



Rhode Island

Type*	Provision(s)	Description
CRD	R.I. Gen. Laws § 5-37-9.2 (a)(6)(viii)	As a part of physician licensing and profiling, the identification of any language translating services that may be available at the physician's primary practice location; subject to the limitation, that a statement is included in the profile indicating that these services may be temporary and that the physician's office should first be contacted to confirm the present availability of language translation shall be reported to the board.
CRD	R.I. Gen. Laws § 5-37.2-10(4)	An applicant for examination for a license to practice acupuncture or any branch of acupuncture, shall pay any fees required by the department for an investigation of the applicant or for the services of a translator, if required, to enable the applicant to take the examination.
STA, CON	R.I. Gen. Laws § 23-4.7-5(c)	Informed Consent for Abortion: In cases where the woman does not understand English, either the consent form shall be written in a language understood by her, or the person informing her shall certify on the consent form that in his or her opinion, the information required to be given has been given in a manner as to be understandable by her; if an interpreter is used, the interpreter shall be named and reference to that use shall be made on the consent form.
HOS, HHC, LTC, MFA	R.I. Gen. Laws § 23-17-2(6), (11), (15)	For health care facilities (institutional health service provider, facility or institution including hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, rehabilitation and convalescent home, health maintenance organizations, emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization) "non-English speaker" means a person who cannot speak or understand, or has difficulty in speaking or understanding, the English language, because he/she uses only or primarily a spoken language other than English. "Qualified interpreter" means a person who, through experience and/or training, is able to translate a particular foreign language into English.
HOS	R.I. Gen. Laws § 23-17-52	As a condition of licensure, hospitals shall provide the department of health's concern line number to all patients and staff through posted notices in conspicuous places throughout the hospital. The notices shall be written in English and in, at minimum, the three (3) most common foreign languages used by the patients served by each hospital as determined by the hospital.
HOS, INT	R.I. Gen. Laws § 23-17-54	Hospitals, as a condition of initial and continuing licensure, must provide a qualified interpreter, if an appropriate bilingual clinician is not available, for all services provided to every non-English speaker who seeks treatment and is not accompanied by a qualified interpreter; persons under age sixteen are not qualified interpreters. A notice will be posted to that effect in English and, minimally, the three most other common languages, as determined by the hospital.
LTC	R.I. Gen. Laws § 23-17.5-18(3)	Nursing homes serving non-English speaking patients must attempt to find interpreters to allow patients to exercise their rights.
AGY	R.I. Gen. Laws § 23-66-5(b)	Comprehensive health risk assessments by the state department of health and department of environmental management shall give notice of comment period in English and other appropriate languages specific to the assessment area.
RGT	R.I. Gen. Laws § 23-74-14(a)	Unlicensed health care client bill of rights: Reasonable accommodations shall be made for those clients who do not read or speak English to inform them of the unlicensed health care client bill of rights.
MED, WOM	R.I. Gen. Laws § 42-12.3-3(e)	The Department of Human Services shall provide enhanced services, as appropriate, to pregnant women eligible for Medicaid, including interpreter services.
MEN	R.I. Gen. Laws § 42-72.7-6(4)	The coordinated, individualized, appropriate child and family driven system of care pilot program services are to be culturally and ethnically competent and service effectiveness is to be assessed considering cultural and ethnic competence.

* Codes are available at the end of the document.

Rhode Island continued

Type	Provision(s)	Description
HOS, HHC, LTC, MFA	01-040-002 R.I. Code R. §§ 4.06; 4.07; 4.08; (definition of "health care facility – R.I. Gen. Laws § 23-17-2(6))	All private licensed health care facilities (institutional health service provider, facility or institution including hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, rehabilitation and convalescent home, health maintenance organizations, emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization) in the state must comply with the following Services and Admission Standards: Outreach - Have an effective and ongoing means of communicating, advertising and outreach to the non-English speaking persons who reside in the facility's geographical service area. Written Information - Have all written pertinent information, such as notices, patient instructions; translated and printed in a variety of languages for the non-English reading persons who reside in the area that the health care facility services. Interpreters - Have an effective and ongoing means of interpreting and verbally communicating with non-English speaking persons who reside in the facility's geographical service area. This may be accomplished by the availability of a bilingual person, or a formal agreement with an agency who provides interpreter services.
MEN, CHI	03-000-034 R.I. Code R. (C-D)	As a condition for certification, Mental Health Emergency Service Interventions for Children, Youth and Families shall be culturally and linguistically competent. Linguistic competency includes: interpretation services available within the 120 minute time period for emergency services and translated materials/forms for persons who do not speak or read English in the communities served by the emergency services program.
MFA	09-000-001 R.I. Code R. §§ 901, 1506.3 14-000-011 R.I. Code R. § 28.1.3 14-000-027 R.I. Code R. § 2.5	As a condition for licensing, all Adult Day Service programs shall be culturally and linguistically responsive and respectful. A warning of the use of latex gloves in the Adult Day Service Program facility, School Health Programs, and licensed health care facilities shall be posted in English, Spanish, and other languages, as appropriate, to the language needs of the individuals served by the program.
OAA	09-000-005 R.I. Code R. §§ II(C)(8-9), VI(B)(4)	Certification of Case Management Agencies in the Department of Elderly Affairs must demonstrate the capacity to communicate (orally and in writing) and work effectively with non-English speakers within its service area. The agency must distribute and explain the consumer bill of rights to all consumers (or their representatives, families) staff, and volunteers in the appropriate language.
HEA	14-000-001 R.I. Code R. § 12.10(v)	If an interpreter is used to assist a witness giving testimony before the Department of Health and Access to Public Records in administrative proceedings, the interpreter's understanding is the final word of the witness. The interpreter shall be considered an expert for purposes of translation.



