
THIRD READING

Bill No: AB 843
Author: Garcia (D)
Amended: 7/7/25 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 7/2/25

AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla,
Richardson, Rubio, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: 5-0, 8/29/25

AYES: Caballero, Cabaldon, Grayson, Richardson, Wahab

NO VOTE RECORDED: Seyarto, Dahle

ASSEMBLY FLOOR: 66-1, 6/2/25 - See last page for vote

SUBJECT: Health care coverage: language access

SOURCE: Insurance Commissioner Lara/ California Department of Insurance

DIGEST: This bill (1) requires health plans and insurers to comply with federal language access requirements for people with limited English proficiency and (2) permits the Department of Managed Health Care and the Department of Insurance to issue enforcement actions and administrative penalties for violations of these requirements.

ANALYSIS:

Existing federal law prohibits, under Section 1557 of the Patient Protection and Affordable Care Act of 2010 (ACA), discrimination on the grounds of race, color, national origin, sex, age, and disability in certain health programs and activities. [42 United States Code (U.S.C.) §18116]

Existing state law:

- 1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act); California Department of Insurance (CDI) to regulate health and other insurance; and, the Department of Health Care Services (DHCS) to administer the Medi-Cal program. [Health and Safety Code (HSC) §1340, et seq., Insurance Code (INS) §106, et seq. and Welfare and Institutions Code (WIC) §14000, et seq.]
- 2) Requires DMHC and the CDI Commissioner to develop and adopt regulations establishing standards and requirements to provide health plans, health insurers, enrollees and insureds with appropriate access to language assistance in obtaining health care assistance, including requirements to translate vital documents, such as notices advising limited English proficient persons that the plan or insurer provides free language assistance and outreach materials, and a needs assessment of enrollees and insureds within one year of the effective date of regulations updated every three years. [HSC §1367.04 and INS §10133.8]

This bill:

- 1) Defines “sight translation” as the oral or signed rendering of written text into spoken or signed language by an interpreter without changes based on the visual review of the original text or document, and, permits health plans and insurers for grievances that require expedited plan review and response, to satisfy language access requirements by taking reasonable steps to inform the enrollee or insured of any required actions, including by providing a sight translation of a document or notice of services of auxiliary aids.
- 2) Requires plans and insurers not subject to the vital records translation requirement, to provide in the same non-English language, applications and information pertinent to participation, including communications related to costs and payment of covered services, complaint forms, notices, instructions related to appealing a grievance, and notices related to any termination of coverage and change in covered services.
- 3) Requires notices about language assistance, the availability of auxiliary aids and services, and other relevant information to be provided upon request, at a conspicuous place on the website of the plan or insurer, in clear and prominent physical locations, in font no smaller than 20-point sans serif font, where it is reasonable to expect individuals seeking service from a plan or insurer to be able to read and hear the notice, and, in clear and prominent physical locations,

where it is reasonable to expected to be seen, and to incorporate a notice that contains a specified information when a plan or insurer provides these written communications or forms:

- a) A notice of privacy practices, as required by federal regulations, as specified;
 - b) Application forms;
 - c) Notice of termination, eligibility, benefits, or services, including an explanation of benefits, and notices of appeal and grievances rights;
 - d) Communications related to an individual's rights, eligibility, benefits, or services that request a response from an enrollee, insured, or applicant for health care coverage;
 - e) Communications related to a public health emergency;
 - f) Communications related to the cost and payment of care with respect to an individual including medical billing and collections materials, and good faith estimates required by federal law;
 - g) Complaint forms; and,
 - h) Member and enrollee or insured handbooks.
- 4) Requires plans and 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.
 - 5) Requires plans and insurers to provide accurate and timely language assistance services, free of charge to individuals with limited English proficiency. Requires plans and insurers, when providing language access services, to protect the privacy and independent decision making ability of individuals with limited English proficiency.
 - 6) Requires plans and insurers, when interpretation services are required, to offer a qualified interpreter in its health programs and activities.
 - 7) Requires plans and insurers, when translation services are required, to utilize a qualified translator in its health programs and activities. Permits machine translation to be used to supplement services by translators for translation of general information that is not critical to the rights, benefits, or meaningful access to an individual with limited English proficiency, or when a qualified translator is unavailable. Requires the translation to be reviewed by a qualified translator if machine translation is used: when the underlying text is critical to

the rights, benefits, or meaningful access to an individual with limited English proficiency; when accuracy is essential; or, when the source documents or other materials contain complex, nonliteral, or technical language.

