1 AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Language Assistance Services Act is amended by changing Sections 5, 10, and 15 as follows:
- 6 (210 ILCS 87/5)
- Sec. 5. Legislative findings. The General Assembly finds
 and declares that Illinois is becoming a land of people whose
 languages and cultures give the state a global quality. The
 Legislature further finds and declares that access to basic
 health care services is the right of every individual living
 in resident of the State, and that access to information
 regarding basic health care services is an essential element
 of that right.
- Therefore, it is the intent of the General Assembly that 15 16 language or communication barriers exist between 17 patients and the staff of a health facility, arrangements shall be made for a qualified medical interpreter in order to 18 19 provide meaningful access for patients, or family members, 20 caretakers, or decision makers of patients, who are limited 21 English proficient or deaf or hard of hearing interpreters or 22 bilingual professional staff to ensure adequate and speedy 2.3 communication between patients and staff.

- 1 (Source: P.A. 88-244.)
- 2 (210 ILCS 87/10)
- 3 Sec. 10. Definitions. As used in this Act:
- 4 "Department" means the Department of Public Health.
- 5 <u>"Health facility" means a hospital licensed under the</u>
- 6 Hospital Licensing Act, a long-term care facility licensed
- 7 under the Nursing Home Care Act, or a facility licensed under
- 8 the ID/DD Community Care Act, the MC/DD Act, or the
- 9 Specialized Mental Health Rehabilitation Act of 2013.
- 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 in
- 16 both languages. Interpreters may include members of the
- 17 medical or professional staff.
- "Language or communication barriers" means either of the
- 19 following:
- 20 (1) With respect to spoken language, barriers that are
- 21 experienced by limited-English-speaking or
- 22 non-English-speaking individuals who speak the same
- 23 primary language, if those individuals constitute at least
- 5% of the patients served by the health facility annually.
- 25 (2) With respect to sign language, barriers that are

1	experienced by individuals who are deaf and whose primary
2	language is sign language.
3	"Limited English proficient" means a patient, or the
4	family member, caretaker, or decision maker of a patient, who
5	may have a limited ability to read, write, speak, or
6	understand English.
7	"Health facility" means a hospital licensed under the
8	Hospital Licensing Act, a long term care facility licensed
9	under the Nursing Home Care Act, or a facility licensed under
10	the ID/DD Community Care Act, the MC/DD Act, or the
11	Specialized Mental Health Rehabilitation Act of 2013.
12	"Meaningful access" means the provision of services in a
13	manner that is equally accessible and meaningful to all
14	individuals seeking services regardless of their ability to
15	speak or understand English.
16	"Medical interpreter techniques competency" means:
17	(1) having received training that includes the
18	techniques and ethics of interpreting;
19	(2) the ability to speak, read, write, and understand
20	English as well as another language other than English;
21	(3) having fundamental knowledge in both English and
22	the alternate language of any specialized terms, concepts,
23	and cultural awareness;
24	(4) understanding the role of culture in a health care
25	setting; and
26	(5) abiding by a code of medical interpreter standards

- 1 and professional ethics.
- 2 "Qualified medical interpreter" means a qualified
- 3 individual with medical interpreter techniques competency to
- 4 provide and facilitate oral communication between 2 or more
- 5 conversing parties that do not speak each other's language and
- 6 who is either proficient in 2 or more languages or an
- 7 <u>interpreter in American Sign Language (ASL) with appropriate</u>
- 8 <u>licensure.</u>
- 9 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)
- 10 (210 ILCS 87/15)
- 11 Sec. 15. Language assistance services.
- 12 (a) To ensure access to health care information and
- 13 services for individuals who are limited English proficient,
- 14 limited-English-speaking or non-English-speaking, and deaf or
- 15 hard of hearing residents and deaf residents, a health
- 16 facility must do the following:
- 17 (1) Adopt and review annually a policy for providing
- language assistance services to patients with language or
- 19 communication barriers. The policy shall include
- 20 procedures for providing, to the extent possible as
- determined by the facility, the use of a qualified medical
- 22 an interpreter whenever a language or communication
- 23 barrier exists, except where the patient, after being
- informed of the availability of the qualified medical
- 25 interpreter services service, chooses to use a family

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member or friend who volunteers to interpret, which shall be documented in the patient's medical chart. Employees of a health facility have the right to use a qualified medical interpreter for their own communication with a limited English proficient patient if a conversation between the limited English proficient patient and the employee would be jeopardized by the use of a volunteer interpreter. The procedures shall be designed to maximize efficient use of qualified medical interpreters and minimize delays in the provision of qualified medical providing interpreters to limited English proficient patients. The procedures shall ensure insure, to the extent possible as determined by the facility, that qualified medical interpreters are available, either on the premises or accessible by telephone, 24 hours a day. The facility shall annually transmit to the Department of Public Health a copy of the updated policy regarding language assistance services and shall include a description of the facility's process to ensure adequate and speedy communication between staff and patients with language or communication barriers and shall include a description of the facility's efforts to insure adequate and speedy communication between patients with language or communication barriers and staff.

(2) Develop, and post in conspicuous locations, notices that advise patients and their families of the

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availability of qualified medical interpreters, a qualified medical procedure for obtaining an interpreter, and the telephone numbers to call for filing complaints concerning qualified medical interpreter service problems, including, but not limited to, a TTY or video relay service (VRS) number for persons who are deaf or hard of hearing. The notices shall be posted, at a minimum, in the emergency room, the admitting area, the facility entrance, and the outpatient areas area. Notices shall inform limited English proficient and deaf or hard of hearing patients that qualified medical interpreter services are available upon on request, shall list the languages most commonly encountered at the facility for qualified medical interpreter services available, and shall instruct patients to direct complaints regarding qualified medical interpreter services to the Department of Public Health, including the telephone numbers to call for that purpose.

- (3) Notify the facility's employees of the language <u>assistance</u> services available at the facility and train <u>the employees</u> them on how to <u>access make</u> those language services available <u>for limited English proficient and deaf or hard of hearing to patients.</u>
- (b) In addition, a health facility may do one or more of the following:
 - (1) Identify and record a patient's primary or

preferred language and dialect on one or more of the following: a patient medical chart, electronic medical record, or hospital bracelet, bedside notice, or nursing card.

- (2) Prepare and maintain, as needed, a list of contact information for American Sign Language (ASL) interpreter providers or individuals interpreters who have been identified as being as proficient in sign language as a person with a master's level proficient in sign language, according to the Interpreter for the Deaf Licensure Act of 2007, as well as and a list of the languages of the population of the geographical area served by the facility.
- (3) Review all standardized written forms, waivers, documents, and informational materials available to limited English proficient patients on admission to determine documents that may require translation which to translate into languages other than English.
- (4) (Blank). Consider providing its nonbilingual staff with standardized picture and phrase sheets for use in routine communications with patients who have language or communication barriers.
- (5) Develop community liaison groups to enable the facility and the <u>limited English proficient</u> <u>limited-English-speaking</u>, non-English-speaking, and deaf <u>or hard of hearing</u> communities to ensure the adequacy of

- the <u>qualified medical</u> interpreter services. 1
- 2 (Source: P.A. 98-756, eff. 7-16-14.)