Lack of access to culturally competent health care is a problem facing racial and ethnic minorities in the United States. The Patient Protection and Affordable Care Act (ACA) will directly grant more healthcare access options for legal immigrants. Educating legal immigrants about the health care system and encouraging healthcare providers to provide culturally competent care should be a national priority. Understanding the customs, beliefs, and biases of a patient will lead to a better patient-doctor relationship in which communication becomes easier and eliminates most errors that lead to poor quality or prolonged care.

There has been very little teaching of cultural competence or cultural sensitivity training in medical schools. Out of the established 122 medical schools in the United States, 8 percent have dedicated separate courses for cultural competence. The Joint Commission described their 2010 requirements and standards to address cultural disparities in health care, treatment, and services by hospitals, but community centers and physician offices do not have to abide by the Joint Commission rules.

The Federation of State Licensing Board should mandate all medical boards to require cultural competence from providers for medical licensure. New Jersey, California, Washington, Illinois, New York, and Arizona, already have such programs. Requiring physicians to be culturally competent will reduce health care disparities within racial and ethnic groups such as immigrants.