



Minnesota

Type*	Provision(s)	Description
AGY	Minn. Stat. § 3.9226(3)(1)-(2)	The Governor's Council on Asian-Pacific Minnesotans shall advise the governor and the legislature on issues confronting Asian-Pacific people in this state, including the unique problems of non-English-speaking immigrants and refugees and advise any administrative and legislative changes necessary to ensure that Asian-Pacific people have access to benefits and services provided to people in this state.
AGY, TRA	Minn. Stat. § 15.441	Every state agency that is directly involved in furnishing information or rendering services to the public and that serves a substantial number of non-English-speaking people shall employ enough qualified bilingual persons in public contact positions, or enough interpreters to assist those in these positions, to ensure provision of information and services in the language spoken by a substantial number of non-English-speaking people. The Commissioner of Administration shall determine the application to each state agency, in consultation with the Council on Affairs of Chicano/Latino People, groups representing other non-English-speaking people, and the head of the agency. In determining what constitutes a substantial number of non-English-speaking people, the commissioner shall consider: the number of people served by the agency; the number of non-English-speaking people served by the agency; the frequency with which non-English-speaking people are served by the agency; and the extent to which information or services rendered by the agency affect legal rights, privileges, or duties. Every state agency that serves a substantial number of non-English-speaking people and that provides materials in English explaining services is encouraged to provide equivalent materials in any non-English language spoken by a substantial number of the people served by the agency. An agency should give highest priority to providing in a non-English language materials that notify people of legal rights, duties, or privileges they are entitled to, and the steps they must take to obtain or maintain those rights, duties, or privileges. When notice of the availability of material explaining services available is given, orally or in writing, it should be given in English and the non-English language into which any material has been translated. A state agency is encouraged to provide its local offices with written materials in the appropriate foreign language when: the local office or facility serves a substantial number of non-English-speaking people; written materials such as forms, applications, questionnaires, letters, or notices are used to ask or order a person to provide information or to give a person information; and the information asked for or given could affect the person's rights, duties, or privileges with regard to the agency's services or benefits. A state agency may not dismiss an employee or increase its complement to carry out the purposes of this section. A state agency need only implement this section by filling employee public contact positions made vacant by retirement or normal attrition. This section shall be implemented to the extent permissible under federal law, civil service laws governing state agencies, and collective bargaining agreements.
INS, TRA	Minn. Stat. § 62J.72(1)(e)	Disclosure statement by insurance companies describing reimbursement methods must be provided upon request in English, Spanish, Vietnamese, and Hmong, with reasonable efforts made to provide the information contained in the statement to other LEP enrollees.
MCO	Minn. Stat. § 62Q.03(5a)	Health plans must develop a separate risk adjustment system for state-run public programs, including medical assistance, general assistance medical care, and MinnesotaCare. The system must be developed in accordance with the general risk adjustment methodologies described in this section and must attempt to reflect the special needs related to cultural or language barriers.
AGY	Minn. Stat. § 62Q.19(1)(d)	The commissioner shall designate essential community providers. The criteria include a demonstrated ability to integrate applicable supportive and stabilizing services – including, at a minimum, cultural and linguistic services where appropriate – with medical care for uninsured persons and high-risk and special needs populations.

* Codes are available at the end of the document.

