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10 CA ADC § 2538.5

10 CCR § 2538.5

Cal. Admin. Code tit. 10, § 2538.5

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

§ 2538.5. Written Translation of Vital Documents.

(a) Every health insurer shall translate vital documents, as defined above, into languages other than English, hereinafter called "indicated/threshold languages" as follows:

(1) A health insurer with an insured population of 1,000,000 or more shall translate vital documents into the top two languages other than English as determined by the needs assessment and any additional languages when 0.75 percent or 15,000 of the insured population, whichever number is less, indicates in the needs assessment a preference for written materials in that language.

(2) A health insurer with an insured population of 300,000 or more but less than 1,000,000 shall translate vital documents into the top one language other than English as determined by the needs assessment

and any additional languages when 1 percent or 6,000 of the insured population, whichever number is less, indicates in the needs assessment a preference for written materials in that language.

(3) A health insurer with an insured population of less than 300,000 shall translate vital documents into a language other than English when 3,000 or more or five percent of the insured population, whichever number is less, indicates in the needs assessment a preference for written materials in that language.

(b) For those vital documents that contain insured-specific information, health insurers shall provide the English language document together with the written notice of the availability of interpretation services and translation services in the indicated/threshold languages identified by the needs assessment.

(1) Upon request, the insured shall receive a written translation of the documents. The health insurer shall have 21 (twenty-one) days after receipt of the request to provide the written translation to the insured.

(2) Whenever a requested document requires that an insured take action within a certain period of time, that period of time shall not begin to elapse until the health insurer issues to the insured a translation of that document in accordance with the provisions of this article. For appeals that require expedited review and response, the health insurer may satisfy this requirement by providing the notice of the availability and access to oral interpretation services.

(c) Health insurers may request a phase-in of the translation of vital documents by submitting a written request to the Commissioner at the time of submission of their LAP plan. The request shall detail the plan, timeframe, rationale and projected impact of the phase-in on the receipt of culturally and linguistically competent health care by insureds. The translation of all vital documents shall be completed by the implementation date for the LAP as determined by these regulations.

(d) Every health insurer shall develop policies and procedures to ensure the quality and accuracy of written translations and that each translated document meets the same standards as are required for the English version of the document. The policies and procedures shall include mechanisms for ensuring the proficiency of the individual providing translation services, including a

documented and demonstrated proficiency in the source and target languages and knowledge of applicable specialized terminology in both the source and target languages.

(e) This section is not intended to prohibit or discourage a health insurer from providing translation of vital documents into a greater number of languages than the indicated/threshold languages.

<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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