

2026 -- H 7931

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO HEALTH AND SAFETY -- LICENSING OF HEALTHCARE FACILITIES

Introduced By: Representatives Morales, Sanchez, Giraldo, Cruz, Potter, and Tanzi

Date Introduced: February 27, 2026

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 23-17-54 of the General Laws in Chapter 23-17 entitled "Licensing
2 of Healthcare Facilities" is hereby amended to read as follows:

3 **23-17-54. Provisions of interpreter services.**

4 (a) Every hospital and freestanding emergency-care facility shall, as a condition of initial
5 or continued licensure, provide a ~~qualified~~ certified interpreter, ~~if an appropriate bilingual clinician~~
6 ~~is not available to translate~~, in connection with all services provided to every non-English speaker
7 who is a patient or seeks appropriate care and treatment ~~and is not accompanied or represented by~~
8 ~~an appropriate, qualified interpreter or a qualified sign language interpreter who has attained at~~
9 ~~least sixteen (16) years of age.~~

10 (1) In instances where a national or state certification for a specific language does not exist,
11 the facility shall provide a qualified interpreter who has demonstrated proficiency in English and
12 the target language, and is familiar with biomedical terminology and ethical principles of
13 interpretation.

14 (2) A patient may decline the services of a certified or qualified interpreter in favor of a
15 family member or friend; provided, however, the facility shall document such a request in the
16 medical record. The facility reserves the right to provide a certified or qualified interpreter to
17 observe the encounter to ensure clinical accuracy and safety, at no cost to the patient.

18 (b) Each hospital and freestanding emergency-care facility shall post a multi-lingual notice
19 in conspicuous places and on its public website, setting forth the requirement in subsection (a) ~~in~~

1 ~~English and the, at minimum, three (3) most common foreign languages used by the hospital or~~
2 ~~freestanding emergency care facility as determined by the hospital or freestanding emergency care~~
3 ~~facility.~~ The determination of languages for the translation of vital documents and notices shall be
4 governed by the Safe Harbor standards established under Section 1557 of the Patient Protection
5 and Affordable Care Act (45 CFR Part 92), specifically:

6 (1) The facility shall provide written translations of vital documents for each limited
7 English proficient (LEP) language group that constitutes five percent (5%) of the population of
8 persons eligible to be served or likely to be affected or encountered, or one thousand (1,000)
9 persons, whichever is less.

10 (2) If there are fewer than fifty (50) persons in a language group that reaches the five
11 percent (5%) threshold, the facility is not required to translate vital written materials but shall
12 provide written notice in the group's primary language of the right to receive competent oral
13 interpretation of those written materials, free of cost.

14 (3) These determinations shall be updated following the community needs assessment
15 conducted by the facility every three (3) years, utilizing the most recent U.S. Census Bureau data
16 and the Rhode Island division of statewide planning's limited English proficiency plan metrics.

17 (c) The receipt by a non-English speaker of interpreter services shall not be deemed the
18 receipt of a benefit under any provisions of law restricting benefits or assistance on the basis of
19 immigrant status.

20 (d) Every hospital and freestanding emergency-care facility shall, as a condition of initial
21 or continued licensure, provide mandated training to providers on how to access and utilize certified
22 and qualified interpretation services.

23 ~~(d)~~(e) Nothing in this section shall be construed to affect or limit any rights, remedies, or
24 obligations under chapter 24 of title 11 or under chapters 87 or 112 of title 42.

25 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO HEALTH AND SAFETY -- LICENSING OF HEALTHCARE FACILITIES

1 This act would amend the current law on interpreter services to mandate that hospital and
2 emergency-care facilities provide a certified, rather than qualified, interpreter for every non-English
3 speaker, except in instances where a national or state certification for a specific language is
4 unavailable so that a qualified interpreter may be used.

5 The act would also require that the facility provide written translations of vital documents
6 depending on the size of the population of the LEP group.

7 The act would further require every facility to train their staff in how to access and utilize
8 certified and qualified interpretation services and to conduct a community needs assessment of their
9 language interpretation needs every three years.

10 This act would take effect upon passage.

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