433 River Street, Suite 303 Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

October 25, 2006

Dear Chief Executive Officer:

On September 13th, 2006, regulations pertaining to the provision of language assistance for hospital patients became effective. The newly adopted regulations amend Title 10 of the New York Code of Rules and Regulations (10NYCRR), Section 405. 7 Patient's Rights and are attached to this letter for your reference. These regulations broaden existing requirements to ensure that hospital patients, regardless of their ability to communicate, have meaningful access to medical services.

The regulations require that hospitals develop a formal Language Assistance Program (LAP) intended to coordinate language assistance activities and ensure that all patients who require this service receive it, free of charge. The LAP must include the following elements:

- Designation of a Language Assistance Coordinator who reports directly to Hospital Administration and oversees the LAP;
- Development of policies and procedures for the LAP;
- Development of materials for the public that summarizes the process to obtain free language services;
- Provision of ongoing education and training for hospital staff with direct patient contact;
- Display of signage that will notify the public of free language assistance services;
- Identification of the language of preference and the language needs of each patient during the initial visit to the hospital;
- Documentation in the medical record of the patient's language of preference, language needs, and the acceptance or refusal of language assistance services;
- Limitation of family members, friends or non-hospital personnel acting as interpreters unless the patient agrees to their use, free interpreter services have been offered by the hospital and refused and issues of age, competency and confidentiality have been taken into account. Individuals younger than 16 years of age may not be used as interpreters except in emergent circumstances;
- Management of skilled interpreters and persons skilled in communicating with vision and/or hearing impaired individuals who will be available to patients in the inpatient and outpatient setting within 20 minutes and to patients in the Emergency Department within 10 minutes;
- Completion of an annual needs assessment utilizing demographic data that will identify limited English speaking groups comprising more than 1% of the total hospital service area population.

Translation of significant hospital forms and instructions must be available for the languages identified in the needs assessment; and

- Provision of reasonable accommodation for family members or patient's representatives to assist with the communication assistance needs for patients with mental and developmental disabilities.

In addition, new paragraphs (18) and (19) are added to subdivision (c) of Section 405.7 Patient's Rights to update the Patient's Bill of Rights. The addition of these sections makes the regulation consistent with the self-implementing legislation of 1994 (Public Health Law 2803 (1)(h) and (i)).

The attached Question & Answer (Q&A) document addresses many of the questions that have be raised in regard to the provision of language assistance services. The Q&A is a working document that will be posted and updated on the Health Provider Network at https://commerce.health.state.ny.us. Should you have questions regarding the provision of language assistance, you may contact the Division of Primary and Acute Care Services at (518) 402-1003.

Sincerely,

Martin J. Conroy
Director
Division of Primary and Acute Care Services

STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

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Question /Answer Document
Language Assistance-Meeting the Needs of Patients with Language Barriers

Q: What does the Department expect from a Language Assistance Program?

A: The Department expects a hospital to develop an overall plan to address the anticipated needs of patients who require language assistance. A hospital's plan should consider internal resources as well community resources and organizations that may be available to support or assist in the provision of language services.

Q: Do the regulations apply only to the hospital setting or are other settings affected?

A: The newly adopted regulations broaden existing requirements for hospitals by revising the State Hospital Code. As such, the specific requirements effective September 13, 2006, are applicable to the hospital setting only. However, all health care facilities that accept Federal funding for Medicare, Medicaid, Graduate Medical Education, or other programs are required by Federal law to provide language assistance to its patients.

Q: Does the Department expect that a hospital will hire new personnel to assume the role of the Language Assistance Coordinator?

A: The regulation requires that the hospital "designate" a person to be the Language Assistance Coordinator. It does not require that the hospital acquire new staff to fulfill this responsibility. A hospital can designate an existing staff person to perform this role or hire externally, as long as there is a person responsible for coordinating this function.

Q: What qualifications or credentials does the Language Assistance Coordinator require?

A: The regulations do not prescribe any certification or licensure requirements to become a Language Assistance Coordinator. As such, it would be a hospital's responsibility to determine what qualifications, training, and experience would be necessary to perform this function.

Q: Does the Department require a specific format for the language access materials that are to be made available to the public?

A: No. There is no prescribed format that dictates how the summary information must be presented.

Q: The regulation requires "ongoing" training for administrative, clinical, and other employees who have direct patient contact. What is the Department's expectation in terms of frequency of training?