Minnesota continued

Type	Provision(s)	Description
INS	Minn. Stat. § 62Q.5(1)(a)(3), (1a)(c)(2), (2)(b)(2)	If enrollees are required to access services through selected primary care providers for coverage, the health plan company shall prepare a written plan that provides for continuity of care in the event of contract termination between the health plan company and any of the contracted primary care providers, specialists, or general hospital providers. The written plan must explain: the procedures by which enrollees will be transferred to other participating providers, when special medical needs, special risks, or other special circumstances, such as cultural or language barriers, require them to have a longer transition period or be transferred to nonparticipating providers. The health plan company shall prepare a written plan that provides a process for coverage determinations regarding continuity of care of up to 120 days for enrollees or new enrollees who request continuity of care with their former provider, if the enrollee: is receiving culturally appropriate services and the health plan company does not have a provider in its preferred provider network with special expertise in the delivery of those culturally appropriate services within 30 minutes or 30 miles; or does not speak English and the health plan company does not have a provider in its preferred provider network who can communicate with the enrollee, either directly or through an interpreter, within 30 minutes or 30 miles.
PUB	Minn. Stat. §§ 144.4805(3)(6)(v), 144.4809(3)(3)	In carrying out activities pursuant to the Tuberculosis Health Threat Act, in mandating treatment or isolation of a person with tuberculosis, the carrier or respondent has the right to the assistance of an interpreter in any proceedings and the notice of a proceeding must include notification of the right to an interpreter. If the commissioner petitions the court to enforce the health order, the notice of the preliminary hearing must contain the right of the carrier or respondent to the assistance of an interpreter.
RGT	Minn. Stat. § 144.651(4)	The Health Care Bill of Rights states that reasonable accommodations shall be made for those who speak a language other than English.
STA, TRA	Minn. Stat. §§ 145.4242-4249	Women's Right to Know Act: Information about adoption, fetal pain associated with abortion, the possible detrimental psychological effects of abortion, and fetal development at two-week intervals shall be published in English and in each language that is the primary language of 2 percent or more of the state's population and shall be available on the state's web site. Informed consent is provided only if certain information is provided. Even though this information may be provided by telephone, it does not preclude the provision of required information in a language understood by the patient through a translator.
XXX	Minn. Stat. § 145.852(1)	A person who is unable to communicate coherently or effectively in the English language is authorized and encouraged to wear an identifying device.
CHC	Minn. Stat. § 145.9268(3a)(a)(4)	Grants to community clinics may be awarded for activities that provide improvements for care delivery, such as increased translation and interpretation services.
MEN, XXX	Minn. Stat. §§ 146A.11, 148B.71(1)	Unlicensed complementary and alternative health care practitioners and unlicensed mental health practitioners shall use reasonable accommodations to provide each patient who speaks a language other than English with a health care client's bill of rights.
PRO	Minn. Stat. § 148D.230(1)(c), Minn. R. 8740.0320(4)(C)	A social worker must use clear and understandable language, including using an interpreter proficient in the client's primary language as necessary, to inform clients of the plan of services, risks related to the plan, limits to services, relevant costs, terms of payment, reasonable alternatives, the client's right to refuse or withdraw consent, and the time frame covered by the consent.



Minnesota continued

Type	Provision(s)	Description
PRO	Minn. Stat. §§ 245.462(17), 245.4871(26)	"Mental health practitioner", for the Department of Human Services, means a person providing services to persons with mental illness who is qualified in at least one of the following ways, including is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met.
AGY	Minn. Stat. Ann. § 256.01 (13), (16)	Mandating (1) pilot projects for language assistance for individuals applying for or receiving aid through county social service agencies; and (2) implementation of a procedure for public assistance applicants and recipients to identify a language preference other than English in order to receive information pertaining to the public assistance programs in that preferred language. (NOTE: Both of these pilot projects were for projects in the 1990's and may no longer be in existence.)
AGY, OAA	Minn. Stat. § 256.975(7)(a)	The Minnesota Board on Aging shall operate a statewide information and assistance service to aid older Minnesotans and their families in making informed choices about long-term care options and health care benefits. Language services to persons with limited English language skills may be made available.
MFA	Minn. Stat. §§ 256B.0623(4)(f)(5), 256B.0624(4)(b)(5)	Adult rehabilitative mental health services and adult mental health crisis response services providers must ensure that staff is capable of implementing culturally specific services that are culturally competent and appropriate as determined by the recipient's culture, beliefs, values, and language as identified in the individual treatment plan.
MED	Minn. Stat. § 256B.0625 (18a)(d)	Medicaid medically needy program covers oral language interpreter services when provided by an enrolled health care provider during the course of providing a direct, person-to-person covered health care service to an enrolled recipient with limited English proficiency.
MED, LTC	Minn. Stat. § 256B.0654(4)(a)(3)(iv)	Under the Medicaid private duty nursing rules, payment is allowed for extraordinary services that require specialized nursing skills and are provided by parents of minor children, spouses, and legal guardians who are providing private duty nursing care because of special language needs, the parent, spouse, or legal guardian is needed in order to provide adequate private duty nursing services to meet the medical needs of the recipient.
MED, CHI, MFA	Minn. Stat. § 256B.0943(5)(b)(1)	To be an eligible Medicaid provider of children's therapeutic services and supports, an entity must have administrative infrastructure written policies and procedures that include personnel procedures, including a process for recruiting, hiring, training, and retention of culturally and linguistically competent providers.
MCO, TRA	Minn. Stat. § 256B.69(27)	Managed care contracts must require plans to inform enrollees that upon request the enrollee can obtain a certificate of coverage in the following languages: Spanish, Hmong, Laotian, Russian, Somali, Vietnamese, or Cambodian. Upon request, the plan must provide the enrollee with a certificate of coverage in the specified language of preference.
MED	Minn. Stat. § 256L.03(3a)	Medicaid covers spoken language interpreter services that assist an enrollee in obtaining covered health care services.
PRO	Minn. R. 3100.5100(3)(B)(5)	Dental continuing education elective requirements for dentists, dental hygienists, or registered dental assistants include courses in dental practice management and communication which can include foreign language classes.



