



Oregon

| Type* | Provision(s) | Description |
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| AGY, INT | Or. Rev. Stat. § 409.615-.625 | Creates the Oregon Council on Health Care Interpreters to educate and train health care interpreters and establish training, assessment, qualification and certification standards. |
| WOM, TRA | Or. Rev. Stat. § 435.205(3) | Any family planning materials and birth control information produced by the health department and offered in counties in which a significant segment of the population does not speak English shall be made available in the appropriate language for that segment of the population. |
| AGY | Or. Rev. Stat. § 442.035(2)(b) | The Oregon Health Policy Commission shall broadly represent the characteristics of the state, including linguistic and racial population. |
| AGY | Or. Rev. Stat. §§ 442.820(2)(a), 442.835, Notes § 4)(g)(D) | The Oregon Patient Safety Commission shall develop a patient safety reporting systems for adverse events, including the frequency and types of serious adverse events associated with language barriers or ethnicity. |
| INS | Or. Rev. Stat. § 743.804 (5)(o) | All insurers offering a health benefit plan must furnish to all enrollees either directly or, in the case of a group policy, to the employer or other policyholder for distribution to enrollees written general information including description of any assistance provided to non-English-speaking enrollees. |
| INS | Or. Rev. Stat. § 746.115 | An insurer or licensee who advertises in a language other than English is not required to provide an insurance policy in any language other than English so long as the advertisement states clearly that the policy that is purchased is available only in English. Advertisements regarding an insurance policy in languages other than English may not be construed to modify the policy in the event of a dispute over the provisions of the policy. |
| MED, MEN | Or. Admin. R. 309-016-0005(18) | For Medicaid payment of rehabilitative mental health services, “culturally competent” means the capacity to provide services in an effective manner that is sensitive to the culture, race, ethnicity, language and other differences of an individual. Such services may include, but are not limited to, use of bilingual and bicultural staff, provision of services in culturally appropriate alternative settings, and use of bicultural paraprofessionals as intermediaries with professional staff. |
| MED, MEN | Or. Admin. R. 309-016-0088 (2)(d) | All community mental health plans receiving Medicaid payment for rehabilitative mental health services must have a Quality Assurance Committee that includes persons to assure culturally competent and nondiscriminatory services. |
| RGT, MEN | Or. Admin. R. 309-032-0555(1) | Consumer rights for those receiving adult mental health services include information and material in alternative format or language appropriate to the consumers' need, upon request. |
| MFA | Or. Admin. R. 309-032-1290 | For intensive community based treatment and support services, providers must provide written information in the non-English languages of the clients served. |
| INT | Or. Admin. R. 333-002-0000-0230 | Establishes standards for registry, enrollment, qualification and certification of health care interpreters. |
| MED, FAM | Or. Admin. R. 333-004-0060(4) | Providers in the Medicaid family planning extension program must ensure that all services, support and other assistance are provided in a manner that is responsive to language of the individuals who are receiving services. The provider should employ bilingual-bicultural staff, personnel or volunteers skilled or certified in the provision of medical and clinical interpretation during all clinic encounters for clients with limited English proficiencies or who otherwise need this level of assistance. All persons providing interpretation services must adhere to confidentiality guidelines. The provider must assure the competency of language assistance provided to limited English proficiency clients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services, unless requested by the client. All print, electronic and audiovisual materials should be appropriate in terms of the client's language and literacy level. A client's need for alternate formats must be accommodated. |

* Codes are available at the end of the document.

