



Rep. Aaron M. Ortiz

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10300HB3714ham001

LRB103 28876 BMS 59656 a

1 AMENDMENT TO HOUSE BILL 3714

2 AMENDMENT NO. _____. Amend House Bill 3714 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 5, 10, and 15 as follows:

6 (210 ILCS 87/5)

7 Sec. 5. Legislative findings. The General Assembly finds
8 and declares that Illinois is becoming a land of people whose
9 languages and cultures give the state a global quality. The
10 Legislature further finds and declares that access to basic
11 health care services is the right of every individual living
12 in ~~resident~~ of the State, and that access to information
13 regarding basic health care services is an essential element
14 of that right.

15 Therefore, it is the intent of the General Assembly that
16 where language or communication barriers exist between

1 patients and the staff of a health facility, arrangements
2 shall be made for a qualified medical interpreter in order to
3 provide meaningful access for patients, or family members,
4 caretakers, or decision makers of patients, who are limited
5 English proficient or deaf or hard of hearing interpreters or
6 bilingual professional staff to ensure adequate and speedy
7 communication between patients and staff.

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

9 (210 ILCS 87/10)

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

11 "Department" means the Department of Public Health.

12 "Health facility" means a hospital licensed under the
13 Hospital Licensing Act, a long-term care facility licensed
14 under the Nursing Home Care Act, or a facility licensed under
15 the ID/DD Community Care Act, the MC/DD Act, or the
16 Specialized Mental Health Rehabilitation Act of 2013.

17 ~~"Interpreter" means a person fluent in English and in the~~
18 ~~necessary language of the patient who can accurately speak,~~
19 ~~read, and readily interpret the necessary second language, or~~
20 ~~a person who can accurately sign and read sign language.~~
21 ~~Interpreters shall have the ability to translate the names of~~
22 ~~body parts and to describe completely symptoms and injuries in~~
23 ~~both languages. Interpreters may include members of the~~
24 ~~medical or professional staff.~~

25 "Language or communication barriers" means either of the

1 following:

2 (1) With respect to spoken language, barriers that are
3 experienced by limited-English-speaking or
4 non-English-speaking individuals who speak the same
5 primary language, if those individuals constitute at least
6 5% of the patients served by the health facility annually.

7 (2) With respect to sign language, barriers that are
8 experienced by individuals who are deaf or hard of hearing
9 and whose primary language is sign language.

10 "Limited English proficient" means a patient, or the
11 family member, caretaker, or decision maker of a patient, who
12 may have a limited ability to read, write, speak, or
13 understand English.

14 ~~"Health facility" means a hospital licensed under the~~
15 ~~Hospital Licensing Act, a long term care facility licensed~~
16 ~~under the Nursing Home Care Act, or a facility licensed under~~
17 ~~the ID/DD Community Care Act, the MC/DD Act, or the~~
18 ~~Specialized Mental Health Rehabilitation Act of 2013.~~

19 "Meaningful access" means the provision of services in a
20 manner that is equally accessible and meaningful to all
21 individuals seeking services regardless of their ability to
22 speak or understand English.

23 "Medical interpreter techniques competency" means:

24 (1) having received training that includes the
25 techniques and ethics of interpreting;

26 (2) the ability to speak, read, write, and understand

1 English as well as another language other than English;

2 (3) having fundamental knowledge in both English and
3 the alternate language of any specialized terms, concepts,
4 and cultural awareness;

5 (4) understanding the role of culture in a health care
6 setting; and

7 (5) abiding by a code of medical interpreter standards
8 and professional ethics.

9 "Qualified medical interpreter" means a qualified
10 individual with medical interpreter techniques competency to
11 provide and facilitate oral communication between 2 or more
12 conversing parties that do not speak each other's language and
13 who is either proficient in 2 or more languages or an
14 interpreter in American Sign Language (ASL) with appropriate
15 licensure.

16 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

17 (210 ILCS 87/15)

18 Sec. 15. Language assistance services.

19 (a) To ensure access to health care information and
20 services for individuals who are limited English proficient,
21 limited-English-speaking or non-English-speaking, and deaf or
22 hard of hearing residents and deaf residents, a health
23 facility must do the following:

24 (1) Adopt and review annually a policy for providing
25 language assistance services to patients with language or