A: While there is no specific timeframe prescribed by the regulation, the Department would expect that there is documented evidence of training provided to staff members in accordance with the hospital's Language Assistance policies and procedures.

Q: The regulation states that the Department will provide signage that will be available to hospitals for their use. How can the sign be obtained?

A: The sign is available on the Health Provider Network (HPN) in both Adobe .pdf and Microsoft Illustrator files at the following link:
https://commerce.health.state.ny.us/hpn/hco/hospitalguide.shtml. The file can be used to reproduce signs for hospital use.

Q: Our hospital has expended considerable resources to create a sign that is similar to the Department's, but is customized specifically to our hospital. Are we required to use the Department's sign or is our sign acceptable?

A: In order to better serve its limited English proficient (LEP) patients, many hospitals have independently developed signs to notify the public of the availability of free interpreter services. Hospitals do not need to discontinue use of its existing signs in favor of the Department's as long as it notifies the public of the availability of free interpreter services in multiple languages and is displayed in public areas, such as hospital entrances, the Emergency Department, etc. Hospitals that do not currently have a sign may use the Department's version to notify the public of its available language services.

Q: Are hospitals required to track the communication needs of patients who access healthcare in their service area?

A: Yes. The new regulations require that hospitals identify a patient's language of preference and language needs upon his/her initial visit to the hospital and document this information in the patient's medical record. In addition, hospitals may want to consider recording this information in an administrative database to streamline the provision of interpreter and other services when the patient returns to the hospital for routine or emergency care. Further, tracking language needs of a hospital's patient population can provide a hospital with a rich source of data to be used in the completion of the annual needs assessment required by regulation. Administrative data, coupled with census, school, and other data sources, can help a hospital to fully identify populations within its service area who require language services.

Q: Is the use of telephonic or videoconferencing interpretation acceptable to meet the requirement to provide interpretation services?

A: Yes. The use of telephonic or videoconferenced interpretation is acceptable to meet requirements. However, there may be instances where these services are unavailable or the patient's communication needs can not be met through these mechanisms. As such, the Department encourages hospitals to investigate community resources in order to serve as alternative approaches in the event contracted language services are unavailable or inapplicable to a particular situation.

Q: Is the use of a TTY acceptable as a means of communicating with patients who are deaf or hearing impaired?

A: A TTY or text telephone is a device that allows people who are deaf, hard of hearing, or speech-impaired to use the telephone to communicate by allowing them to type messages back and forth to one another. The use of a TTY is acceptable to meet requirements, however, it is advisable to have a secondary plan to communicate with the deaf or hearing impaired when TTY service is unavailable or not applicable to meet the patient's needs.

Q: Can a patient bring his/her own interpreter to the hospital?

A: The regulations do not preclude a patient from bringing a family member, friend or other non-hospital personnel to provide their interpretation. However, the regulations do impose responsibility on the hospital to ensure that free interpretive services have been offered to the patient and that issues of age, confidentiality, competency and conflicts of interest have been considered.

Q: Is it acceptable to use bilingual hospital staff and licensed practitioners, such as physicians and nurses, to meet the interpretation requirements?

A: Yes. There would be nothing to preclude a hospital from utilizing bilingual staff to provide interpretation for patients. However, there are some issues to consider. First, utilization of bilingual medical, clerical, administrative, or other staff would need to be included as part of a hospital's Language Assistance Plan to provide support and training for this activity. Second, as part of its plan, a hospital would need to have a mechanism to ensure that the bilingual staff members are competent to provide medical interpretation. If a person is deemed fluent in a particular language, it should not be automatically assumed that the person is competent to provide interpretation of medical information. Third, a hospital would have to consider the cost effectiveness of using onsite direct care personnel to provide ongoing interpretation for a patient versus utilizing a contracted interpreter service.

Q: As a rural hospital, we have concerns as to whether we can consistently meet the requirements of interpreter availability within 20 minutes in inpatient and outpatient setting and within 10 minutes in the Emergency Department. Will the Department apply any flexibility in determining non-compliance with this regulation?

A: In a surveillance situation, the Department would take into consideration any efforts to comply with requirements when reviewing circumstances related to a complaint about the provision of language services. The Department encourages all hospitals to take comprehensive steps to pursue any available internal and external resources to meet their patient's needs.

Q: Could a rural hospital seek Commissioner approval for "time limited alternatives" related to the provision of interpreter services?

