

1.1 ..... moves to amend H.F. No. 2023 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. [146C.01] DEFINITIONS.

1.4 Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

1.5 Subd. 2. **Advisory council.** "Advisory council" means the Spoken Language Health  
1.6 Care Interpreter Advisory Council established in section 146C.11.

1.7 Subd. 3. **Certified interpreter.** "Certified interpreter" means a spoken language health  
1.8 care interpreter who meets the requirements in section 146C.03, subdivision 3.

1.9 Subd. 4. **Code of ethics.** "Code of ethics" means the National Code of Ethics for  
1.10 Interpreters in Health Care, as published by the National Council on Interpreting in Health  
1.11 Care or its successor, or the International Medical Interpreters Association or its successor.

1.12 Subd. 5. **Commissioner.** "Commissioner" means the commissioner of health.

1.13 Subd. 6. **Common languages.** "Common languages" means the ten most frequent  
1.14 languages without regard to dialect in Minnesota for which interpreters are listed on the  
1.15 registry.

1.16 Subd. 7. **Interpreting standards of practice.** "Interpreting standards of practice" means  
1.17 the interpreting standards of practice in health care as published by the National Council  
1.18 on Interpreting in Health Care or its successor, or the International Medical Interpreters  
1.19 Association or its successor.

1.20 Subd. 8. **Registered interpreter.** "Registered interpreter" means a spoken language  
1.21 health care interpreter who meets the requirements in section 146C.03, subdivision 2.

1.22 Subd. 9. **Registry.** "Registry" means a database of spoken language health care  
1.23 interpreters in Minnesota who have met the qualifications described under section 146C.03,  
1.24 subdivision 1, which shall be maintained by the commissioner of health.

2.1 Subd. 10. **Remote interpretation.** "Remote interpretation" means spoken language  
2.2 interpreting services provided via a telephone or by video conferencing.

2.3 Subd. 11. **Spoken language health care interpreter or interpreter.** "Spoken language  
2.4 health care interpreter" or "interpreter" means an individual who receives compensation or  
2.5 other remuneration for providing spoken language interpreter services for patients with  
2.6 limited English proficiency within a medical setting either by face-to-face interpretation or  
2.7 remote interpretation.

2.8 Subd. 12. **Spoken language interpreting services.** "Spoken language interpreting  
2.9 services" means the conversion of one spoken language into another by an interpreter for  
2.10 the purpose of facilitating communication between a patient and a health care provider who  
2.11 do not share a common spoken language.

2.12 **Sec. 2. [146C.03] REGISTRY.**

2.13 Subdivision 1. **Establishment.** (a) By July 1, 2019, the commissioner of health shall  
2.14 establish and maintain a registry for spoken language health care interpreters. To be eligible  
2.15 for the registry, an applicant must:

2.16 (1) be at least 18 years of age;

2.17 (2) affirm by signature, that may include electronic signature, that the applicant has read  
2.18 the code of ethics and the interpreting standards of practice identified on the registry Web  
2.19 site and agrees to abide by them; and

2.20 (3) meet the requirements described under subdivision 2 or 3.

2.21 (b) An individual who chooses to be listed on the registry must submit an application  
2.22 to the commissioner on a form provided by the commissioner along with the applicable fees  
2.23 required under section 146C.13. The form must include the applicant's name; Social Security  
2.24 number; business address and telephone number, or home address and telephone number  
2.25 if the applicant has a home office; the applicant's employer or the agencies with which the  
2.26 applicant is affiliated; the employer's or agencies' addresses and telephone numbers; and  
2.27 the languages for which the applicant is available to interpret. The application must indicate  
2.28 whether the applicant is seeking to be listed on the registry as a registered interpreter or as  
2.29 a certified interpreter. The applicant must submit with the application evidence of meeting  
2.30 the requirements described in subdivision 2 or 3.

