
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair
2025 - 2026 Regular Session

AB 843 (Garcia) - Health care coverage: language access

Version: July 7, 2025

Urgency: No

Hearing Date: August 18, 2025

Policy Vote: HEALTH 11 - 0

Mandate: Yes

Consultant: Agnes Lee

Bill Summary: AB 843 would expand and clarify existing state law requirements for health plans and insurers to provide access to language assistance in obtaining health care services.

Fiscal Impact:

- The Department of Managed Health Care (DMHC) estimates costs of approximately \$282,000 in 2025-26, \$931,000 in 2026-27, \$890,000 in 2027-28, \$1,169,000 in 2028-29, and \$1,162,000 in 2029-30 and annually thereafter for state administration (Managed Care Fund).
- The California Department of Insurance (CDI) estimates costs of \$15,000 in 2026-27 for state administration (Insurance Fund).
- Unknown potential revenues from administrative penalties.

Background: The DMHC regulates health plans under the Knox-Keene Act and the CDI regulates health and other insurers. State law requires DMHC and CDI to develop and adopt regulations establishing standards and requirements to provide enrollees/insureds with appropriate access to language assistance in obtaining health care services. State law requires health plans and insurers to notify enrollee/insureds and members of the public about the availability of language assistance services, including oral interpretation and translated written materials, free of charge and in a timely manner, and how to access these services. Health plans and insurers must report to the DMHC or CDI, as applicable, regarding internal policies and procedures related to cultural appropriateness, as specified.

Current federal regulations related to the implementation of the federal Affordable Care Act (ACA) require covered health entities to provide meaningful access to individuals with limited English proficiency, including but not limited to:

- Requiring covered entities to take reasonable steps to provide meaningful access to each individual with limited English proficiency, including companions;
- Requiring language assistance services to be free of charge, accurate and timely; and to protect the privacy and independent decision-making of the individual with limited English proficiency;

- Specifying requirements for interpreter and translation services, including video and audio remote services;
- Prohibiting covered entities from requiring an individual with limited English proficiency from providing their own interpreter or relying on a non-qualified interpreter to facilitate communication.

Proposed Law: Specific provisions of the bill would:

- Require health plans/insurers to take reasonable steps to provide meaningful access to each individual with limited English proficiency, including companions with limited English proficiency, eligible to receive services or likely to be directly affected by its programs and activities.
- Require health plans/insurers to provide accurate and timely language assistance services, free of charge to individuals with limited English proficiency and require that when providing language access services, health plans/insurers must protect the privacy and independent decisionmaking ability of individuals with limited English proficiency.
- Require health plans/insurers, when interpretation services are required, to offer a qualified interpreter in its health programs and activities.
- Require health plans/insurers, when translation services are required, to utilize a qualified translator in its health programs and activities, as specified.
- Prohibit health plans/insurers from doing any of the following:
 - Require individuals with limited English proficiency to provide or pay for the costs of their own interpreter.
 - Rely on an adult, not qualified as an interpreter, to interpret or facilitate communications with an individual with limited English proficiency, except under specified circumstances.
 - Rely on a minor child to interpret or facilitate communication, except as specified.
 - Rely on staff other than qualified interpreters, qualified translators, or qualified bilingual or multilingual staff to communicate with individuals with limited English proficiency.
- Require health plans/insurers that provide a qualified interpreter for an individual with limited English proficiency through video or audio remote interpreting services to ensure the modality allows for meaningful access, as specified.
- Authorize the Director of the DMHC and the Insurance Commissioner to take enforcement action, including imposing penalties for noncompliance; and provide that the Director of the DMHC and the Insurance Commissioner may assess an

administrative penalty not to exceed \$5,000 for each violation, or if a violation was willful, an administrative penalty not to exceed \$10,000 for each violation.

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