Rhode Island continued

Type	Provision(s)	Description
HOS, HHC, LTC, MFA, INT	14-090-007 R.I. Code R. §§ 13.9, 15.8, 20.0-20.3, 27.7, (definition of "health care facility – R.I. Gen. Laws § 23-17-2(6))	A health care facility (institutional health service provider, facility or institution including hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, rehabilitation and convalescent home, health maintenance organizations, emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization) shall require designated interpreters and bilingual clinicians, to include fluency in languages other than English, if any, and staff position of such person on the photo identification badge. Hospitals shall provide required notices in English and, at a minimum, the three most common languages used by patients and staff served by each hospital as determined by such hospital. Every hospital shall, as a condition of initial or continued licensure, provide a qualified interpreter, if an appropriate bilingual clinician is not available to interpret, in connection with all services provided to every non-English speaker who is a patient or seeks appropriate care and treatment and is not accompanied or represented by an appropriate qualified interpreter who has attained at least sixteen (16) years of age. Each hospital shall develop, establish and maintain a formal plan for the provision of language interpretation with respect to the provision of hospital services in all licensed settings. Each hospital shall establish criteria for the qualification of interpreters. In addition to fluency in a language other than English, interpreters shall have demonstrated competency in the following topics, at a minimum: (i) the appropriate role of a medical interpreter; (ii) the confidentiality of health care information; (iii) the ethical issues involved in serving as a medical interpreter; (iv) common medical terminology; and (v), relevant hospital policies and procedures. Each hospital shall review and document the qualifications of and designate individuals as interpreters in specific languages. Each hospital shall establish criteria for the qualification of bilingual clinicians. In addition to being bilingual, clinicians shall have knowledge of the following topics: (i) the appropriate role of a medical interpreter; (ii) the ethical issues involved in serving as a medical interpreter; (iii) common medical terminology; and (iv) relevant hospital policies and procedures. Each hospital, for the purposes of providing interpretive services, shall review and document the qualifications of and designate clinicians as bilingual in specific languages. Each hospital may also contract with appropriate off-site interpreter service providers for the provision of qualified interpreter services provided that hospital has received the prior written approval of such arrangements from the state agency. Each hospital shall post a multi-lingual notice in conspicuous places setting forth the requirements above in English and include, at minimum, three (3) most common foreign languages used by the hospital as determined by the hospital. Further, medical records shall document the primary language of the patient; shall document any hospital provision of interpretive services by bilingual clinicians, qualified interpreters, or qualified sign language interpreters; and shall document the inability to provide interpretive services by bilingual clinicians, qualified interpreters, or qualified sign language interpreters as required by the patient.
LTC	14-090-013 R.I. Code R. § 12.13	A nursing home care and homecare facility shall require all persons, including students, who examine, observe, or treat a patient or resident of the facility to wear a photo identification badge which includes fluency in languages other than English, if any.
LTC, RGT	14-090-023 R.I. Code R. § 19.24 (c)	Nursing home residents' rights shall devolve for residents who are found to exhibit a communication barrier. If however, the communication barrier is one of speaking a language other than English, then an attempt shall be made to find an interpreter to allow the resident to knowingly exercise his or her rights.
HOS, TRA	14-090-028 R.I. Code R. § 11.3 (h)	Hospitals shall post public "Notice of Hospital Financial-Aid" in Emergency Departments, admission areas, outpatient care areas and on the hospital's website and shall make this notice available in other languages in accordance with the applicable "Standards for Culturally and Linguistically Appropriate Services in Health Care".



Rhode Island continued

Type	Provision(s)	Description
CRD	14-140-031 R.I. Code R. § 7.7.2 (e)	For licensing, physicians shall supply to the board the identification of any language translation services that may be available at the physician's primary practice location.
EPS, RGT	15-020-006 R.I. Code R. § 348.90(1)	Patients' rights and protections in EPSDT include the Department "making every effort" to provide multilingual services to all people who do not speak English.
MED, STA, CON	15-020-007 R.I. Code R. § 11 (B)(6)	For Medicaid payment of sterilization, an interpreter must be provided if the consent form is not written in the language of the individual to be sterilized or the person obtaining consent does not speak the language of the individual. If an interpreter is used, the "Interpreter's Statement" must be completed.
AGY	15-050-002 031 R.I. Code R. §§ 105.4, 110.4.4, 115.6, 115.25	The Office of Rehabilitation Services shall provide interpreter services and shall communicate policies and procedures to each individual in that individual's native language or through the appropriate mode of communication.
MEN	18-020-002 R.I. Code R. § 1.7	For purposes of a service planning meeting and during any informal appeals meetings, the Division of Retardation and Developmental Disabilities will ensure all communication be in the native language of the person who is developmentally disabled; guarantee the presence of an interpreter or communication aids, as necessary; and should occur in the medium in which the person communicates.
MFA	18-040-001 R.I. Code R. §§ 8.8 – 8.83	Licensing of Behavioral Healthcare Organizations requires incorporation of cultural competence and provision of interpreters to address the communication needs of persons served.

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