

AMENDED IN ASSEMBLY APRIL 9, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 389**

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**Introduced by Assembly Member Chau**

February 18, 2015

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An act to amend Section 1259 of, and to add Section 128731 to, the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 389, as amended, Chau. Hospitals: language assistance services.

(1) Under existing law, the State Department of ~~Public Health Care Services~~ licenses and regulates general acute care hospitals, as defined. Existing law requires those hospitals to adopt and review annually a policy for providing language assistance services to patients with language or communication barriers, as defined. Existing law requires a hospital to annually transmit to the department a copy of its updated policy and to include a description of its efforts to ensure adequate and speedy communication between patients with language or communication barriers and staff.

This bill would require a general acute care hospital and the department to make the hospital's updated policy available to the public on their respective Internet Web sites. *The bill would also require a general acute care hospital to post on its Internet Web site a notice, in English and up to the 5 other most commonly spoken languages in the hospital's service area, of the availability of language assistance services.* The bill would also, if another technology emerges that replaces Internet Web sites, require the department, by regulation, to require a general acute care hospital to make its updated policy available through

that subsequent technology. The bill would also require the department to make that policy available through that new technology.

(2) Existing law creates the Office of Statewide Health Planning and Development, prescribes the office’s powers and duties, and designates the office as the single state agency to collect specified data from health facilities and clinics for use by all state agencies.

This bill would require a general acute care hospital to annually file with the office the policy described in (1) above for providing language assistance services to patients with language or communication barriers. The bill would require the office to make that policy available to the public on the office’s Internet Web site or through a subsequent technology that replaces Internet Web sites.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1259 of the Health and Safety Code is  
2 amended to read:

3 1259. (a) (1) The Legislature finds and declares that California  
4 is becoming a land of people whose languages and cultures give  
5 the state a global quality. The Legislature further finds and declares  
6 that access to basic health care services is the right of every resident  
7 of the state, and that access to information regarding basic health  
8 care services is an essential element of that right.

9 (2) Therefore, it is the intent of the Legislature that when  
10 language or communication barriers exist between patients and  
11 the staff of any general acute care hospital, arrangements shall be  
12 made for interpreters or bilingual professional staff to ensure  
13 adequate and speedy communication between patients and staff.

14 (b) As used in this section:

15 (1) “Interpreter” means a person fluent in English and in the  
16 necessary second language, who can accurately speak, read, and  
17 readily interpret the necessary second language, or a person who  
18 can accurately sign and read sign language. Interpreters shall have  
19 the ability to translate the names of body parts and to describe  
20 competently symptoms and injuries in both languages. Interpreters  
21 may include members of the medical or professional staff.

22 (2) “Language or communication barriers” means:

1 (A) With respect to spoken language, barriers that are  
2 experienced by individuals who are limited-English-speaking or  
3 non-English-speaking individuals who speak the same primary  
4 language and who comprise at least 5 percent of the population of  
5 the geographical area served by the hospital or of the actual patient  
6 population of the hospital. In cases of dispute, the state department  
7 shall determine, based on objective data, whether the 5 percent  
8 population standard applies to a given hospital.

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

12 (c) To ensure access to health care information and services  
13 for limited-English-speaking or non-English-speaking residents  
14 and deaf residents, licensed general acute care hospitals shall:

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

18 (2) (A) (i) Adopt and review annually a policy for providing  
19 language assistance services to patients with language or  
20 communication barriers. The policy shall include procedures for  
21 providing, to the extent possible, as determined by the hospital,  
22 the use of an interpreter whenever a language or communication  
23 barrier exists, except when the patient, after being informed of the  
24 availability of the interpreter service, chooses to use a family  
25 member or friend who volunteers to interpret. The procedures shall  
26 be designed to maximize efficient use of interpreters and minimize  
27 delays in providing interpreters to patients. The procedures shall  
28 ensure, to the extent possible, as determined by the hospital, that  
29 interpreters are available, either on the premises or accessible by  
30 telephone, 24 hours a day. ~~The~~

31 (ii) *The hospital shall make the updated policy and a notice of*  
32 *availability of language assistance services available to the public*  
33 *on its Internet Web site. The notice shall be in English and up to*  
34 *the five other languages most commonly spoken in the hospital's*  
35 *service area. If another technology emerges that takes the place*  
36 *of Internet Web sites, the state department shall direct the hospital,*  
37 *by regulations adopted pursuant to the rulemaking procedures of*  
38 *the Administrative Procedure Act (Chapter 3.5 (commencing with*  
39 *Section 11340) of Part 1 of Division 3 of Title 2 of the Government*

1 Code), to make the information required pursuant to this section  
2 available through the subsequent technology.

3 (B) (i) The hospital shall annually transmit to the department  
4 a copy of the updated policy and shall include a description of its  
5 efforts to ensure adequate and speedy communication between  
6 patients with language or communication barriers and staff. ~~The~~

7 (ii) *The* department shall make the updated policy available to  
8 the public on its Internet Web site. If another technology emerges  
9 that replaces Internet Web sites, the department shall make the  
10 information required pursuant to this section available through  
11 that subsequent technology.

12 (3) Develop, and post in conspicuous locations, notices that  
13 advise patients and their families of the availability of interpreters,  
14 the procedure for obtaining an interpreter and the telephone  
15 numbers where complaints may be filed concerning interpreter  
16 service problems, including, but not limited to, a T.D.D. number  
17 for the hearing impaired. The notices shall be posted, at a  
18 minimum, in the emergency room, the admitting area, the entrance,  
19 and in outpatient areas. Notices shall inform patients that interpreter  
20 services are available upon request, shall list the languages for  
21 which interpreter services are available, shall instruct patients to  
22 direct complaints regarding interpreter services to the state  
23 department, and shall provide the local address and telephone  
24 number of the state department, including, but not limited to, a  
25 T.D.D. number for the hearing impaired.

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

29 (5) Prepare and maintain as needed a list of interpreters who  
30 have been identified as proficient in sign language and in the  
31 languages of the population of the geographical area serviced who  
32 have the ability to translate the names of body parts, injuries, and  
33 symptoms.

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

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

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

4 (9) Consider developing community liaison groups to enable  
5 the hospital and the limited-English-speaking and deaf communities  
6 to ensure the adequacy of the interpreter services.

7 (d) Noncompliance with this section shall be reportable to  
8 licensing authorities.

9 (e) Section 1290 shall not apply to this section.

10 SEC. 2. Section 128731 is added to the Health and Safety Code,  
11 to read:

12 128731. (a) A licensed general acute care hospital shall  
13 annually file with the office a policy for providing language  
14 assistance services to patients with language or communication  
15 barriers required pursuant to paragraph (2) of subdivision (c) of  
16 Section 1259.

17 (b) The office shall make the hospital policy available to the  
18 public on the office's Internet Web site. If another technology  
19 emerges that replaces Internet Web sites, the office shall make the  
20 hospital policy available through that subsequent technology.