

STATE OF CALIFORNIA - OFFICE OF ADMINISTRATIVE LAW  
**NOTICE PUBLICATION/REGULATIONS SUBMISSION** (See instr. on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER <b>2014-0626-02N</b>	EMERGENCY NUMBER
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ENDORSED FILED  
 IN THE OFFICE OF  
 2014 AUG -5 PM 1:20  
*Debra Bowen*  
 DEBRA BOWEN  
 SECRETARY OF STATE

For use by Office of Administrative Law (OAL) only

2014 JUN 26 PM 4:35  
 OFFICE OF ADMINISTRATIVE LAW

NOTICE REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY  
 Office of Statewide Health Planning and Development

AGENCY FILE NUMBER (if any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S)  
 OSHPD Patient Data Reporting Updates - Preferred Language Spoken

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT
	AMEND 97234, 97267
TITLE(S) 22	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON  
 Irene Ogbonna

TELEPHONE NUMBER  
 (916) 326-3937

FAX NUMBER (Optional)

E-MAIL ADDRESS (Optional)

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE  
*Ron Spingarn*

DATE  
 6/20/14

TYPED NAME AND TITLE OF SIGNATORY  
 Ron Spingarn, Deputy Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 05 2014

Office of Administrative Law

**State of California  
Office of Administrative Law**

**In re:**

**Office of Statewide Health Planning and  
Development**

**Regulatory Action:**

**Title 22, California Code of Regulations**

**Adopt sections:**

**Amend sections: 97234, 97267**

**Repeal sections:**

**NOTICE OF APPROVAL OF CHANGES  
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,  
Section 100**

**OAL File No. 2014-0626-02 N**

The Office of Statewide Health Planning and Development (OSHPD) submitted this action to make changes without regulatory effect by amending sections 97234 and 97267 of title 22 of the California Code of Regulations. The Health and Safety Code requires certain health facilities and freestanding ambulatory surgery clinics to file specified reports with OSHPD that provide various patient data information, including principal language spoken by the patient as a data element. The term "principal language spoken" was recently changed to "preferred language spoken" as the national standard for this data element. As a result, AB 1382 (Stats. 2013, c. 599) also change the term of this data element to "preferred language spoken" in the Health and Safety Code. This action updates the terminology of this data element from "principal language spoken" to "preferred language spoken" wherever it occurs in sections 97234 and 97267.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, Title 1, section 100.

Date: 8/5/2014



Richard L. Smith  
Senior Attorney

For: DEBRA M. CORNEZ  
Director

Original: Robert David  
Copy: Irene Ogbonna



## Office of Statewide Health Planning and Development



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**TEXT****CALIFORNIA CODE OF REGULATIONS****TITLE 22, DIVISION 7, CHAPTER 10, HEALTH FACILITY DATA  
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS**

Sections 97234 and 97267.

**97234. Definition of Data Element for Inpatients - ~~Principal~~Preferred Language Spoken.**

Effective with discharges occurring on or after January 1, 2011, the patient's ~~principal~~preferred language spoken shall be reported using one of the following three alternatives:

(a) If the patient's ~~principal~~preferred language spoken is known and is included in the following list of alternatives, report the three letter code from the list:

ENG - English  
AMH - Amharic  
ARA - Arabic  
ARM - Armenian  
YUE - Cantonese (Yue Chinese)  
CHI - Chinese  
HRV - Croatian  
PES - Farsi  
FRE - French  
CPF - French Creole  
GER - German  
GRE - Greek  
GUJ - Gujarati  
HEB - Hebrew  
HIN - Hindi  
HMN - Hmong  
HUN - Hungarian  
ILO - Ilocano (Iloko)  
IND - Indonesian  
ITA - Italian

JPN - Japanese  
KOR - Korean  
LAO - Lao  
CMN - Mandarin  
IUM - Mien (Iu Mien)  
MKH - Mon-Khmer  
NAV - Navajo  
PAN - Panjabi (Punjabi)  
PER - Persian  
POL - Polish  
POR - Portuguese  
RUS - Russian  
SMO - Samoan  
SRP - Serbian  
SGN - Sign Language  
SPA - Spanish  
SWA - Swahili  
TGL - Tagalog  
TEL - Telugu  
THA - Thai  
TON - Tonga  
UKR - Ukrainian  
URD - Urdu  
VIE - Vietnamese  
YID - Yiddish  
YOR - Yoruba

(b) ~~Other~~. If the principal preferred language spoken is known, but is not listed in subsection (a), report the full name of the language.

(c) If the principal preferred language spoken is unknown, report the three digit code 999.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

**97267. Definition of Data Element for ED and AS - Principal Preferred Language Spoken.**

Effective with encounters occurring on or after January 1, 2011, the patient's principal preferred language spoken shall be reported using one of the following three alternatives:

(a) If the patient's principal preferred language spoken is known and is included in the following list of alternatives, report the code from the list:

ENG - English

AMH - Amharic  
ARA - Arabic  
ARM - Armenian  
YUE - Cantonese (Yue Chinese)  
CHI - Chinese  
HRV - Croatian  
PES - Farsi  
FRE - French  
CPF - French Creole  
GER - German  
GRE - Greek  
GUJ - Gujarati  
HEB - Hebrew  
HIN - Hindi  
HMN - Hmong  
HUN - Hungarian  
ILO - Ilocano (Iloko)  
IND - Indonesian  
ITA - Italian  
JPN - Japanese  
KOR - Korean  
LAO - Lao  
CMN - Mandarin  
IUM - Mien (Iu Mien)  
MKH - Mon-Khmer  
NAV - Navajo  
PAN - Panjabi (Punjabi)  
PER - Persian  
POL - Polish  
POR - Portuguese  
RUS - Russian  
SMO - Samoan  
SRP - Serbian  
SGN - Sign Language  
SPA - Spanish  
SWA - Swahili  
TGL - Tagalog  
TEL - Telugu  
THA - Thai  
TON - Tonga  
UKR - Ukrainian  
URD - Urdu  
VIE - Vietnamese  
YID - Yiddish  
YOR - Yoruba

(b) ~~Other~~. If the principal preferred language spoken is known, but is not listed in subsection (a), report the full name of the language.

(c) If the principal preferred language spoken is unknown, report the three digit code 999.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128736 and 128737, Health and Safety Code.