Resolution 26-105

Enhancing Physician Communication with Patients with Limited English Proficiency

FMA Medical Student Section

Whereas, Language barriers remain a significant obstacle to equitable health care delivery and effective physician-patient communication;[8] and

Whereas, The American Medical Association (AMA) recognizes that limited health literacy and barriers to communication negatively impact medical diagnosis, treatment, patient understanding, and adherence to care plans;[1] and

Whereas, As of 2020, Florida had approximately 5.7 million Latino residents, the third largest Latino population in the United States;[2] and

Whereas, From 2017 to 2021, approximately 6,030,000 individuals in Florida spoke a language other than English at home, with more than 2.3 million reporting that they spoke English less than "very well";[3] and

Whereas, During that same period, approximately 4,470,700 Floridians spoke Spanish or Spanish Creole at home, with more than 1.8 million reporting limited English proficiency;[3] and

Whereas, Studies have demonstrated that language barriers are associated with lower patient comprehension, decreased satisfaction, reduced trust in physicians, poorer adherence to medical recommendations, increased adverse events, and worse overall health outcomes;[4] and

Whereas, Research has shown that patients receiving language-concordant care experience improved health outcomes, improved compliance with physician recommendations, and fewer adverse events compared to patients receiving language-discordant care;[4] and

Whereas, Studies have demonstrated that limited access to interpreter services for patients with limited English proficiency has been associated with inadequate pain control, delayed responses to patient needs, and lower perceived quality of care, particularly among Spanish-speaking patients;[5] and

Whereas, Experts in medical language education have emphasized that high-quality language education programs, standardized assessment methods, and appropriate interpreter utilization training are necessary to reduce risks associated with false fluency;[5,7] and

Whereas, Medical language certification programs and educational resources currently exist that allow physicians to improve language proficiency while earning continuing medical education (CME) credits;[6] therefore, be it

RESOLVED, That the Florida Medical Association (FMA) encourage the development, evaluation, and promotion of high-quality medical language education programs that incorporate standardized assessment methods and instruction regarding effective communication with patients who have limited English proficiency; and be it further

RESOLVED, That the FMA encourages opportunities for physicians to access medical language certification programs, continuing medical education (CME) activities related to language proficiency, and training in culturally effective communication.

Fiscal Note:

Description	Amount	Budget Narrative
10 Staff hours	$950	Can be accomplished with current staff
Total	$950	$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: I – Health, Education, and Public Policy

References

1. American Medical Association. Boost outcomes first: Unlock the power of health literacy. American Medical Association. Published May 2, 2024. Accessed May 15, 2026. https://www.ama-assn.org/public-health/health-equity/boost-outcomes-first-unlock-power-health-literacy
2. Lopez MH, Krogstad JM, Flores A. Hispanics have accounted for more than half of total U.S. population growth since 2010. Pew Research Center. Published July 10, 2020. Accessed May 15, 2026.
3. US Census Bureau. Detailed languages spoken at home and ability to speak English for the population 5 years and over: 2017-2021. United States Census Bureau. Accessed May 15, 2026. https://www.census.gov/data/tables/time-series/demo/language-use/2017-2021-lang-tables.html
4. Lopez Vera A, Thomas K, Trinh C, Nausheen F. A Case Study of the Impact of Language Concordance on Patient Care, Satisfaction, and Comfort with Sharing Sensitive Information During Medical Care. *J Immigr Minor Health*. 2023;25(6):1261-1269. doi:10.1007/s10903-023-01463-8
5. Twersky SE, Jefferson R, Garcia-Ortiz L, Williams E, Pina C. The Impact of Limited English Proficiency on Healthcare Access and Outcomes in the U.S.: A Scoping Review. *Healthcare (Basel)*. 2024;12(3):364. Published 2024 Jan 31. doi:10.3390/healthcare12030364 .
6. Canopy Innovations, Inc. What Continuing Education (CE) credits does CanopyLearn Medical Spanish offer? Canopy Innovations. Accessed May 15, 2026. CanopyLearn CE Credits

7. Diamond LC, Izquierdo K, Canfield D, Matsoukas K, Gany F. A systematic review of the impact of patient-physician non-English language concordance on quality of care and outcomes. Health Equity. 2019;3(1):6-23. doi:10.1089/heq.2019.0028. https://journals.sagepub.com/doi/full/10.1089/heq.2019.0028
8. Wong M, Siddiqui S, Nnamdi G, Nguyen B, Dermenchyan A. Addressing language barriers in U.S. healthcare: The role of CLAS standards, telehealth, and policy in supporting limited English proficiency populations. *Health Sci Rev.* 2025;17:100249. doi:10.1016/j.hsr.2025.100249.

Relevant AMA policy:

Health Literacy H-160.931
(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.

Increasing Access to Healthcare Insurance for Refugee Populations H-350.956

Our American Medical Association supports state, local, and community programs that remove language barriers and promote education about low-cost health-care plans, to minimize gaps in health-care for refugees.