8) Prohibits plans and insurers from:

- a) Requiring individuals with limited English proficiency to provide or pay for the costs of their own interpreter;
- b) Relying on an adult, not qualified as an interpreter, to interpret or facilitate communications with an individual with limited English proficiency except:
 - i) As a temporary measure, while finding a qualified interpreter in an emergency involving an immediate threat to the safety or welfare of an individual or the public welfare where there is no qualified interpreter for the individual with limited English proficiency immediately available and the qualified interpreter that arrives confirms or supplements the initial communication with an adult interpreter; or,
 - ii) Where the individual with limited English proficiency specifically requests, in private with a qualified interpreter present and without an accompanying adult present, that the accompanying adult interpret or facilitate communications, provided that:
 - (1) The request is confirmed in private with a qualified interpreter and without the accompanying adult present;
 - (2) The accompanying adult agrees to provide the assistance;
 - (3) The individual's request and agreement by the accompanying adult is documented; and,
 - (4) The reliance on that adult for the assistance is appropriate under the circumstances;
- c) Relying on a minor child to interpret or facilitate communication, except as a temporary measure while finding a qualified interpreter in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the enrollee or insured with limited English proficiency immediately available and the qualified interpreter that arrives or confirms or supplements the initial communications with the minor child; and,
- d) Relying on staff other than qualified interpreters, qualified translators, or qualified bilingual or multilingual staff to communicate with individuals with limited English proficiency.

- 9) Requires plans and insurers that provide a qualified interpreter for an individual with limited English proficiency through video remote interpreting services to ensure the modality allows for meaningful access and to provide:
 - a) Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
 - b) A sharply delineated image that is large enough to display the interpreter's face and the participating person's face regardless of that person's body position;
 - c) A clear, audible transmission of voices; and,
 - d) Adequate training to users of the technology and other involved persons so that they can quickly and efficiently set up and operate the video remote interpreting.
- 10) Permits DMHC director or CDI commissioner to take enforcement action, including, but not limited to, imposing penalties for noncompliance with the requirements of this bill or regulations promulgated thereunder.
- 11) Permits, if the director or commissioner determines a plan or insurer, or an entity contracted with the plan or insurer, has violated this bill, to, after appropriate notice and opportunity for hearing in accordance with the Administrative Procedure Act, assess a administrative penalty of up to \$5,000 for each violation, or if a violation was willful, a administrative penalty of up to \$10,000 for each violation.

Comments:

According to the author of this bill:

California's diversity is one of the State's greatest strengths, adding rich culture and economic prosperity to our communities. Currently, a quarter of our state, over six and a half million individuals, have lived in the U.S. for less than five years and have limited English proficiency. Those with limited English proficiency struggle to understand our complex insurance system, causing them to disproportionately be uninsured and experience poorer health outcomes than those with English proficiency. In 2016, the Obama Administration adopted stronger federal language access requirements, only to be weakened by the Trump Administration in 2019, and then again

reinstated by the Biden Administration in 2024. Although existing federal law protects language access, with the Trump Administration's history of rolling it back, along with recent efforts to defund federal "DEI" initiatives, we cannot trust the current federal government to keep these equitable language access services. As a state, we need to support Californians in overcoming those barriers by aligning our state laws with the Biden Administration's Language Access protections.

