

1 AMENDMENT TO SENATE BILL 61

2 AMENDMENT NO. _____. Amend Senate Bill 61 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Language Assistance Services Act is
5 amended by changing Sections 10 and 15 and adding Sections
6 16, 17, and 18 as follows:

7 (210 ILCS 87/10)

8 Sec. 10. Definitions. As used in this Act:

9 "Department" means the Department of Public Health.

10 "Interpreter" means a person fluent in English and in the
11 necessary language of the patient who can accurately speak,
12 read, and readily interpret the necessary second language, or
13 a person who can accurately sign and read sign language.
14 Interpreters shall have the ability to translate the names of
15 body parts and to describe completely symptoms and injuries
16 in both languages. Interpreters may include members of the
17 medical or professional staff.

18 "Language or communication barriers" means either of the
19 following:

- 20 (1) With respect to spoken language, barriers that
21 are experienced by limited-English-speaking or
22 non-English-speaking individuals who speak the same

1 primary language, if those individuals constitute at
2 least 5% of the patients served by the health facility
3 annually.

4 (2) With respect to sign language, barriers that
5 are experienced by individuals who are deaf and whose
6 primary language is sign language.

7 "Health facility" means a hospital licensed under the
8 Hospital Licensing Act or a long-term care facility licensed
9 under the Nursing Home Care Act.

10 (Source: P.A. 88-244.)

11 (210 ILCS 87/15)

12 Sec. 15. Language assistance services authorized. To
13 insure access to health care information and services for
14 limited-English-speaking or non-English-speaking residents
15 and deaf residents, a health facility must ~~may~~ do one or more
16 of the following:

17 (1) Review existing policies regarding interpreters for
18 patients with limited English proficiency and for patients
19 who are deaf, including the availability of staff to act as
20 interpreters.

21 (2) Adopt and review annually a policy for providing
22 language assistance services to patients with language or
23 communication barriers. The policy shall include procedures
24 for providing, to the extent possible as determined by the
25 facility, the use of an interpreter whenever a language or
26 communication barrier exists, except where the patient, after
27 being informed of the availability of the interpreter
28 service, chooses to use a family member or friend who
29 volunteers to interpret. The procedures shall be designed to
30 maximize efficient use of interpreters and minimize delays in
31 providing interpreters to patients. The procedures shall
32 insure, to the extent possible as determined by the facility,
33 that interpreters are available, either on the premises or

1 accessible by telephone, 24 hours a day. The facility shall
2 annually transmit to the Department of Public Health a copy
3 of the updated policy and shall include a description of the
4 facility's efforts to insure adequate and speedy
5 communication between patients with language or communication
6 barriers and staff.

7 (3) Develop, and post in conspicuous locations, notices
8 that advise patients and their families of the availability
9 of interpreters, the procedure for obtaining an interpreter,
10 and the telephone numbers to call for filing complaints
11 concerning interpreter service problems, including, but not
12 limited to, a T.D.D. number for the hearing impaired. The
13 notices shall be posted, at a minimum, in the emergency room,
14 the admitting area, the facility entrance, and the outpatient
15 area. Notices shall inform patients that interpreter
16 services are available on request, shall list the languages
17 for which interpreter services are available, and shall
18 instruct patients to direct complaints regarding interpreter
19 services to the Department of Public Health, including the
20 telephone numbers to call for that purpose.

21 (4) Identify and record a patient's primary language and
22 dialect on one or more of the following: a patient medical
23 chart, hospital bracelet, bedside notice, or nursing card.

24 (5) Prepare and maintain, as needed, a list of
25 interpreters who have been identified as proficient in sign
26 language and in the languages of the population of the
27 geographical area served by the facility who have the ability
28 to translate the names of body parts, injuries, and symptoms.

29 (6) Notify the facility's employees of the facility's
30 commitment to provide interpreters to all patients who
31 request them.

32 (7) Review all standardized written forms, waivers,
33 documents, and informational materials available to patients
34 on admission to determine which to translate into languages

1 other than English.

2 (8) Consider providing its nonbilingual staff with
3 standardized picture and phrase sheets for use in routine
4 communications with patients who have language or
5 communication barriers.

6 (9) Develop community liaison groups to enable the
7 facility and the limited-English-speaking,
8 non-English-speaking, and deaf communities to insure the
9 adequacy of the interpreter services.

10 (Source: P.A. 90-655, eff. 7-30-98.)

11 (210 ILCS 87/16 new)

12 Sec. 16. Complaint system. The Department shall develop
13 and implement a complaint system through which the Department
14 may receive complaints related to violations of this Act.

15 (210 ILCS 87/17 new)

16 Sec. 17. Penalty for violation. A person who violates
17 this Act shall be guilty of a business offense punishable by
18 a fine of \$10,000 and each day's violation shall constitute a
19 separate offense.

20 (210 ILCS 87/18 new)

21 Sec. 18. Rules. The Department shall adopt any rules
22 necessary for the administration and enforcement of this
23 Act."