

118TH CONGRESS
1ST SESSION

H. R. 6033

To require the Secretary of Health and Human Services to establish a task force to improve access to health care information technology for non-English speakers.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 24, 2023

Mrs. STEEL (for herself, Mr. GOMEZ, Mr. CISCOMANI, Mr. ESPAILLAT, Mr. CÁRDENAS, Ms. DE LA CRUZ, Mrs. KIM of California, Mr. CUELLAR, Ms. CHU, Mr. PANETTA, Mr. VALADAO, Mr. VARGAS, Mr. CARBAJAL, Ms. LEE of Nevada, and Ms. SEWELL) introduced the following bill

OCTOBER 25, 2023

Referred to the Committee on Energy and Commerce

A BILL

To require the Secretary of Health and Human Services to establish a task force to improve access to health care information technology for non-English speakers.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Supporting Patient
5 Education And Knowledge Act of 2023” or the “SPEAK
6 Act of 2023”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Telehealth has become a critical source of
4 health care for patients.

5 (2) Patients with limited English proficiency
6 have lower telehealth use rates than proficient
7 English speakers.

8 (3) Patients with limited English proficiency
9 are less likely to utilize video telehealth options for
10 primary care visits.

11 (4) Physicians providing telehealth services for
12 people with limited English proficiency would benefit
13 from additional resources and support.

14 (5) Access to telehealth saves patients money
15 through reduced travel costs, as well as time-related
16 tradeoffs.

17 **SEC. 3. IMPROVED ACCESS TO HEALTH CARE INFORMA-**
18 **TION TECHNOLOGY FOR NON-ENGLISH**
19 **SPEAKERS TASK FORCE.**

20 (a) IN GENERAL.—Within 180 days of the passage
21 of this legislation, the Secretary of Health and Human
22 Services (in this section referred to as the “Secretary”)
23 shall convene a task force known as the “Improved Access
24 to Health Care Information Technology for non-English
25 Speakers Task Force” (in this section referred to as the
26 “Task Force”) to—

1 (1) assess current barriers to health informa-
2 tion technology services, including telehealth plat-
3 forms and patient portals, for people with limited
4 English proficiency; and

5 (2) develop recommendations and best practices
6 for addressing identified barriers including—

7 (A) how health information technology
8 platforms can be designed to maximize access
9 for people with limited English proficiency, in-
10 cluding those with additional barriers such as
11 living in rural locations or with communica-
12 tions-related disabilities;

13 (B) how health information technology
14 platforms and language service providers, in-
15 cluding providers of remote video interpretation,
16 can improve integration; and

17 (C) how health care providers can best fa-
18 cilitate access to health information technology
19 for their patients with limited English pro-
20 ficiency.

21 (b) MEMBERSHIP.—The Task Force shall be com-
22 posed of representatives of—

23 (1) the Centers for Medicare & Medicaid Serv-
24 ices;

1 (2) the Office of the National Coordinator for
2 Health Information Technology;

3 (3) the Health Resources and Services Adminis-
4 tration;

5 (4) the Office of Minority Health;

6 (5) the Office for Civil Rights;

7 (6) health information technology service pro-
8 viders, including electronic medical record, remote
9 patient monitoring and tele- and mobile-health ven-
10 dors and companies;

11 (7) health care providers, including practicing
12 physicians, and hospitals;

13 (8) health care insurance companies;

14 (9) language service companies;

15 (10) interpreter and translator professional as-
16 sociations;

17 (11) health and language services quality cer-
18 tification organizations;

19 (12) patient and consumer advocates, including
20 but not limited to those working directly with limited
21 English-proficient populations; and

22 (13) any other entity determined necessary by
23 the Secretary.

24 (c) REQUEST FOR INFORMATION.—

1 (1) IN GENERAL.—Not later than 180 days
2 after the date of the enactment of this Act, the Sec-
3 retary shall issue a request for information for
4 health care providers, insurance plans, consumer or-
5 ganizations, language service providers, interpreters
6 and other relevant parties on barriers to providing
7 telehealth services to people with limited English
8 proficiency.

9 (2) SUMMARY OF RESPONSES.—The Secretary
10 shall compile and summarize the responses to the re-
11 quest for information for the Task Force which shall
12 utilize them in completing its duties under section
13 (a).

14 (d) SUBMISSION TO CONGRESS.—

15 (1) INTERIM REPORT.—Not later than one year
16 after the date of enactment of this section, the Task
17 Force shall submit to Congress a report on the
18 progress of the Task Force in carrying out sub-
19 section (a).

20 (2) FINAL REPORT.—Not later than 2 years
21 after the date of enactment of this section, and an-
22 nually thereafter, the Task Force shall submit to the
23 appropriate congressional committees a report on
24 the activities of the Task Force in carrying out sub-
25 section (a), including—

1 (A) the results of the assessment under
2 subsection (a)(1); and

3 (B) any recommendations and best prac-
4 tices developed under subsection (a)(2).

5 **SEC. 4. BEST PRACTICES PUBLICATION.**

6 No later than 90 days after completion of each report
7 described in section 2(d), the Secretary of Health and
8 Human Services shall publish, publicize, and maintain a
9 website for the purposes of informing health care and
10 technology providers about best practices for connecting
11 people with limited English proficiency to health care in-
12 formation technology services. The website shall provide
13 guidance and resources, identifying best practices in—

14 (1) facilitating and integrating use of inter-
15 preters during telehealth sessions;

16 (2) providing accessible instructions on how to
17 access telehealth platforms for people with limited
18 English proficiency;

19 (3) improving access to digital patient portals;
20 and

21 (4) other topics need appropriate by the Sec-
22 retary, as advised by the Task Force established
23 under section 3.

○