A: A rural hospital would have to seek pre-approval from the Commissioner of Health to be able to deviate from the requirements of interpreter availability within 20 minutes in inpatient and outpatient setting and within 10 minutes in the Emergency Department. A hospital would have to meet two criteria for approval. First, the hospital would have to "demonstrate that they have taken and are continuing to take all reasonable steps" to meet the requirements but are unable due to reasons "beyond the hospital's control." Second, the hospital would have to develop and implement an "effective interim plan(s) addressing the communication needs of individuals in the hospital service area." If a rural hospital can successfully demonstrate that they have exhausted all considerations and still can not meet the time requirements in accordance with the regulation, the Department may consider time limited alternatives. However, if approval were granted, it would in no way obviate a hospital from providing language assistance services.

Q: Do the regulations provide any exceptions for rural or critical access hospitals to provide language services to patients?

A: No. The language regulations apply to all hospitals regardless of size or location. While a rural or critical access hospital could request time limited alternatives, the Department would expect to see a Language Assistance Plan that would address the anticipated needs of its patients.

Q: Is it acceptable to use various sources of data to conduct the annual needs assessment?

A: Yes. Data from internal and external sources can be utilized to provide a complete picture of the language needs for a hospital's service area. These sources could include U.S. Census data, administrative data (e.g. encounter data, and school system data). Hospitals should also establish contacts with community groups that assist persons with LEP or groups that advocate for persons with vision and/or hearing impairments and the mentally and/or developmentally disabled. In forging these relationships, hospitals can utilize the resources of these organizations to improve health care service delivery to their respective groups.

Q: Does the annual needs assessment need to be submitted to the Department?

A: No. The annual needs assessment should be conducted for internal purposes and it need not be submitted to the Department for review.

Q: What is meant by "hospital service area"?

A: The definition of "hospital service area" may be different depending upon geographic location, specialty designations, and the size of the hospital. In general, hospitals should consider analysis of zip code data to define their own hospital service area. The Department would expect that each hospital's service area would be defined and considered in its annual needs assessment.

Q: The regulation requires that "translations of significant hospital forms and instructions" are available for the languages identified by the annual needs assessment. What "forms" are required to be translated?

A: The Department will expect that a hospital identify the forms that they will translate and have available as part of their Language Assistance Plan. Such forms could include procedural/surgical consent forms and other commonly used documents.

Q: Section 405.7(a)(7)(xi) states that reasonable accommodation must be given to family members or a patient's representative to assist with communication for patients with mental and developmental disabilities. How does this provision differ from Section 405.7(a)(7)(viii), which places limitations on the use of family members, friends and non-hospital personnel to act as interpreters?

A: Patients with mental, developmental or physical disabilities who may be unable to communicate effectively, to understand important medical information, or to give or withhold informed consent, have specialized communication needs. Hospitals should be sensitive to these needs and recognize that a family member, patient representative, or case manager who is familiar with the patient may be best able to provide comfort, support, and communication assistance for these patients. Attention must be given to assuring that communication resources are used that most closely approximate the patients' and patient representatives' primary means of communication. Reasonable accommodation of all such needs should not, however, interfere with the facility's ability to respond to a patient in need of immediate or emergent health care.

Section 405.7(a)(7)(viii) places limitations on the use of family members, friends and non-hospital personnel to act as interpreters for persons who are unable to effectively communicate with hospital staff in spoken English. Hospitals can not assume that fluency in speaking a language makes a person competent to accurately provide interpretation of complex medical information. The limitations on the use of family members, friends or non-hospital personnel to act as interpreters assists the hospital to ensure that appropriate and accurate interpretation is given to a patient when providing or discussing important medical information, such as treatment options, informed consent, discharge instructions and advance directives.

Pursuant to the authority vested in the State Hospital Review and Planning Council and the Commissioner of Health by Sections 2803 and 2805-r of the Public Health Law, Section 405.7 of Part 405 and Section 751.9 of Part 751 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York are hereby amended, to be effective upon publication of a Notice of Adoption in the New York State Register, to read as follows:

Paragraph (7) of subdivision (a) is repealed in its entirety and a new paragraph (7) of Section 405.7 is added to read as follows:

(7) the hospital shall develop a Language Assistance Program to ensure meaningful access to the hospital's services and reasonable accommodation for all patients who require language assistance. Program requirements shall include:

(i) the designation of a Language Assistance Coordinator who shall report to the hospital administration and who shall provide oversight for the provision of language assistance services;

(ii) policies and procedures that assure timely identification and ongoing access for patients in need of language assistance services;

(iii) the development of materials that will be made available for patients and potential patients that summarize the process and method to access free language assistance services;

