



Senate

General Assembly

File No. 313

February Session, 2000

Substitute Senate Bill No. 539

Senate, March 30, 2000

The Committee on Public Health reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

An Act Concerning Linguistic Access In Acute Care Hospitals.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 (NEW) Each acute care hospital in this state shall:
- 2 (1) Develop and annually review a policy on the provision of
- 3 interpreter services to non-English-speaking patients;
- 4 (2) Ensure, to the extent possible, the availability of interpreter
- 5 services to patients whose primary language is spoken by a group
- 6 comprising not less than five per cent of the population residing in the
- 7 geographic area served by the hospital;
- 8 (3) Prepare and maintain a list of qualified interpreters;
- 9 (4) Notify hospital staff of the requirement to provide interpreters to
- 10 non-English-speaking patients;
- 11 (5) Post multilingual notices of the availability of interpreters to

12 non-English-speaking patients;

13 (6) Review standardized forms to determine the need for translation
14 for use by non-English-speaking patients;

15 (7) Consider providing hospital staff with picture and phrase sheets
16 for communication with non-English-speaking patients; and

17 (8) Establish liaisons to non-English-speaking communities in the
18 geographic area served by the hospital.

PH Committee Vote: Yea 25 Nay 0 JFS

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: Potential Cost

Affected Agencies: University of Connecticut Health Center,
Department of Public Health

Municipal Impact: None

Explanation

State Impact:

The bill requires that acute care hospitals, including the John Dempsey Hospital of the University of Connecticut Health Center, undertake a number of activities concerning linguistic access in their facilities. Although the language of the bill is somewhat discretionary, passage of the bill would result in potential cost to the extent that Dempsey Hospital expands its current interpreter services for patients that reside in the geographic area served by the hospital. The average rate for an interpreter ranges between \$20-30 per hour.

The Department of Public Health will incur no additional regulatory responsibilities as a result of passage of this bill.

OLR Bill Analysis

sSB 539

AN ACT CONCERNING LINGUISTIC ACCESS IN ACUTE CARE HOSPITALS.**SUMMARY:**

This bill requires acute care hospitals to undertake a number of activities concerning linguistic access in their facilities. Specifically, each hospital must:

1. develop and annually review a policy on providing interpreter services to non-English speaking patients;
2. ensure, to the extent possible, availability of interpreter services to patients whose primary language is spoken by a group comprising not less than 5% of those residing in the hospital's geographic service area;
3. keep a list of qualified interpreters;
4. notify hospital staff of interpreter requirements;
5. post multilingual notices about interpreters;
6. review standardized forms to determine the need to translate them for use by non-English speaking patients;
7. consider giving hospital picture and phrase sheets to communicate with non-English speaking patients; and
8. establish liaisons to the non-English speaking communities in the service area.

EFFECTIVE DATE: October 1, 2000

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0