§ 2803-bb. Provision of language assistance. Every general hospital shall develop a language assistance program to ensure meaningful access to the general hospital's services and reasonable accommodation for all patients who require language assistance. Program requirements shall include:

1. the designation of a language assistance coordinator who shall report to general hospital administration and who shall provide oversight for the provision of language assistance services;

2. policies and procedures that ensure timely identification and ongoing access for patients in need of language assistance services;

3. the development of materials that will be made available for patients and potential patients that summarize the process and method to access free language assistance services;

4. ongoing education and training for administrative, clinical and other employees with direct patient care contact regarding the importance of culturally and linguistically competent service delivery and how to access the general hospital's language assistance services on behalf of patients;

5. signage, as designated by the department, regarding the availability of free language assistance services in public entry locations and other public locations;

6. identification of language of preference and language needs of each patient upon initial visit to the general hospital;

7. documentation in the medical record of the patient's language of preference, language needs, and the acceptance or refusal of language assistance services;

8. a provision that family members, friends, or non-general hospital personnel shall not act as interpreters, unless:
(a) the patient agrees to their use;

(b) free interpreter services have been offered by the general hospital and refused; and

(c) issues of age, competency, confidentiality, or conflicts of interest are taken into account. Any individual acting as an interpreter should be sixteen years of age or older; individuals younger than sixteen years of age shall only be used in emergency circumstances and their use documented in the medical record;

9. management of a resource of skilled interpreters and persons skilled in communicating with vision and/or hearing-impaired individuals. Interpreters and persons skilled in communicating with vision and/or hearing-impaired individuals shall be available to patients within a reasonable period of time from a request to general hospital administration by the patient, the patient's family or representative or the provider of medical care. The commissioner may approve reasonable time periods to the provisions of this subdivision regarding interpreters and persons skilled in communicating with vision and/or hearing-impaired individuals for patients of rural general hospitals which:

(a) demonstrate that they have taken and are continuing to take all reasonable steps to fulfill these requirements but are not able to fulfill such requirements immediately for reasons beyond the general hospital's control; and

(b) have developed and implemented effective interim plans addressing the communications needs of individuals in the general hospital service area;

10. an annual needs assessment utilizing demographic information available from the United States bureau of the census, general hospital administrative data, school system data, or other sources, that shall identify limited English-speaking groups comprising more than one percent of the total general hospital service area population. Translations/transcriptions of significant general hospital forms and instructions shall be regularly available for the languages identified by the needs assessment; and

11. reasonable accommodation for a family member or patient's

representative to be present to assist with the communication assistance needs for patients with mental and developmental disabilities.