(iv) ongoing education and training for administrative, clinical and other employees with direct patient care contact regarding the importance of culturally and linguistically competent service delivery and how to access the hospital's language assistance services on behalf of patients;

(v) signage, as designated by the Department of Health, regarding the availability of free language assistance services in public entry locations and other public locations;

(vi) identification of language of preference and language needs of each patient upon initial visit to the hospital;

(vii) documentation in the medical record of the patient's language of preference, language needs, and the acceptance or refusal of language assistance services;

(viii) a provision that family members, friends, or non-hospital personnel may not act as interpreters, unless:

(a) the patient agrees to their use;

(b) free interpreter services have been offered by the hospital and refused; and

(c) issues of age, competency, confidentiality, or conflicts of interest are taken into account. Any individual acting as an interpreter should be 16 years of age or older; individuals younger than 16 years of age should only be used in emergent circumstances and their use documented in the medical record.

(ix) management of a resource of skilled interpreters and persons skilled in communicating with vision and/or hearing impaired individuals;

(a) interpreters and persons skilled in communicating with vision and/or hearing impaired individuals shall be available to patients in the inpatient and outpatient setting within 20 minutes and to patients in the emergency service within 10 minutes of a request to the hospital administration by the patient, the patient's family or representative or the provider of medical care. The Commissioner of Health may approve time limited alternatives to the provisions of this subparagraph regarding interpreters and persons skilled in communicating with vision and/or hearing impaired individuals for patients of rural hospitals; which:

(1) demonstrate that they have taken and are continuing to take all reasonable steps to fulfill these requirements but are not able to fulfill such requirements immediately for reasons beyond the hospital's control; and

(2) have developed and implemented effective interim plans addressing the communications needs of individuals in the hospital service area.

(x) an annual needs assessment utilizing demographic information available from the United State Bureau of the Census, hospital administrative data, school system data, or other sources, that will identify limited English speaking groups comprising more than one percent of the total hospital service area population. Translations/transcriptions of significant hospital forms and instructions shall be regularly available for the languages identified by the needs assessment; and

(xi) reasonable accommodation for a family member or patient's representative to be present to assist with the communication assistance needs for patients with mental and developmental disabilities.

New paragraphs (18) and (19) are added to subdivision (c) of Section 405.7 to read as follows:

(18) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

(19) Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

Subdivisions (n) and (o) are amended and new subdivisions (p) and (q) are added to Section 751.9 to read as follows:

(n) approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health care facility except as required by law or third-party payment contract; [and]

(o) access his/her medical record pursuant to the provisions of section 18 of the Public Health Law, and Subpart 50-3 of this Title[.] ;

(p) authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors; and

(q) make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.

REGULATORY IMPACT STATEMENT

Statutory Authority:

The authority for the promulgation of this regulation is contained in Public Health Law (PHL) Sections 2803 and 2805-r. PHL Section 2803 outlines the powers and duties of the Commissioner. It also authorizes the State Hospital Review and Planning Council (SHRPC) to adopt and amend rules and regulations, subject to the approval of the Commissioner, to implement the purposes and provisions of PHL Article 28, and to establish minimum standards governing the operation of health care facilities. PHL Section 2805-r specifically authorizes the promulgation of regulations in relation to the right of patients who are unable to speak to have certain people present at all times during their stay at a hospital.

Legislative Objectives:

The legislative objective of PHL Article 28 includes the protection of the health of the residents of the State by assuring the efficient provision and proper utilization of health services, of the highest quality at a reasonable cost.

Needs and Benefits:

Provision of quality health care to individuals who have difficulty with the English language or are hearing and/or vision impaired is a major problem as clinicians are often unable to obtain information to make accurate diagnoses and because patients often do not understand the treatment regimens prescribed for them. Language barriers make it difficult to obtain information about medical services, to make appointments, understand how to obtain medical

insurance and navigate the health care system in general. Non-English speaking patients are less likely to use preventive and primary care services and poor communication due to language difficulties deters individuals from receiving timely treatment and can result in increased costs and inefficiencies overall.

The number of languages spoken in the United States is increasing significantly. Approximately 11 million people, (4.2% of the U.S. population) do not speak English, or do not speak it well, while over 21 million people (8.1% of the U.S. population) speak English less than very well. Almost two-thirds of New York City's residents are immigrants. These immigrants and their children come from over 200 different countries and speak more than 140 languages. While the majority of these individuals are in New York City, other areas of the State are impacted as well.