Background

Section 1557. Title I of the ACA, "Quality, Affordable Health Care for All Americans," establishes individual and group health insurance market reforms, health benefit exchanges and qualified health plans, premium tax credits and cost-sharing reductions, individual and employer health coverage mandates, and Section 1557 with respect to nondiscrimination (among many other provisions). Section 1557 provides that, except as otherwise provided in title I of the ACA, an individual shall not, on the grounds prohibited under title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, or section 504 of the Rehabilitation Act of 1973, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an executive agency or any entity established under title I of the ACA. This applies to health programs or activities administered by recipients of federal financial assistance from the U.S. Department of Health and Human Services (DHHS), DHHS-administered health programs or activities, and title I entities that administer health programs or activities.

Meaningful access for individuals with limited English proficiency. Regulations promulgated under Section 1557 specific to language access requirements are effective within one year of July 5, 2024, and require covered entities to ensure a Section 1557 coordinator is responsible for a number of activities including coordinating effective implementation of language access procedures described in §92.8, which states that a covered entity must implement written language access procedures in its health programs and activities describing its process for providing language assistance services to individuals with limited English proficiency when required under §92.201. At a minimum, the language access procedures must include current contact information for the section 1557 Coordinator (if applicable); how an employee identifies whether an individual has limited English

proficiency; how an employee obtains the services of qualified interpreters and translators the covered entity uses to communicate with an individual with limited English proficiency; the names of any qualified bilingual staff members; and a list of any electronic and written translated materials the covered entity has, the languages they are translated into, date of issuance, and how to access electronic translations. §92.201 requires a covered entity to take reasonable steps to provide meaningful access to each individual with limited English proficiency (including companions with limited English proficiency) eligible to be served or likely to be directly affected by its health programs and activities. The definitions from the regulations are substantially similar to the definitions in this bill.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Committee on Appropriations, 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). CDI estimates costs of \$15,000 in 2026-27 for state administration (Insurance Fund). Unknown potential revenues from administrative penalties.

SUPPORT: (Verified 8/29/2025)

Insurance Commissioner Lara/ California Department of Insurance (source)

Asian Resources, Inc.

California Academy of Child and Adolescent Psychiatry

California Immigrant Policy Center

California Nurses Association

California Pan-Ethnic Health Network

Chinese for Affirmative Action

Disability Rights California

Disability Rights Education and Defense Fund

District 3 Youth Council

Health Access California

Mental Health America of California

Western Center on Law and Poverty

OPPOSITION: (Verified 8/29/2025)

None received

ARGUMENTS IN SUPPORT: This bill is sponsored by Insurance Commissioner Ricardo Lara, who indicates this bill would ensure the continued application of current federal language access standards. The commissioner writes, “California has a significant interest in ensuring equitable access to health coverage and care for people with limited English proficiency. California’s diverse communities include about 25% of the U.S. limited English proficient population. Californians with limited English Proficiency are more likely than the English-proficient population to have lived in the U.S. for less than five years, compounding their difficulty in understanding our complex insurance system. They may struggle to understand insurance options, compare plans, utilize coverage, or even enroll in coverage due to language barriers in the application process. By providing language assistance services, insurers can help people with limited English proficient to understand, obtain, and use health insurance coverage appropriately.” The California Immigrant Policy Center believes by adopting these updated federal requirements in state law, California will diminish barriers and adverse health outcomes by expanding access to healthcare coverage for Californians with limited English proficiency.

CONCERNS. Americas Health Insurance Plans, the Association of California Life and Health Insurance Companies and the California Association of Health Plans write this bill “imposes significant administrative burdens on health plans and insurers with no direct value to consumers. Under existing law, health plans and insurers provide enrollees and insureds with appropriate access to language assistance in obtaining health care services and covered benefits, including translation and interpretation for medical services. Unfortunately, this bill contains vague language, specifically as it pertains to employee training. We are concerned this bill would be extremely burdensome and difficult to implement while also causing confusion for the people this bill seeks to assist.”

ASSEMBLY FLOOR: 66-1, 6/2/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Fariás, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Davies, Elhawary, Flora, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Haney, Harabedian, Hart, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NOES: DeMaio

NO VOTE RECORDED: Castillo, Chen, Dixon, Ellis, Gallagher, Hadwick,
Hoover, Lackey, Macedo, Patterson, Sanchez, Tangipa

Prepared by: Teri Boughton / HEALTH / (916) 651-4111
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