



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3286

Introduced 2/19/2021, by Rep. Aaron M. Ortiz

SYNOPSIS AS INTRODUCED:

210 ILCS 87/5
210 ILCS 87/10
210 ILCS 87/15

Amends the Language Assistance Services Act. Provides for the use and availability of qualified medical interpreters (rather than interpreters) in health facilities. Defines "qualified medical interpreters". Provides that 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. Requires the facility to annually transmit to the Department of Public Health a copy of the updated policy regarding language assistance services and to include a description of the facility's process to ensure adequate and speedy communication between staff and patients with language or communication barriers. Provides that facilities must prepare and maintain a list of contact information for American Sign Language (ASL) interpreter providers or individuals who have been identified as being proficient in sign language, as well as a list of the languages of the population of the geographical area served by the facility. Removes language allowing facilities to consider providing its nonbilingual staff with standardized picture and phrase sheets for use in routine communications with patients who have language or communication barriers. Makes other changes.

LRB102 15745 CPF 21111 b

1 AN ACT concerning regulation.

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

4 Section 5. The Language Assistance Services Act is amended
5 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
17 patients and the staff of a health facility, arrangements
18 shall be made for a qualified medical interpreter in order to
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~~
23 ~~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 "Health facility" means a hospital licensed under the
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.~~

18 "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
24 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 interpreter in American Sign Language (ASL) with appropriate
8 licensure.

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
18 language assistance services to patients with language or
19 communication barriers. The policy shall include
20 procedures for providing, to the extent possible as
21 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
24 informed of the availability of the qualified medical
25 interpreter services ~~service~~, chooses to use a family

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

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

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

19 (3) Notify the facility's employees of the language
20 assistance services available at the facility and train
21 the employees ~~them~~ on how to access ~~make~~ those language
22 services available for limited English proficient and deaf
23 or hard of hearing ~~to~~ patients.

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

26 (1) Identify and record a patient's primary or

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

5 (2) Prepare and maintain, as needed, a list of contact
6 information for American Sign Language (ASL) interpreter
7 providers or individuals ~~interpreters~~ who have been
8 identified as being as proficient in sign language as a
9 person with a master's level proficient in sign language,
10 according to the Interpreter for the Deaf Licensure Act of
11 2007, as well as ~~and~~ a list of the languages of the
12 population of the geographical area served by the
13 facility.

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

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

23 (5) Develop community liaison groups to enable the
24 facility and the limited English proficient
25 ~~limited-English-speaking,~~ non-English-speaking, and deaf
26 or hard of hearing communities to ensure the adequacy of

1 the qualified medical interpreter services.

2 (Source: P.A. 98-756, eff. 7-16-14.)