

1 AN ACT concerning language assistance services.

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
5 amended by changing Sections 10 and 15 and adding Sections
6 16, 17, 18 and 19 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
23 primary language, if those individuals constitute at
24 least 5% of the patients served by the health facility
25 annually.

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

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

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

2 (210 ILCS 87/15)

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

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

12 (2) Adopt and review annually a policy for providing
13 language assistance services to patients with language or
14 communication barriers. The policy shall include procedures
15 for providing, to the extent possible as determined by the
16 facility, the use of an interpreter whenever a language or
17 communication barrier exists, except where the patient, after
18 being informed of the availability of the interpreter
19 service, chooses to use a family member or friend who
20 volunteers to interpret. The procedures shall be designed to
21 maximize efficient use of interpreters and minimize delays in
22 providing interpreters to patients. The procedures shall
23 insure, to the extent possible as determined by the facility,
24 that interpreters are available, either on the premises or
25 accessible by telephone, 24 hours a day. The facility shall
26 annually transmit to the Department of Public Health a copy
27 of the updated policy and shall include a description of the
28 facility's efforts to insure adequate and speedy
29 communication between patients with language or communication
30 barriers and staff.

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

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

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

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

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

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

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

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

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

2 (210 ILCS 87/16 new)

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

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

23 (210 ILCS 87/17 new)

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

1 plan of correction the Department may impose a penalty of up
2 to \$250. The total fines imposed under this Act against a
3 health facility in a twelve month period shall not exceed
4 \$5,000.

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

8 (210 ILCS 87/18 new)

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

14 (210 ILCS 87/19 new)

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