2.31 (c) Upon receipt of the application, the commissioner shall determine if the applicant  
2.32 meets the requirements for the category of either a registered interpreter or certified  
2.33 interpreter. The commissioner may request further information from the applicant if the

3.1 information provided is not complete or accurate. The commissioner shall notify the applicant  
3.2 of action taken on the application, and if the application is denied, the grounds for denying  
3.3 the application.

3.4 (d) If the commissioner denies an application, the applicant may reapply for the same  
3.5 category or for the other category. If an applicant applies for a different category or reapplies  
3.6 for the same category, the applicant must submit with the new application the applicable  
3.7 fees under section 146C.13.

3.8 (e) Applicants who qualify for different categories for different languages shall only be  
3.9 required to complete one application and submit the required application fee.

3.10 (f) The commissioner may request, as deemed necessary, additional information from  
3.11 an applicant to determine or verify qualifications or collect information to manage the  
3.12 registry or monitor the field of health care interpreting.

3.13 Subd. 2. **Registered interpreter requirements.** To be listed on the registry as a registered  
3.14 interpreter by the commissioner, an applicant must:

3.15 (1) pass a written or oral examination in English approved by the commissioner on basic  
3.16 medical terminology, interpreter ethics, and standards of practice at an accuracy level  
3.17 established by the commissioner; or

3.18 (2) provide proof of successfully completing a training program for medical interpreters  
3.19 approved by the commissioner that is, at a minimum, 40 hours in length.

3.20 Subd. 3. **Certified interpreter requirements.** To be listed on the registry as a certified  
3.21 interpreter by the commissioner, an applicant must have a national certification in health  
3.22 care interpreting from a certifying organization approved by the commissioner.

3.23 Subd. 4. **Registry Web site.** The commissioner shall maintain the registry on the  
3.24 Department of Health's Web site. The commissioner shall include on the Web site information  
3.25 on resources, including financial assistance, that may be available to interpreters to assist  
3.26 interpreters in meeting registry training and testing requirements.

3.27 Subd. 5. **Change of name and address.** Interpreters listed on the registry who change  
3.28 their name, address, or e-mail address must inform the commissioner in writing of the change  
3.29 within 30 days. All notices or other correspondence mailed to the interpreter's address or  
3.30 e-mail address on file with the commissioner shall be considered as having been received  
3.31 by the interpreter.

3.32 Subd. 6. **Data.** Section 13.41 applies to government data of the commissioner on  
3.33 applicants and registered interpreters.

4.1 Sec. 3. **[146C.05] RENEWAL.**

4.2 Subdivision 1. **Registry period.** Listing on the registry is valid for a one-year period.

4.3 To renew inclusion on the registry, an interpreter must submit:

4.4 (1) a renewal application on a form provided by the commissioner;

4.5 (2) a continuing education report on a form provided by the commissioner as specified  
4.6 under section 146C.09; and

4.7 (3) the required fees under section 146C.13.

4.8 Subd. 2. **Notice.** (a) Sixty days before the registry expiration date, the commissioner  
4.9 shall send out a renewal notice to the spoken language health care interpreter's last known  
4.10 address or e-mail address on file with the commissioner. The notice must include an  
4.11 application for renewal and the amount of the fee required for renewal. If the interpreter  
4.12 does not receive the renewal notice, the interpreter is still required to meet the deadline for  
4.13 renewal to qualify for continuous inclusion on the registry.

4.14 (b) An application for renewal must be received by the commissioner or postmarked at  
4.15 least 30 calendar days before the registry expiration date.

4.16 Subd. 3. **Late fee.** A renewal application submitted after the renewal deadline date must  
4.17 include the late fee specified in section 146C.13. Fees for late renewal shall not be prorated.

4.18 Subd. 4. **Lapse in renewal.** An interpreter whose registry listing has been expired for  
4.19 a period of one year or longer must submit a new application to be listed on the registry  
4.20 instead of a renewal application.

