Patients With Limited English Proficiency: New Policy Guidance Document From HHS Office for Civil Rights.

n August 30, 2000 the Office for Civil Rights of the US Department of Health and Human Services issued a policy guidance document, effective immediately, telling all recipients of Federal funding how to meet the communication needs of clients with limited English proficiency.

It applies to a wide variety of programs, including hospitals, nursing homes, home health agencies, etc., that participate in Medicare or Medicaid.

Failing to meet the needs of persons with limited English proficiency (LEP) is considered to be a form of national-origin discrimination.

According to HHS, the four keys to ensuring meaningful access to services and benefits for LEP persons are:

- 1. Assessing the language needs of the population to be served;
- 2. Developing a comprehensive written policy on language access;
 - 3. Training staff; and
 - 4. Monitoring compliance vigilantly.

The Office for Civil Rights of the US Department of Health and Human Services has issued a policy guideline explaining how hospitals, nursing homes, home health agencies, HMOs, etc., are expected to meet the communication needs of clients with limited English proficiency.

Readers are free to download it from our webs it e at http://www.nursinglaw.com/65FR 52762.htm.

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The HHS policy document goes through issues like hiring of bilingual staff, use of paid and/or volunteer interpreters, telephone communications, multi-lingual building signs and medical information pamphlets, just to name a few of the subjects covered.

Some of our readers practice in contexts involving significant contact with nationally diverse populations, and some do not. Either way, the HHS document is far too lengthy to reproduce here and far too complex to summarize intelligently.

Therefore we have placed the document in its entirety on our website at http://www.nursinglaw.com/65FR52762.htm. Note that it is not copyrighted and may be downloaded, copied and re-copied by any interested person or institution.

FEDERAL REGISTER, August 30, 2000 Pages 52762 – 52774.

Hepatitis B: New Vaccine Information Materials From CDC For Two-Dose Immunization Schedule.

ate in 1998 the Centers for Disease Control and Prevention (CDC) published vaccine information materials for distribution starting June 1, 1999 to patients or parents/guardians when Hepatitis B vaccine is administered.

(CDC: New Vaccine Information Materials, New Immunization Schedule for Hepatitis B, Legal Eagle Eye Newsletter for the Nursing Profession (7)4, Apr. '99).

On September 1, 2000 the CDC published new vaccine information materials which may be given out when the new two dose vaccine is given, for use while the CDC is in the process of completing the formal process of revising the vaccine information materials published earlier.

As far as we can tell the new materials are identical to the old, except that after the three-dose immunization schedule there is a notation to the effect that, "Adolescents

Any health care provider administering Hepatitis B vaccine approved for two-dose administration may provide the CDC's interim vaccine information materials for two-dose administration, rather than the materials approved in 1998 for use with the three-dose administration schedule.

New vaccine information materials for Hepatitis B are being developed.

FEDERAL REGISTER, September 1, 2000 Pages 53316 – 53318. 11 to 15 years of age may need only two doses of Hepatitis B vaccine, separated by 4 – 6 months. Ask your health care provider for details."

We have been following the CDC's development of vaccine information materials for Hepatitis B, IPV/OPV, MMR, HiB, etc., and intend to report when the CDC announces the next update for Hepatitis B vaccine information.

In the meantime, we have placed the CDC's latest vaccine information materials for Hepatitis B on our website at http://www.nursinglaw.com/65FR53316.htm. The CDC's materials are not copyrighted and may be downloaded, copied and recopied by any interested person or institution.

FEDERAL REGISTER, September 1, 2000 Pages 53316 – 53318.