1 communication barriers. The policy shall include
2 procedures for providing, to the extent possible as
3 determined by the facility, the use of a qualified medical
4 ~~an~~ interpreter whenever a language or communication
5 barrier exists, except where the patient, after being
6 informed of the availability of the qualified medical
7 interpreter services ~~service~~, chooses to use a family
8 member or friend who volunteers to interpret, which shall
9 be documented in the patient's medical chart. Employees of
10 a health facility have the right to use a qualified
11 medical interpreter for their own communication with a
12 limited English proficient patient if a conversation
13 between the limited English proficient patient and the
14 employee would be jeopardized by the use of the patient's
15 volunteer interpreter. The procedures shall be designed to
16 maximize efficient use of qualified medical interpreters
17 and minimize delays in the provision of qualified medical
18 ~~providing~~ interpreters to limited English proficient
19 patients. The procedures shall ensure ~~insure~~, to the
20 extent possible as determined by the facility, that
21 qualified medical interpreters are available, either
22 in-person ~~on the premises~~ or accessible remotely ~~by~~
23 ~~telephone~~, 24 hours a day. The facility shall annually
24 transmit to the Department of Public Health a copy of the
25 updated policy regarding language assistance services and
26 shall include a description of the facility's process to

1 ensure adequate and speedy communication between staff and
2 patients with language or communication barriers ~~and shall~~
3 ~~include a description of the facility's efforts to insure~~
4 ~~adequate and speedy communication between patients with~~
5 ~~language or communication barriers and staff.~~

6 (2) Develop, and post, either by physical or
7 electronic means, in conspicuous locations, notices that
8 advise patients and their families of the availability of
9 qualified medical interpreters, the procedure for
10 obtaining a qualified medical ~~an~~ interpreter, and the
11 telephone numbers to call for filing complaints concerning
12 qualified medical interpreter service problems, including,
13 but not limited to, a TTY or video relay service (VRS)
14 number for persons who are deaf or hard of hearing. The
15 notices shall be posted, at a minimum, in the emergency
16 room, the admitting area, the facility entrance, and the
17 outpatient areas ~~area~~. Notices shall inform limited
18 English proficient and deaf or hard of hearing patients
19 that qualified medical interpreter services are available
20 upon ~~on~~ request, shall list the languages most commonly
21 encountered at the facility for which qualified medical
22 interpreter services are available, and shall instruct
23 patients to direct complaints regarding qualified medical
24 interpreter services to the Department of Public Health,
25 including the telephone numbers to call for that purpose.

26 (3) Notify the facility's employees of the language

1 assistance services available at the facility and train
2 the employees ~~them~~ on how to access ~~make~~ those language
3 services available for limited English proficient and deaf
4 or hard of hearing ~~to~~ patients.

5 (4) If qualified medical interpreters of a specific
6 language are limited in availability, the health facility
7 shall not have fines and penalties imposed. Qualified
8 medical interpreters are limited in availability if a
9 facility attempts to contact at least 3 agencies offering
10 interpretation services, the agencies are unable to
11 provide qualified medical interpreters for the requested
12 language, and the facility documents the date, time, and
13 result of each attempt to acquire a qualified medical
14 interpreter for the patient's language.

15 (5) If a health facility contracts with a third party
16 for medical interpreter services and the third party
17 attests to the status of the provided interpreters as
18 qualified medical interpreters, then the health facility
19 shall not have fines and penalties imposed related to the
20 qualifications of the interpreter.

21 (b) In addition, a health facility may do one or more of
22 the following:

23 (1) Identify and record a patient's primary or
24 preferred language and dialect on one or more of the
25 following: a patient medical chart, electronic medical
26 record, or hospital ~~bracelet,~~ bedside notice, ~~or nursing~~

1 ~~card.~~

2 (2) Prepare and maintain, as needed, a list of contact
3 information for American Sign Language (ASL) interpreter
4 providers or individuals ~~interpreters~~ who have been
5 identified as being as proficient in sign language as a
6 person with a master's level proficient in sign language,
7 according to the Interpreter for the Deaf Licensure Act of
8 2007, as well as and a list of the languages of the
9 population of the geographical area served by the
10 facility.

11 (3) Review all standardized written forms, waivers,
12 documents, and informational materials available to
13 limited English proficient patients ~~on admission~~ to
14 determine documents that may require translation ~~which to~~
15 ~~translate into languages other than English.~~

16 (4) (Blank). ~~Consider providing its nonbilingual staff~~
17 ~~with standardized picture and phrase sheets for use in~~
18 ~~routine communications with patients who have language or~~
19 ~~communication barriers.~~

20 (5) Develop community liaison groups to enable the
21 facility and the limited English proficient
22 limited-English-speaking, non-English-speaking, and deaf
23 or hard of hearing communities to ensure the adequacy of
24 the qualified medical interpreter services.

25 (Source: P.A. 102-4, eff. 4-27-21.)".