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10 CA ADC § 2538.6

10 CCR § 2538.6

Cal. Admin. Code tit. 10, § 2538.6

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 10. INVESTMENT
CHAPTER 5. INSURANCE COMMISSIONER
SUBCHAPTER 3. INSURERS
ARTICLE 12.1. HEALTH CARE LANGUAGE ASSISTANCE PROGRAM
This database is current through 8/8/08, Register 2008, No. 32

§ 2538.6. Individual Access to Oral Interpretation Services.

(a) Every health insurer shall provide timely individual access to interpretation services at no cost to LEP insureds at all points of contact where language assistance is needed in accordance with these regulations. For purposes of this section, "timely" means in a manner appropriate for the situation in which language assistance is needed. Interpreter services are not timely if delay results in the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP insured.

(b) Every health insurer shall develop policies and procedures that describe the health insurer's methods for providing timely interpretation services, including, but not limited to the following:

(1) The points of contact where the need for interpreting may be reasonably anticipated;

(2) The types of resources necessary in order to provide effective interpreting to the health insurer's insureds;

(3) The arrangements that the health insurer will make to inform insureds of oral interpretation services and to provide timely access to interpreting at all points of contact at no charge to insureds;

(4) The range of interpreting services that will be provided by trained and competent individuals to insureds as appropriate for the particular point of contact. The range of services may include, but is not limited to:

(A) Bilingual health insurer or contractor/health care provider staff available for the duration of the need;

(B) Hiring staff interpreters;

(C) Contracting with outside interpreters;

(D) Making volunteer interpreters available; and

(E) Contracting for remote interpreting, as defined, for an LEP person.

(c) Every health insurer shall develop policies and procedures for the use of family, friends, and minors as interpreters. The intent of these regulations is to provide qualified interpreting for all LEP insureds, in their primary/preferred spoken language, at no cost to the LEP insureds at all points of contact where language assistance is needed. It is the intent of these regulations to discourage the use of family members and friends and strongly discourage the use of minors as interpreters; however, nothing in this section is intended to create a barrier to care for LEP insureds.

(1) In a non-emergency situation, an insured may request the use of a family member or friend as the interpreter. Once the insured has requested the use of a family member or friend as his or her interpreter,

the insured shall be fully informed in his or her primary/preferred spoken language that a qualified interpreter is available at no charge to the insured. If the insured refuses the offer of the qualified interpreter, the offer of a qualified interpreter and the insured's decision to use the family member or friend as the interpreter shall be documented in the medical record file.

(2) In an emergency situation, a minor may be used as an interpreter if the following conditions are met:

(A) The minor demonstrates the ability to interpret complex medical information in an emergency/critical situation; and,

(B) The insured is fully informed in his or her primary/preferred spoken language that a qualified interpreter is available at no charge to the insured. If the insured refuses the offer of the qualified interpreter, the offer of a qualified interpreter and the insured's decision to use the minor as the interpreter shall be documented in the medical record file.

(d) Every health insurer shall develop policies and procedures to ensure the quality and timeliness of oral interpretation services provided to insureds. The policies and procedures shall include mechanisms for ensuring the proficiency of the individual providing interpretation services, including a documented and demonstrated proficiency in the source and target languages, sensitivity to the LEP person's culture and a demonstrated ability to convey information accurately in both languages. A health insurer may develop and apply appropriate criteria for ensuring the proficiency of interpreter services. Criteria for interpreter ethics, conduct and qualifications adapted by the insurer from standards promulgated by the California Healthcare Interpreters Association or the National Council on Interpreting in Health Care shall be accepted by the Commissioner.

<General Materials (GM) - References, Annotations, or Tables>

Note: Authority cited: Sections 10133.8 and 10133.9, Insurance Code. Reference: Sections 10133.8 and 10133.9, Insurance Code.

HISTORY

1. New section filed 9-19-2007; operative 10-19-2007 (Register 2007, No. 38).

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