To address the increased need for language services in the hospital setting, the Department is strengthening its regulation regarding communication services. This proposal will require hospitals to develop a Language Assistance Program to ensure meaningful access to the hospital's services and reasonable accommodation for all patients who require language assistance. They are minimum standards that all hospitals are required to provide. More services could be provided if a hospital chooses to do so.

This proposal also makes technical amendments to the hospital and diagnostic and treatment center patients' rights provisions to include two rights that are in statute and in the Department's *Your Rights as a Hospital Patient* booklet, but were never added to the regulation.

COSTS:

Costs for the Implementation of and Continuing Compliance with these Regulations to the Regulated Entity:

The new provisions of Section 405.7 should not increase costs for the regulated entities with the exception of the development of guidance materials that will summarize available language programs and how patients can access this free service. Many hospitals may already have such materials in place. The current provisions in Section 405.7 already require hospitals to manage a resource of skilled interpreters and persons skilled in communicating with vision and/or hearing impaired individuals. They also require hospitals to provide translations/transcriptions of significant hospital forms, instructions and information in order to provide effective visual, oral and written communication with all persons receiving treatment in the hospital.

The new provisions will require regulated entities to designate a Language Assistance Coordinator to provide oversight for the provision of language assistance services. Such coordinator may be designated from within the current hospital staff. Regulated entities will need to provide training, manage skilled interpreters and persons skilled in communicating with vision and hearing impaired individuals in a timely manner. Again they may designate such individuals from within current hospital staff or current volunteers.

Regulated entities must also develop an annual needs assessment that will identify limited English speaking groups comprising more than one percent of the total hospital service area population. They must also make readily available for languages identified by the needs

assessment, translations/transcriptions of significant hospital forms and instructions. Hospitals are already required to do this.

Costs to Local and State Government:

Municipally owned hospitals will be required to adhere to these regulations the same as all other regulated entities. They are not expected to incur any increased costs other than for the development of the same guidance materials as noted above.

Costs to the Department of Health:

This proposal requires the Department to designate signage for use by the hospitals regarding the availability of free language assistance services in key entry locations and other public locations. While this can be done utilizing existing staff, some costs will be incurred for translation of standard signs for all languages utilized by New York State residents.

The Department currently has a translating and interpreting services contract to provide language assistance services on a needed basis. The current contract has a translation of documents cost ranging from $.22/word to $.35/word depending on the contract vendor and the language being translated. For the *Your Rights as a Hospital Patient* booklet it would cost between $3,214.20 and $5113.50. This booklet already exists in Spanish and can be found on the Department's website at www.health.state.ny.us. The current contract costs between $1.98 - $2.00/minute for over the phone interpreters.

Local Government Mandates:

None.

Paperwork:

Program requirements required by hospitals will include the development of materials that will be made available for the patients and potential patients that summarize the process and method to access free language assistance services. Such requirements will also require documentation in the medical record of the patient's language of preference, language needs and the acceptance or refusal of language assistance service.

Duplication:

Title VI of the Civil Rights Act prohibits discrimination that has been interpreted by the federal government to include protection of minorities who do not speak English or speak it well. Recipients of federal funding must take reasonable steps to ensure that people with limited English proficiency have meaningful access to their programs and services. This provision parallels the Civil Rights Act. Title VI is a law that is general in nature with respect to discrimination. This regulation contains specific requirements with respect to hospital Language Assistance Programs. It will not conflict with or duplicate the federal statute.

Alternative Approaches:

The current regulation could be left in place, however it is not as comprehensive as the new provisions. Current provisions have not always resulted in the Department's assurance that all patients have meaningful access to hospital services for all patients who require language assistance.

Federal Requirements:

Title VI of the Civil Rights Act prohibits discrimination. Its purpose is to ensure that federal money is not used to support health care providers who discriminate on the basis of race, color, or national origin. The federal Department of Health and Human Services (HHS) and the courts have applied this statute to protect minorities who do not speak English well. This provision parallels the Civil Rights Act. Title VI is a law that is general in nature with respect to discrimination. This regulation contains specific requirements with respect to hospital Language Assistance Programs. It will not conflict with or duplicate the federal statute.

Compliance Schedule:

This regulation will take effect upon publication of a Notice of Adoption in the New York State Register.