Minnesota continued

Type	Provision(s)	Description
XXX	Minn. R. 4688.0010(4), 4688.0020(F)(3), 4688.0040(3)(C), 4688.0160(E)	Applications for designation as an essential community provider must include at least one type of linguistic services: coordination with community linguistic services; coordination with certified interpreters; coordination with qualified translators; or professional and support staff who provide translation and interpretation services. "Linguistic services" means translation services and interpreter services that are appropriate to facilitate communication. An essential community provider's annual report must include the linguistic service options currently available to clients, if appropriate.
EPS	Minn. R. 9505.1736	A local agency must effectively inform an individual who cannot read or understand the English language, about the EPSDT program.
MEN, CON	Minn. R. 9525.2780(4)	To obtain informed consent regarding certain controlled treatment or substantial changes in treatment for individuals with mental illness, the information must be provided in a non-technical manner and in whatever form is necessary to communicate the information effectively, such as in the person's or the legal representative's native language if the person or the legal representative does not understand English or in sign language if that is the person's or the legal representative's preferred mode of communication, and in a manner that does not suggest coercion.

Using the State Charts

The Charts present information for each state along three columns. The first column provides a three-letter code that signifies the subject matter of the law being cited. The second column gives the citation to the provision, and the last column offers a brief summary of the provision. The first column coding is as follows:

Code Subject Matter

AGY	Government agency requirements (excluding hearings/legal proceedings)
CHC	Community health centers
CHI	Children's health (excluding EPSDT and early intervention)
CON	Consent (e.g. informed consent)
CRD	Credentialing or profiles for health professionals (e.g. nurses' aides testing)
EIS	Early Intervention Services for children and newborn screening
EPS	Medicaid Early and Periodic Screening, Diagnostic and Treatment Services
FAM	Use of family members, friends, children as interpreters
HEA	Hearings/legal proceedings
HHC	Home health agencies, personal care services, and adult day health centers (not related to mental illness/developmental disabilities)
HIV	HIV/AIDS
HOS	Hospitals
INS	Insurance carriers (may include health maintenance organizations)
INT	Interpreter standards/certification/qualifications
LTC	Long-term care, including nursing homes, assisted living (not related to mental illness/developmental disabilities)
MED	Medicaid

Code Subject Matter

MEN	Services for people with mental health issues or developmental disabilities, including behavioral health services, habilitation services and Independent Living services (not facilities)
MCE	Medicare
MCO	Managed care organization/Prepaid in-patient/ambulatory health plan
MFA	Facilities for mental illness, ICF/MRs, and other facilities for the provision of psychiatric or mental health services
OAA	Services for the elderly or services under the Older Americans Act
PAY	Reimbursement/payments
PRO	Health professions standards/requirements
PUB	Public health
PWD	People with disabilities
RGT	Patient/client rights
STA	Sterilization/abortion
TRA	Translation
UNI	Universal
WOM	Services related to women's health but not abortion/sterilization
XXX	Other