4.21 Sec. 4. **[146C.07] DISCIPLINARY ACTIONS; OVERSIGHT OF COMPLAINTS.**

4.22 Subdivision 1. **Prohibited conduct.** (a) The following conduct is prohibited and is  
4.23 grounds for disciplinary or corrective action:

4.24 (1) failure to provide spoken language interpreting services consistent with the code of  
4.25 ethics and interpreting standards of practice, or performance of the interpretation in an  
4.26 incompetent or negligent manner;

4.27 (2) conviction of a crime, including a finding or verdict of guilt, an admission of guilt,  
4.28 or a no-contest plea, in any court in Minnesota or any other jurisdiction in the United States,  
4.29 demonstrably related to engaging in spoken language health care interpreter services.

4.30 Conviction includes a conviction for an offense which, if committed in this state, would be  
4.31 deemed a felony;

5.1 (3) conviction of violating any state or federal law, rule, or regulation that directly relates  
5.2 to the practice of spoken language health care interpreters;

5.3 (4) adjudication as mentally incompetent or as a person who is dangerous to self, or  
5.4 adjudication pursuant to chapter 253B as chemically dependent, developmentally disabled,  
5.5 mentally ill and dangerous to the public, or as a sexual psychopathic personality or sexually  
5.6 dangerous person;

5.7 (5) violation or failure to comply with an order issued by the commissioner;

5.8 (6) obtaining money, property, services, or business from a client through the use of  
5.9 undue influence, excessive pressure, harassment, duress, deception, or fraud;

5.10 (7) revocation of the interpreter's national certification as a result of disciplinary action  
5.11 brought by the national certifying body;

5.12 (8) failure to perform services with reasonable judgment, skill, or safety due to the use  
5.13 of alcohol or drugs or other physical or mental impairment;

5.14 (9) engaging in conduct likely to deceive, defraud, or harm the public;

5.15 (10) demonstrating a willful or careless disregard for the health, welfare, or safety of a  
5.16 client;

5.17 (11) failure to cooperate with the commissioner or advisory council in an investigation  
5.18 or to provide information in response to a request from the commissioner or advisory council;

5.19 (12) aiding or abetting another person in violating any provision of this chapter; and

5.20 (13) release or disclosure of a health record in violation of sections 144.291 to 144.298.

5.21 (b) In disciplinary actions alleging a violation of paragraph (a), clause (2), (3), or (4), a  
5.22 copy of the judgment or proceeding under seal of the court administrator, or of the  
5.23 administrative agency that entered the same, is admissible into evidence without further  
5.24 authentication and constitutes prima facie evidence of its contents.

5.25 Subd. 2. **Complaints.** (a) The commissioner shall establish operating procedures for  
5.26 receiving and investigating complaints and imposing disciplinary or corrective action  
5.27 consistent with the notifications and resolution provisions in section 214.103, subdivision  
5.28 1a.

5.29 (b) The procedures may include procedures for sharing complaint information with  
5.30 government agencies in this and other states. Procedures for sharing complaint information  
5.31 must be consistent with the requirements for handling government data in chapter 13.

6.1 Subd. 3. **Discovery.** In all matters relating to the lawful regulation activities under this  
6.2 chapter, the commissioner may issue subpoenas to require the attendance and testimony of  
6.3 witnesses and production of books, records, correspondence, and other information relevant  
6.4 to any matter involved in the investigation. The commissioner or the commissioner's designee  
6.5 may administer oaths to witnesses or take their affirmation. A subpoena may be served upon  
6.6 any person it names anywhere in the state by any person authorized to serve subpoenas or  
6.7 other processes in civil actions of the district courts. If a person to whom a subpoena is  
6.8 issued does not comply with the subpoena, the commissioner may apply to the district court  
6.9 in any district and the court shall order the person to comply with the subpoena. Failure to  
6.10 obey the order of the court may be punished by the court as contempt of court. All  
6.11 information pertaining to individual medical records obtained under this section is health  
6.12 data under section 13.3805, subdivision 1.