Contact Person:

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REGULATORY FLEXIBILITY ANALYSIS

FOR SMALL BUSINESS AND LOCAL GOVERNMENTS

Effect of Rule:

Section 405.7 of 10 NYCRR provisions of this regulation will apply to general hospitals; of which 5 are small businesses, (defined as 100 employees or less). Section 751.9 provisions will apply to diagnostic and treatment centers; 237 are considered small businesses.

Compliance Requirements:

In order to comply with the Section 405.7 requirements, hospitals must develop a Language Assistance Program that will reasonably accommodate the needs of all patients who require language assistance. The Section 751.9 requirements do not impose any additional compliance requirements. They simply put into regulation two patients' rights provisions that are in the Public Health Law and in the Department's *Your Rights as a Hospital Patient* booklet.

Professional Services:

Hospitals will be required to designate a Language Assistance Coordinator and provide ongoing training and education for administrative, clinical and direct patient care staff in culturally and linguistically competent service delivery. This can be done from existing staff.

Compliance Costs:

Compliance can be done with existing staff therefore the compliance costs should be none with the possible exception of those hospitals that have not identified the availability of languages in printed materials.

Economic and Technological Feasibility:

It should be economically and technologically feasible for small businesses to comply with these regulations. There should be no increased costs to implement this regulation with the possible exception of those hospitals that have not identified the availability of languages in printed materials. Existing staff can be utilized.

Minimizing Adverse Impact:

These provisions authorize the Commissioner to approve time limited alternatives regarding interpreters and persons skilled in communicating with vision/and or hearing impaired individuals of rural hospitals which: (1) demonstrate that they are taking all reasonable steps to fulfill these requirements; and (2) have developed and implemented effective interim plans addressing the communications needs of individuals in the hospital service area.

Small Business and Local Government Participation:

Outreach to the affected parties, is being conducted. Organizations who represent the affected parties are given notice of this proposal by its inclusion on the agenda of the Codes and Regulations Committee of the State Hospital Review and Planning Council. The public,

including any affected party, is invited to comment during the Codes and Regulations Committee meeting.

During the September 22, 2005 Codes and Regulations Committee meeting several speakers from the Immigrant Health Care Access and Advocacy Collaborative, comprised of associations serving those in need of language assistance, as well as the Greater New York Hospital Association, spoke in favor of the proposal and urged its passage. There were extensive discussions with these groups as well as with the Health Care Association of New York State who worked together to develop regulations that would provide quality health care to hospital patients with limited English proficiency or disabilities.

RURAL AREA FLEXIBILITY ANALYSIS

Types and Estimated Number of Rural Areas:

The proposed amendment will apply Statewide, including the 43 rural counties with less than 200,000 inhabitants, and the 10 urban counties with a population density of 150 per square mile or less. There are 51 rural hospitals in New York State.

Reporting, Recordkeeping and Other Compliance Requirements; and Professional Services:

Hospitals, including rural hospitals, will be required to develop Language Assistance Programs that will reasonably accommodate the needs of all patients who require language assistance. They will also be required to designate a Language Assistance Coordinator and provide ongoing training and education for administrative, clinical and direct patient care staff in culturally and linguistically competent service delivery. This can be done from existing staff. Guidance materials will need to be developed that will summarize available language programs and how patients can access this free service. Many hospitals may already have such materials in place. An annual needs assessment must be developed that will identify limited English speaking comprising more than one percent of the total hospital service area population. They must also make readily available for languages identified by the needs assessment, translations/transcriptions of significant hospital forms and instructions. Hospitals are already required to do this. Documentation in the medical record of the patient’s language of preference, language needs and the acceptance or refusal of language assistance service will also be required.

Costs:

These provisions should not increase costs for the regulated entities with the exception of the development of guidance materials that will summarize available language programs and how patients access this free service. Many hospitals may already have such materials in place.

Minimizing Adverse Impact:

These provisions authorize the Commissioner to approve time limited alternatives regarding interpreters and persons skilled in communicating with vision and/or hearing impaired individuals of rural hospitals which: (1) demonstrate that they are taking all reasonable steps to fulfill these requirements; and (2) have developed and implemented effective interim plans addressing the communications needs of individuals in the hospital service area.

Rural Area Participation:

Outreach to the affected parties, including those in rural areas is being conducted. Organizations who represent the affected parties have been given notice of this proposal by its inclusion on the agenda of the Codes and Regulations Committee of the State Hospital Review and Planning Council. The public, including any affected party, is invited to comment during the Codes and Regulations Committee meeting.

JOB IMPACT STATEMENT

A Job Impact is not included because these provisions will not have a substantial adverse impact on jobs and employment activities.