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## **OLR Bill Analysis**

### **sHB 5608**

#### ***AN ACT CONCERNING THE IMPLEMENTATION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS IN HEALTH CARE SETTINGS.***

#### **SUMMARY:**

This bill requires the state Commission on Health Equity to establish a collaborative committee to monitor health care providers use of Culturally and Linguistically Appropriate Standards (CLAS) to provide language access services to their patients. The U.S. Department of Health and Human Services (HHS) Office of Minority Health issues the standards. Federal law requires health care providers who receive federal funds to provide language access services.

EFFECTIVE DATE: July 1, 2011

#### **CLAS STANDARDS**

Under the bill, "CLAS standards" mean standards 4 to 7 of the Culturally and Linguistically Appropriate Standards that require health care providers who receive federal funds to provide language access services to their patients. Standards 4 to 7 are as follows:

Standard 4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5. Health care organizations must give patients, in their preferred language, verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6. Health care organizations must assure that (a) competent interpreters and bilingual staff provide language assistance to limited English proficient patients and (b) family and friends

provide interpretation services only at the patient's request.

Standard 7. Health care organizations must make available easily understood patient-related material and post signs in the languages of the commonly encountered groups represented in the service area.

## **COLLABORATIVE COMMITTEE**

### ***Committee Representatives***

By October 1, 2011, the Commission on Health Equity must establish a collaborative committee of representatives from various health care entities to monitor and ensure accountability in adopting CLAS standards by health care providers receiving federal funding. Its 15 members are:

1. the chairperson of the Health Equity commission,
2. the chairperson of the Connecticut Multi-Cultural Health Partnership,
3. the Public Health commissioner,
4. the Mental Health and Addiction Services commissioner,
5. the Healthcare Advocate,
6. The Connecticut Hospital Association president,
7. the chief executive officer of the Community Health Center Association of Connecticut,
8. the president of the board of directors for the Connecticut Center for Primary Care,
9. the executive director of the Connecticut State Dental Association,
10. the chairperson of the board of directors of the Mental health association of Connecticut,
11. the president of the executive board of directors of the Medical

Interpreting Association of Connecticut,

12. the president of the board of directors of the Connecticut Nurses' Association,
13. the president of the Connecticut Emergency Nurses' Association,
14. the chairperson of the state Commission on Pharmacy, and
15. the chief executive officer of the Connecticut Association of Healthcare Facilities.

Any member may appoint a designee. The chairperson of the Commission on Health Equity selects the chair and vice-chair of the collaborative committee from among its membership. The chairperson must convene the initial meeting of the collaborative committee by January 1, 2012. It must meet quarterly or more often as needed at the call of the chair.

### ***Committee Duties***

The collaborative committee must: (1) prepare quarterly reports concerning state health care providers' adoption of, and compliance with, CLAS standards; (2) analyze the number of individuals with limited English proficiency served in health care settings and the methods used to ensure they comply with CLAS standards; (3) establish a self-monitoring board to ensure culturally competent health care access throughout the state; (4) conduct train-the-trainer workshops on best practices in implementing and complying with CLAS standards; and (5) annually report to certain legislative committees its findings, including a report on the challenges of implementing the language access services mandated by the standards. The collaborative committee can seek advice and input from individuals and entities that represent the broad spectrum of health care providers in the state.

### ***Reports***

By January 1, 2013 and annually until January 1, 2018, the

collaborative committee must report to the Public Health, Human Services, and Insurance and Real Estate committees. The committee ends on January 1, 2018.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 16 Nay 10 (03/14/2011)