

How Trump's Executive Order on English Impacts Healthcare Organizations



On March 1, 2025, President Trump signed an executive order declaring English the official language of the U.S., revoking Executive Order 13166, which required federal agencies to provide language services for individuals with limited English proficiency (LEP).

For healthcare providers, insurers, and organizations that follow CMS regulations, ACA 1557, and Title VI of the Civil Rights Act, this raises a question: **Does this change legal requirements for language services?**

The short answer is **no**—federal laws still require healthcare providers to offer interpretation and translation services for LEP patients. This guide breaks down what the executive order does and doesn't change, along with steps organizations should take now.

What the Executive Order Changes

- Makes English the official language of the U.S.
- Revokes Executive Order 13166, removing the federal requirement for agencies to provide language services.
- Leaves language access decisions to agency heads (e.g., CMS, HHS, FDA).
- Does not ban multilingual services—agencies can still offer them but are no longer required to.

While some agencies may scale back translations, federal laws still mandate language access in healthcare.



Legal Requirements That Haven't Changed

Even with the executive order, healthcare providers that receive federal funding must still provide language services under the following laws:

Title VI of the Civil Rights Act (1964)

- **What It Requires:** Prohibits discrimination based on national origin in federally funded programs, including healthcare. Courts and agencies have ruled that language access is part of this protection, meaning providers must offer interpretation and translation services to LEP patients.
- **Who It Applies To:** Any hospital, clinic, insurer, or healthcare organization that receives federal funding.
- **What's Required:**
 - Qualified interpreters for spoken communication (family members and untrained staff do not qualify).
 - Translation of important documents such as consent forms and discharge instructions.
 - Notices informing patients of their right to language assistance.

Section 1557 of the Affordable Care Act (ACA)

- **What It Requires:** Expands Title VI protections by explicitly requiring healthcare providers to offer language services to prevent discrimination based on national origin.
- **Who It Applies To:** Any provider, insurer, or entity that receives federal funding through Medicare, Medicaid, or the ACA marketplace.

- **What's Required:**
 - Qualified medical interpreters (in-person, phone, or video remote interpretation).
 - Translation of important documents for LEP patients.
 - Staff training on language access policies.
 - Public notices about available language services.

Medicare & Medicaid Regulations (CMS Requirements)

- **What It Requires:** Requires language services in Medicare and Medicaid-funded programs so LEP patients can access healthcare.
- **Who It Applies To:**
 - Medicare Advantage (MA) & Part D Plans – Must provide free interpreters and translated materials for beneficiaries.
 - State Medicaid Agencies & Managed Care Plans – Required to follow language access mandates to help patients understand their care.
 - Long-term care facilities, hospitals, and clinics receiving CMS funds – Must provide interpreters and translated materials to LEP patients.
- **What's Required:**
 - Language assistance at no cost to patients.
 - Written notices and translated materials.
 - Qualified interpreters available for medical discussions.

The Americans with Disabilities Act (ADA) & Section 504 of the Rehabilitation Act

- **What It Requires:** Protects patients with disabilities by requiring healthcare providers to offer communication support.

- **Who It Applies To:** Any healthcare facility, insurance provider, or organization receiving federal funds.
- **What's Required:**
 - Sign language interpreters for deaf and hard-of-hearing patients.
 - Braille, large print, or digital formats for written materials.
 - Assistive listening devices and communication aids.

The executive order does not change or override these laws, as they are enacted by Congress and remain fully enforceable.



Potential Indirect Effects on Healthcare

Even though legal obligations remain, the executive order could impact how federal agencies handle language services:

- **Less federal support for translations**

Agencies like CMS, HHS, and the FDA may reduce funding for translated materials, leaving providers to develop their own.
- **Fewer compliance guidelines**

Executive Order 13166 previously required agencies to publish language access guidance, which may now become less frequent.
- **Confusion for LEP patients**

If federal agencies scale back translation efforts, patients may struggle to access healthcare information, making provider-based language support even more important.



What Healthcare Organizations Should Do Now

To stay compliant and prepared, healthcare providers should:

- 1 Continue providing language services** – The law still requires interpretation and translation for LEP patients.
- 2 Review language access plans** – Make sure important documents are available in multiple languages, qualified interpreters can assist patients, and staff understand how to coordinate language services.
- 3 Monitor CMS & HHS updates** – Watch for policy changes affecting language access programs.
- 4 Educate staff & patients** – Patients still have a right to language services—make sure they know how to request them.

Final Takeaways for Healthcare Compliance Teams

The executive order does not change legal obligations for healthcare providers receiving federal funding. Title VI, ACA 1557, CMS regulations, and the ADA still apply—language services remain a requirement.

- Potential shifts at the federal agency level may result in fewer multilingual resources, so healthcare providers should prepare to manage more of their own translations.
- Failure to comply with language access laws can still lead to fines, lawsuits, and loss of federal funding.

While federal agencies may adjust how they provide language services, healthcare organizations must remain proactive to avoid legal risks and maintain accessibility for all patients.