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FACT SHEET

AB 1242: Language Access

SUMMARY

AB 1242 addresses the systemic and widening disparity in access to services in California by ensuring individuals with limited English proficiency (LEP) and individuals who are deaf or hard of hearing have meaningful access to health and human services. The bill: 1) establishes a Language Access Director within the California Health and Human Services Agency (CalHHS) to coordinate and oversee agency-wide language access efforts; 2) ensures there is human review when using AI for translation or interpretation in language assistance; and 3) improves the determination of languages covered by state and local agencies by amending the Dymally Alatorre Act.

BACKGROUND

California is home to one of the most linguistically diverse populations in the country, with residents speaking over 200 languages, variants, and dialects. Nearly 6.4 million Californians have limited English proficiency (LEP), making up the largest population with LEP in the nation. Almost 44% of the population speak a language other than English at home and 17.1% do not read, write, or understand English very well and are considered individuals with LEP. Statewide, most of the households with LEP prefer to speak Spanish, followed by Asian and Pacific Islander languages.

While Spanish is the most commonly spoken non-English language in California, many communities with LEP speak

languages that are often overlooked in statewide policy. Nearly 13% of LEPs are from Asian American & Native Hawaiian Pacific

Islander (AA&NHPI), Latin American, African and Caribbean communities that have indigenous language needs. It is not uncommon that these communities are often concentrated in specific geographic areas where the lack of culturally and linguistically appropriate services becomes an even greater barrier to equitable access. For these individuals, language barriers can create significant obstacles to obtaining essential health care services and understanding their rights, responsibilities, and available benefits.

Numerous studies have documented the health disparities experienced by individuals with LEP and persons who are deaf or hard of hearing, including miscommunication with providers, lower satisfaction with care, and worse health outcomes. Inadequate language services contribute to longer hospital stays, higher rates of readmission, and increased risk of medical errors—leading to avoidable costs for both patients and the state.

A recent review published by the National Institutes of Health found that LEP individuals face higher barriers to health care access and significantly worse clinical outcomes compared to English-proficient populations. These findings underscore “the urgent need for targeted interventions and policy initiatives in the U.S. to address disparities in conditions ranging from chronic diseases to surgical outcomes for the LEP population.”¹

California has long led the nation in recognizing the importance of language access. In 1973, the state enacted the Dymally-Alatorre Bilingual Services Act, which requires state agencies

¹ The Impact of Limited English Proficiency on Healthcare Access and Outcomes, National Institutes of Health (2023).

serving a substantial number of non-English-speaking people to provide services and materials in those individuals' languages. Since then, additional laws and policies have reinforced the commitment to in-language access. However, these efforts have not always been implemented, monitored, or enforced effectively.

In 2023, California Executive Order N-16-22, which called for stronger equity and language access across state agencies, CalHHS released a Language Access Policy and Guidance Document in 2023. Despite this progress, there lacks a centralized Language Access Director within CalHHS tasked with overseeing all of its departments to ensure consistency, coordination, and accountability across its departments.

More troubling, Executive Order 14224 designated English as the official language of the U.S., the first such designation in the country's history. This EO also rescinded President's Clinton's Executive Order 13166, which threatens crucial access to federal, state, and local services for individuals with LEP individuals, as protected under Title VI of the Civil Rights Act of 1964. Weakening language access protections could exclude millions from essential services while undermining their ability to fully participate in society.

Given the size of the state's populations with LEP and the federal push to decrease language access, it is imperative that California take steps forward in protecting and strategically increasing access to LEP individuals.

SOLUTION

Building upon the Governor's Language Access Executive Order and CalHHS' current efforts, this bill pushes to bridge some remaining gaps in access to health care by:

1. Establishing a Language Access Director at CalHHS whose responsibilities include implementing its Language Access Plan, overseeing and coordinating the language access coordinators in every CalHHS department and

office to implement their Language Access Plans, supporting the collection of data for, and submission of, the biennial report to the legislature and posting the report on its website for greater transparency, establishing mechanisms for community level input and engagement, and very importantly, ensuring that there is human review when using machine, online or Artificial Intelligence (AI)-generated language assistance for both interpretation and translation services.

2. Amending the Dymally Alatorre Bilingual Services Act to improve the determination of languages covered by state and local agencies through the use of relevant data sources, including but not limited to, the most recent data from the U.S. Census Bureau, the state Department of Education, the state Department of Finance, and other relevant databases, community-level input from various mechanisms, such as evidence-based data, focus groups, roundtables, and any other relevant factors, i.e, linguistic isolation and percentages of limited English proficiency within each language group, etc.

By beginning to close long-standing gaps in language access oversight and coordination, AB 1242 will help eliminate avoidable disparities, improve health outcomes, and reduce costs across the system—while advancing health equity for millions of Californians.

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