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AN ACT concerning language assistance services.

Be it enacted by the People of the State of Illinois,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, and 18 as follows:

- 7 (210 ILCS 87/10)
- 8 Sec. 10. Definitions. As used in this Act:

9 <u>"Department" means the Department of Public Health.</u>

"Interpreter" means a person fluent in English and in the 10 necessary language of the patient who can accurately speak, 11 12 read, and readily interpret the necessary second language, or 13 a person who can accurately sign and read sign language. Interpreters shall have the ability to translate the names of 14 15 body parts and to describe completely symptoms and injuries in both languages. Interpreters may include members of the 16 medical or professional staff. 17

18 "Language or communication barriers" means either of the 19 following:

20 With respect to spoken language, barriers that (1)limited-English-speaking 21 are experienced by or 22 non-English-speaking individuals who speak the same primary language, if those individuals constitute at 23 least 5% of the patients served by the health facility 24 annually. 25

(2) With respect to sign language, barriers that
 are experienced by individuals who are deaf and whose
 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 <u>must</u> may do one or more 7 of the following:

-2-

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 language assistance services to patients with language or 13 14 communication barriers. The policy shall include procedures 15 for providing, to the extent possible as determined by the facility, the use of an interpreter whenever a language or 16 17 communication barrier exists, except where the patient, after being informed of the availability of the interpreter 18 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 providing interpreters to patients. The procedures shall 22 insure, to the extent possible as determined by the facility, 23 24 that interpreters are available, either on the premises or accessible by telephone, 24 hours a day. The facility shall 25 annually transmit to the Department of Public Health a copy 26 of the updated policy and shall include a description of the 27 28 facility's efforts to insure adequate and speedy 29 communication between patients with language or communication barriers and staff. 30

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,

SB61 Engrossed

1 and the telephone numbers to call for filing complaints 2 concerning interpreter service problems, including, but not limited to, a T.D.D. number for the hearing impaired. 3 The 4 notices shall be posted, at a minimum, in the emergency room, the admitting area, the facility entrance, and the outpatient 5 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 services to the Department of Public Health, including the 10 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.

(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.

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. SB61 Engrossed -4- LRB093 03263 AMC 03280 b (Source: P.A. 90-655, eff. 7-30-98.) 1 2 (210 ILCS 87/16 new) 3 Sec. 16. Complaint system. The Department shall develop and implement a complaint system through which the Department 4 5 may receive complaints related to violations of this Act. (210 ILCS 87/17 new) б 7 Sec. 17. Penalty for violation. A person who violates this Act shall be guilty of a business offense punishable by 8 a fine of \$10,000 and each day's violation shall constitute a 9 10 <u>separate offense.</u> 11 (210 ILCS 87/18 new) Sec. 18. Rules. The Department shall adopt any rules 12

13 <u>necessary for the administration and enforcement of this Act.</u>