organizations are already reporting decreasing health insurance enrollments and in-person visits to their centers for necessary health resources + connections. As a result, organizations are having to conduct increased outreach and education, such as ‘Know your rights’ webinars, etc. Given their cultural and linguistic responsiveness, community-based clinics and centers are preferred amongst immigrants when it comes to seeking resources or safe havens.¹ Through their deep-rooted presence in communities, community organizations such as those in Access Health, possess unique insights into the needs and strengths of the populations they serve. **From internal evaluation, Access Health organizations *have reported increased engagement and utilization of their services.* Investing in these organizations is both warranted and essential to equitably and effectively reach underserved communities and to address critical issues that are impacting community, such as language accessibility.**

At a recent Access Health convening hosted by CACF on language inaccessibility, community leaders highlighted how community-based organizations can partner with hospitals and providers to advance meaningful language access for all New Yorkers. **Organizations shared that:**

1

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/living-in-an-undocumented-immigrant-family-under-the-second-trump-administration-fear-uncertainty-and-impacts-on-health-and-well-being/>



1. **Quality Language access services are difficult to access**, as current language translation services provided, do not encompass the breadth of languages spoken amongst our New Yorkers, especially when considering the multitude of language dialects. Furthermore, current languages are often inaccurately translated; working with community members who do expertly speak these languages may improve the accuracy and thus utilization of these languages.
2. **The lack of available and accurate language translation services contributes to increasing mistrust of health institutions.** Immigrants and historically marginalized community members are more likely to seek emergency care, and community members report that in these emergency situations they struggle to find healthcare providers, let alone an interpreter, who can help them navigate their visit. Awardees mentioned the need for proper signage and anointed community liaisons who can specifically guide those who are LEP in emergency rooms.
3. **The lack of language access is impacting the cultural responsiveness of healthcare.** Awardees shared community experiences where miscommunication between providers and patients have led to unsafe and dangerous situations; working with community organizations can help providers understand their patient populations' language and cultural preferences which impacts the care received.

Access Health organizations also shared positive examples of their successful collaborations with hospitals, which can serve as models to improve language accessibility and cultural responsiveness in healthcare. **A key takeaway from these partnerships is the importance of working with community organizations that understand the chronic health conditions affecting their own populations and how to deliver health education in ways that resonate with their constituents. Investing in programs like Access Health NYC, which are rooted in and trusted by immigrant communities, is a proven and effective way to address language inaccessibility, a critical barrier that continues to impact the very communities that Access Health NYC serves.**

Further take-aways from the community convening are summarized in this [brief](#).

Committee on Hospitals

“Oversight: Language Access”

Testimony from African Communities Together

June 10, 2025

Good afternoon Chair Narcisse and members of the Committee on Hospitals. Thank you for holding today's important hearing.

My name is Airenakhue B. Omoragbon and I am the New York Policy Manager at African Communities Together (ACT). As a national membership organization that is by and for African immigrants, ACT is dedicated to fighting for civil rights, opportunity, and a better life for our communities in the United States. We are headquartered in Harlem and the members of our New York Chapter hail from countries like Senegal, Guinea, Sudan, Mauritania, and the Ivory Coast.

I am here today to highlight the need to expand language services for patients who speak African languages.

In New York State, approximately 30% of all New Yorkers speak a language other than English at home. Around 2.5 million New Yorkers do not read, write, or understand English fluently, and are described as having Limited English Proficiency (LEP). Of the languages people with LEP speak in New York City, there are approximately 86,694 speakers of African languages, and tens of thousands of speakers of French and Arabic. Despite these statistics, African immigrants are still among New York's most language-isolated communities.

To address these issues, African Communities Together has worked for almost a decade to eliminate language and cultural barriers to immigrants' access to public services. We have led the Language Justice Collaborative (LJC) and worked with organizations like MASA, the Asian-American Federation (AAF), Haitian American United for Progress (HAUP), the Immigrant Advocates Response Collaborative (I-ARC), and the New York Immigration Coalition (NYIC) to create pipelines to employment for New Yorkers trained in interpretation.

In the fight for language justice, ACT is known for: 1) Advocating for New York City's Local Law 30, mandating the translation of documents into the 10 designated citywide languages; and 2) Pushing for the passage of New York State Language Access Law (Chapter 56 of 2022), which codified New York's language access policy and expanded the statewide languages of translation from 6 to 12, to include languages like French and Arabic. However, we are most proud of the work we did to create and bolster AfriLingual, New York's first and premier African worker-owned language collaborative.

