

## Summary of Key Provisions of SB 853 and Its Regulations

### 1. Needs Assessment

All health plans and insurers are required to assess the language needs and demographic profile of their enrollee population. Demographic profile in this case means, at minimum, the identification of the enrollee's race, ethnicity, and preferred spoken and written languages. Data collected under this provision will be used to calculate the plan's threshold languages and to help identify racial and ethnic disparities.

### 2. Interpreter Services

All health plans and insurers are required to develop and submit policies and procedures outlining their provision of quality, accessible interpretation to their enrollees at no cost. These policies must specify all points of contact where language assistance may be reasonably anticipated, types and availability of qualified interpretation services, and provisions for timely access.

**The range of interpretation services may include, but are not limited to:**

- Arranging for the availability of bilingual plan or provider staff who are trained and competent in the skill of interpreting.
- Hiring staff interpreters who are trained and competent in the skill of interpreting.
- Contracting with an outside interpreter service for trained and competent interpreters.
- Arranging formally for the services of voluntary community interpreters who are trained and competent in the skill of interpreting; and
- Contracting for telephone, videoconferencing, or other telecommunications-supported language interpretation services.

### 3. Translation

Health plans and insurers are required to translate vital documents into threshold languages. Vital documents are those that contain important information and/or affect legal rights or obligations. They are defined in the regulations as including: applications; consent forms; letters containing important information regarding eligibility and participation; notices pertaining to denial, reduction, modification, or termination of services and benefits; and the right to file grievance or appeal.

#### *Summary of SB 853 and its regulations:*

1. Health plans must conduct a needs assessment to calculate threshold languages and collect race, ethnicity, and language data of their enrollees.
2. Health plans must provide quality, accessible, and timely access to interpreters at all points of contact and at no cost to the enrollee.
3. Health plans must translate vital documents into threshold languages.
4. Health plans must ensure interpreters are trained and competent, and that translated materials are of high quality.
5. Health plans must notify their enrollees of the availability of no cost interpreter and translation services.
6. Health plans must train staff on language access policies and procedures, as well as how to work with interpreters and limited English patients.

The threshold languages that vital documents must be translated into are those needed by enough of the plan's enrollee population to meet the threshold criteria. After the needs assessment is conducted, a plan should have knowledge of the number of enrollees who speak a language other than English and what languages they speak. The formula for determining at what point a specific language group becomes eligible to receive translated documents varies by plan size:

- For health plans with a million or more enrollees: they must translate vital documents into the top two non-English languages, plus any language whose number of speakers in the plan is either 15,000 enrollees or greater, or totals 0.75% of the enrollee population.
- For plans with 300,000 to one million enrollees: vital documents must be translated into the top non-English language plus languages whose speakers are 6,000 enrollees or 1% of the enrollee population.
- For plans with less than 300,000 enrollees: vital documents must be translated into any language whose speakers total 3,000 enrollees or 5% of the enrollee population.

For documents that are not standardized, but are written for a specific enrollee about his or her medical condition or coverage, a plan is not required to translate the document, but must include a DMHC-approved written notice of the availability of interpretation and translation services in multiple languages (at a minimum, the plan's threshold languages).

#### **4. Quality Assurance and Interpreter Proficiency**

The health plan and insurer's language assistance standards must include provisions to ensure the quality of interpretation and translation services. Interpreters are required to have a documented and demonstrated proficiency in both English and the target language; a fundamental knowledge of health care terminology; and education and training in interpreting ethics, conduct, and confidentiality. The translators of documents also must have demonstrated competence and provide assurances that the materials are of the same high quality as the English version and are an accurate translation of the contents.

#### **5. Enrollee Notification**

Health plans and insurers are required to develop processes for informing enrollees of the availability of language assistance services, that these services are at no charge to the enrollees, and an explanation of how to access the services. At a minimum, these include methods for identifying an enrollee's language assistance needs at all anticipated points of contact and facilitating access to language services. Direct contact methods will be complemented by including statements, in English and in, at a minimum, the plan's threshold languages, about the availability of free language assistance services and how to access them in brochures, newsletters, and other materials that are routinely disseminated to the plan's enrollees.