

AN ACT concerning language assistance services.

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 10 and 15 and adding Sections 16, 17, 18 and 19 as follows:

(210 ILCS 87/10)

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

"Department" means the Department of Public Health.

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

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

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

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

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

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

(210 ILCS 87/15)

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

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

(2) Adopt and review annually a policy for providing language assistance services to patients with language or communication barriers. The policy shall include procedures for providing, to the extent possible as determined by the facility, the use of an interpreter whenever a language or communication barrier exists, except where the patient, after being informed of the availability of the interpreter service, chooses to use a family member or friend who volunteers to interpret. The procedures shall be designed to maximize efficient use of interpreters and minimize delays in providing interpreters to patients. The procedures shall insure, to the extent possible as determined by the facility, that 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 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.

(3) Develop, and post in conspicuous locations, notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter,

and the telephone numbers to call for filing complaints concerning interpreter service problems, including, but not limited to, a T.D.D. number for the hearing impaired. The notices shall be posted, at a minimum, in the emergency room, the admitting area, the facility entrance, and the outpatient area. Notices shall inform patients that interpreter services are available on request, shall list the languages for which interpreter services are available, and shall instruct patients to direct complaints regarding interpreter services to the Department of Public Health, including the telephone numbers to call for that purpose.

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

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

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

(7) Review all standardized written forms, waivers, documents, and informational materials available to patients on admission to determine which to translate into languages other than English.

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

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

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

(210 ILCS 87/16 new)

Sec. 16. Complaint system. The Department shall develop and implement a complaint system through which the Department may receive complaints related to violations of this Act. The Department shall establish a complaint system or utilize an existing Department complaint system. The complaint system shall include (i) a complaint verification process by which the Department determines the validity of a complaint and (ii) an opportunity for a health facility to resolve the complaint through an informal dispute resolution process.

If the complaint is not resolved informally, then the Department shall serve a notice of violation of this Act upon the health facility. The notice of violation shall be in writing and shall specify the nature of the violation and the statutory provision alleged to have been violated. The notice shall inform the health facility of the action the Department may take under the Act, the amount of any financial penalty to be imposed and the opportunity for the health facility to enter into a plan of correction. The notice shall also inform the health facility of its rights to a hearing to contest the alleged violation under the Administrative Procedure Act.

(210 ILCS 87/17 new)

Sec. 17. Plan of correction; penalty. If the Department finds that a health facility is in violation of this Act, the health facility may submit to the Department, for its approval, a plan of correction. If a health facility violates an approved plan of correction within 6 months of its submission, the Department may impose a penalty on the health facility. For the first violation of an approved plan of correction, the Department may impose a penalty of up to \$100. For a second or subsequent violation of an approved

plan of correction the Department may impose a penalty of up to \$250. The total fines imposed under this Act against a health facility in a twelve month period shall not exceed \$5,000.

Penalties imposed under this Act shall be paid to the Department and deposited in the Nursing Dedicated and Professional Fund.

(210 ILCS 87/18 new)

Sec. 18. Rules. The Department shall adopt any rules necessary for the administration and enforcement of this Act. The Illinois Administrative Procedure Act shall apply to all administrative rules and procedures of the Department under this Act.

(210 ILCS 87/19 new)

Sec. 19. Administrative Review Law. The Administrative Review Law shall apply to and govern all proceedings for judicial review of final administrative decisions of the Department under this Act.