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| XXX | Or. Admin. R. 333-005-0020(1)(d) | Healthcare facilities seeking to participate in the program that waives physician visa fees must, among other requirements, post a sliding fee schedule in the primary language(s) of the population being served. |
| XXX | Or. Admin. R. 333-700-0090 | Licensing requirements of renal dialysis centers requires all consent forms in the medical record document that the information was provided in such a way that acknowledges the patient's individual language and special needs. |
| MED, MFA | Or. Admin. R. 410-010-0080(9) | For Medicaid residential programs, if there is a barrier to treatment (Including cultural or language), the program shall provide: individuals capable of assisting the program to minimize barriers; or referral to an agency capable of providing the necessary services. |
| MED, MCO | Or. Admin. R. 410-141-0220(1)(b)(A), (7)(a-c) | Medicaid prepaid health plans (PHPs) must develop an access plan that identifies populations in need of interpreter services. Plans must also have written policies to communicate with and provide care to Medicaid recipients where no adult communicates in English and provide or ensure the provision of qualified interpreter services for medical, mental health, or dental visits, including home health. Interpreters shall be linguistically appropriate, be capable of communicating in English and the primary language of the LEP individual, be able to translate clinical information effectively, and shall be culturally appropriate, i.e., demonstrating both awareness for and sensitivity to cultural differences. |
| MED, MCO | Or. Admin. R. 410-141-0261(2)(a), 0262(2)(a), 0263(2) | PHPs must provide Medicaid members with any reasonable assistance to file a complaint or appeal including providing interpreter services and toll free phone numbers that have adequate interpreter capabilities. Notices of action must comply with the language requirements in federal Medicaid managed care regulations. |
| MED, MCO | Or. Admin. R. 410-141-0300(3)(b)(l) | Information in the Medicaid PHP member handbook must include information on how to access interpreter services. |
| MED, MCO | Or. Admin. R. 410-141-0320(2)(w) | Medicaid PHP members have the right to receive interpreter services as defined in OAR 410-141-0220. |
| MED, MCO, TRA | Or. Admin. R. 410-141-0280(2) | PHPs must also make culturally sensitive materials available to potential recipients in the primary language of substantial populations. |
| MED, MCO | Or. Admin. R. 410-141-0760(13) | Primary Care Managers (PCMs) with the Oregon Health Plan are to have a plan to access interpreters for each substantial population of non-English speaking PCM members (35 same-language, non-English speaking households enrolled with the PCM). |
| CHC | Or. Admin. R. 410-147-0020(5) | Federally qualified health centers (FQHCs) and rural health clinics (RHCs) cannot bill oral interpreter services as a stand-alone service since they are professional services included in a clinic's all-inclusive PPS encounter rate. Clinics must report this service as an allowed administrative program cost on a cost statement for calculating a clinic's PPS encounter rate. |
| CHC | Or. Admin. R. 410-147-0080(7) | For FQHCs and RHCs, PHPs are responsible to ensure the provision of oral interpreter services for covered medical, mental health or dental care visits, for their enrolled Medicaid members who are non-English speaking. |
| CHC | Or. Admin. R. 410-147-0500(5)(b) | For FQHCs and RHCs shall report the costs of enabling services, including oral interpreter services on a clinic's cost statement for calculating a clinic's prospective payment system encounter rate. |



Oregon continued

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| OAA | Or. Admin. R. 411-045-0040(2), (3)(b), 411-045-0070(1), (2) | The Program of All-inclusive Care for the Elderly (PACE) will provide informational and marketing materials that are culturally sensitive and are in the appropriate languages for each substantial population of non-English speaking PACE applicants and participants. PACE programs will provide or ensure the provision of qualified interpreter services for covered medical, mental health or dental care visits, including home health visits and after hours emergency calls for non-English speaking participants. And PACE programs must ensure all staff in contact with program participants are fully informed of program policies, including the provision of language interpreter services including providers who have bilingual capacity. |
| OAA | Or. Admin. R. 411-045-0080 (3)(b)(B), (E) | PACE programs must have written policies including the standards for the provision of interpretive services after office hours and written procedures and trained staff to communicate with hearing impaired PACE participants via TDD/TTY or Relay Service, and with limited English proficient PACE participants. |
| OAA | Or. Admin. R. 411-045-0110(4)(v) | PACE participants have the right to receive interpreter services. |
| CHI, MEN | Or. Admin. R. 411-300-0130(1)(b)(E), 0150(8)(e), (15)(i) | For children's intensive in-home services, a care coordinator must translate the child's service plan upon request. If the parent of child's primary language is not English, cost of interpretation/translation services related to CIIS, will not be considered part of the child's maximum monthly budget. If the parent or child's primary language is not English, the services of a translator or interpreter may be authorized only to allow the child or parents to communicate with providers of CIIS services. |
| CHI, MEN | Or. Admin. R. 411-305-0040 (1)(c), 411-330-0040(1)(f) | For services to children with developmental disabilities and in-home support services for adults with developmental disabilities, the community developmental disabilities program must make information required available using language appropriate for effective communication according to each family's needs and abilities. |
| MFA, CHI | Or. Admin. R. 411-325-0300(4), 411-325-0320(2) | Patients in programs providing residential treatment for adults and children with developmental disabilities have the right to information, including about grievance and appeal procedures, that uses language appropriate to the individual's needs and abilities. |
| MEN | Or. Admin. R. 411-340-0060 (2)(b), 411-340-0110(1)(h) | For support services provided to adults with developmental disabilities, support services brokerages and provider organizations must present information about grievance processes using language, format, and methods of communication appropriate to the individual's needs and abilities. |
| INS, MCO | Or. Admin. R. 836-053-1190(5) | An insurer offering managed health insurance or preferred provider organization insurance must submit an annual summary of information including whether the insurer's provider directory and updates to the directory disclose which providers are fluent in languages other than English and, if so, what languages are available. |

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

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| 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

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| 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 |