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3 **Title:** Language Modules for Medical Students in Michigan
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5 **Introduced By:** Nicklas Bara for the Medical Student Section
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8 Tailor
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10 **Referred To:** Reference Committee E
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12 **House Action:** **APPROVED AS AMENDED**
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15 Whereas, Spanish is the second most common language after English in Michigan and
16 Arabic is the third, with a high concentration of Arabic speakers in Southeast Michigan, and
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18 Whereas, tens of thousands of patients in Michigan do not speak English. In 2021, 38.2
19 percent of the 679,402 foreign-born residents of Michigan and 0.7 percent of the 8,825,430 U.S.-
20 born residents of Michigan—a total of 321,309 people—speak English less than “very well”
21 according to a self-report, and
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23 Whereas, patients with language barriers experience poorer health outcomes including
24 medical errors, increased wait times, higher charges, larger workups, and vision impairment with
25 type II diabetes, and
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27 Whereas, language barriers inhibit patients from seeking medical care, and
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29 Whereas, some patients are not even being matched with a doctor if they don’t speak
30 English. Researchers found that the Spanish-speaking callers were provided with next steps to
31 access cancer care only 38 percent of the time, significantly less than the 94 percent of
32 English-speaking patient callers who were provided with next steps to access cancer care, and
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34 Whereas, Arab, Middle Eastern, and North African Americans have been shown to have
35 poor health outcomes relative to non-Hispanic Whites, including metabolic disorders,
36 cardiovascular disease, low birth weight, and depressive symptoms, and
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38 Whereas, language barriers are responsible for lower overall satisfaction rates from both
39 the medical providers and the patients, and
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41 Whereas, language barriers create the need for interpreters which increases time to
42 receive care, added expenses, and risks for miscommunication and errors in understanding; and
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44 Whereas, members of immigrant communities who have limited English abilities, such as
45 recent immigrants, refugees and the elderly, oftentimes find themselves unable to access
46 resources, and
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48 Whereas, Michigan law currently requires that hospitals provide a certified interpreter
49 for low English proficiency (LEP), deaf, deaf-blind, or hard of hearing patients at no cost to the

50 patient, and

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52 Whereas, by Michigan Law, providers may have a legal obligation to provide
53 accommodations such as sign language interpreters in specific settings. This is so that
54 effective communication between the consumer who is deaf, deafblind, or hard of hearing
55 and the provider. Both parties must engage in an interactive process, and

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57 Whereas, medical students are not required to have any language proficiency outside
58 English nor are they required to interact with LEP patients or standardized patients during their
59 training, and

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61 Whereas, the prevailing knowledge suggests that medical professionals who are officially
62 recognized and familiar with a second language contribute to the development of more robust
63 patient-physician connections, particularly regarding the trust patients place in their doctors,
64 and

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66 Whereas, as the United States population is becoming more diverse, nursing students
67 need enhanced clinical experiences to become proficient in patient-centered, culturally
68 appropriate nursing care, and

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70 RESOLVED: That MSMS recommend medical schools in Michigan expose students to
71 patients who do not speak English well during the pre-clinical and clinical training and teach
72 students about the importance of removing linguistic barriers in patient care.

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75 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

Relevant MSMS Policy - None

Relevant AMA Policy - None

Sources:

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