The AfriLingual Cooperative provides language access through interpretation, translation, and language instruction to African communities in need. It consists of 8 trained and certified interpreters, who aim to bridge the gap to language accessibility for our communities. They

educate people on the diversity of African languages and try to preserve our languages and cultures by providing services in French, English, Bambara, Wolof, Ewe, Mina, Fulani, Mandingo, and Moore. These business owners and interpreters serve members of the African community in legal, business, and community meetings, hospitals, and schools, just to name a few.

Last year, African Communities Together worked with our colleagues in the Language Justice Collaborative to lead a successful campaign that resulted in the New York City Council making an unprecedented investment of \$3.8 Million in building the language access workforce with the creation of language services worker-owned cooperatives and a language bank in Fiscal Year 2023.

In today's hearing, I learned that some of the greatest challenges New York's immigrants face in the hospital setting, stem from: 1) The acute need for interpreters for patients who primarily speak indigenous languages; 2) Failures to honor patients' cultural needs and preferences for in-person vs. virtual interpretation services; 3) Delays in informing patients about interpretation services free of charge; and 4) The need for more detailed and precisely accurate interpretation.

African Communities Together is committed to continuing to play our part in helping immigrant New Yorkers access medical care. If we receive the funding we requested in this budget season, we believe that over the next two years AfriLingual will expand from the 10 languages we currently offer to providing interpretation, translation, and ESOL instruction in 20 African languages for people in need of those services in New York City.

Now is not the time to take our foot off the gas when it comes to fighting for language access. I ask for the City Council to continue to see ACT and AfriLingual as a resource in solving this challenge, now and in years to come.

Thank you.

Submitted by:
Airenakhue B. Omoragbon, MSSW, LMSW
NY Policy Manager
African Communities Together

Good afternoon. My name is Dr. Shane Solger, and I am a resident physician in Emergency Medicine and Internal Medicine at Kings County Hospital. I am also a member of the Committee of Interns and Residents, the union representing over 40,000 resident physicians nationwide.

When I began residency in 2020, interpretation services for Haitian Creole were grossly inadequate.

Haitian Creole is the third most common language spoken by patients at Kings County Hospital, sometimes even surpassing Spanish for second place.

Yet until 2023, we only had video interpretation from 8 a.m. to 8 p.m. On my night shifts, we were forced to use our personal phones, which often dropped calls multiple times in a single patient encounter. I've had to care for critically ill Creole-speaking patients who couldn't engage with a phone due to their confusion from illness or trauma.

In the clinic, interpreters were dialed in on landline speakers. Our OB-GYN colleagues coached women through labor on cell phones. We while we always made it work, communicating with our patients should not have been this difficult.

When I had asked why this continued, I was told: "It's always been this way," and "we've been saying it for years that we should have better interpretation services."

That changed only after Councilmember Rita Joseph—alongside Councilmembers Narcisse (nar-cese), Hanif (ha-neef), and Schulman—intervened. Thanks to their advocacy and pressure on Dr. Katz, the hospital purchased 60 additional interpretation tablets, 24/7 Haitian Creole video interpretation access, MyChart in Haitian Creole, and, as of April, our first of three in-person Creole interpreters started working.

But there is still work to be done. We still can't provide printed discharge instructions in Haitian Creole and most after-visit summaries rely on Google Translate. Spanish-speaking patients—despite accounting for nearly 6,000 ED visits last year—still lack access to in-person interpreters during trauma or critical illness.

Finally, the city should consider implementing an independent and recurring review of language access that includes frontline staff—not just administrators—because only we can truly speak to the daily realities of patient care.

Thank you for your time and continued commitment to health equity.

Submitted by:

Dr. Shane Solger, MD

Member, Committee of Interns and Residents (CIR SEIU)

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Nelisse Mendez-Justiniano

Address: Chief Diversity, Equity and
Inclusion Officer

I represent: _____

Address: NY CHH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 8/10/25

(PLEASE PRINT)

Name: Sherry Chen

Address: 50 Broad St., New York NY 10204

I represent: Coalition for Asian American Children and

Address: 50 Broad St. Families

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Airenakhue Anoragbon

Address: _____

I represent: African Communities Together

Address: _____

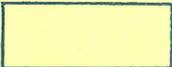


Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Shane Solger

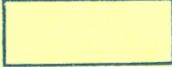
Address: [redacted] [redacted] Bklyn NY 11206

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. 1134 Res. No. _____

in favor in opposition

Date: 06

(PLEASE PRINT)

Name: Benjamin Wade

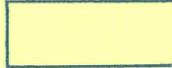
Address: [redacted] Richmond 11211, NY

I represent: N/A

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/10/20

(PLEASE PRINT)

Name: Christopher Leon Johnson

Address: [redacted]

I represent: Self

Address: _____



Please complete this card and return to the Sergeant-at-Arms