6.13 Subd. 4. **Hearings.** If the commissioner proposes to take action against an interpreter  
6.14 as described in subdivision 5, the commissioner must first notify the person against whom  
6.15 the action is proposed to be taken and provide the person with an opportunity to request a  
6.16 hearing under the contested case provisions of chapter 14. Service of a notice of disciplinary  
6.17 action may be made personally or by certified mail, return receipt requested. If the person  
6.18 does not request a hearing by notifying the commissioner within 30 days after service of  
6.19 the notice of the proposed action, the commissioner may proceed with the action without a  
6.20 hearing.

6.21 Subd. 5. **Disciplinary actions.** If the commissioner finds that an interpreter who is listed  
6.22 on the registry has violated any provision of this chapter, the commissioner may take any  
6.23 one or more of the following actions:

6.24 (1) censure or reprimand the interpreter;

6.25 (2) impose limitations or conditions on the interpreter's practice, or impose rehabilitation  
6.26 requirements to retain status on registry; or

6.27 (3) suspend the interpreter from the registry for a limited period of time or indefinitely  
6.28 remove the interpreter from the registry.

6.29 Subd. 6. **Reinstatement requirements after disciplinary action.** Interpreters who have  
6.30 been temporarily suspended or permanently removed from the registry may request and  
6.31 provide justification for reinstatement. Interpreters who have had limitations or conditions  
6.32 imposed on their practice of interpreting while retaining registry status may request and  
6.33 provide justification for reduction or removal of the limitations or conditions. The

7.1 requirements of this chapter for registry renewal and any other conditions imposed by the  
7.2 commissioner must be met before the interpreter may be reinstated on the registry.

7.3 **Sec. 5. [146C.09] CONTINUING EDUCATION.**

7.4 Subdivision 1. **Course approval.** The advisory council shall approve continuing  
7.5 education courses and training. A course that has not been approved by the advisory council  
7.6 may be submitted, but may be disapproved by the commissioner. If the course is disapproved,  
7.7 it shall not count toward the continuing education requirement. All registry interpreters  
7.8 must complete three hours of continuing education during each one-year registry period.  
7.9 Contact hours shall be prorated for interpreters who are assigned a registry cycle of less  
7.10 than one year.

7.11 Subd. 2. **Continuing education verification.** Each spoken language health care  
7.12 interpreter shall submit with a renewal application a continuing education report on a form  
7.13 provided by the commissioner that indicates that the interpreter has met the continuing  
7.14 education requirements of this section. The form shall include the following information:

7.15 (1) the title of the continuing education activity;

7.16 (2) a brief description of the activity;

7.17 (3) the sponsor, presenter, or author;

7.18 (4) the location and attendance dates;

7.19 (5) the number of contact hours; and

7.20 (6) the interpreter's notarized affirmation that the information is true and correct.

7.21 Subd. 3. **Audit.** The commissioner or advisory council may audit a percentage of the  
7.22 continuing education reports based on a random selection.

7.23 **Sec. 6. [146C.11] SPOKEN LANGUAGE HEALTH CARE INTERPRETER**  
7.24 **ADVISORY COUNCIL.**

7.25 Subdivision 1. **Establishment.** The commissioner shall appoint 13 members to a Spoken  
7.26 Language Health Care Interpreter Advisory Council consisting of the following members:

7.27 (1) three members who are interpreters listed on the roster prior to July 1, 2019, or on  
7.28 the registry after July 1, 2019, and who are Minnesota residents. Of these members, each  
7.29 must be an interpreter for a different language; at least one must have a national certification  
7.30 credential; and at least one must have been listed on the roster prior to July 1, 2019, or on  
7.31 the registry after July 1, 2019, as an interpreter in a language other than the common

8.1 languages and must have completed a training program for medical interpreters approved  
8.2 by the commissioner that is, at a minimum, 40 hours in length;

8.3 (2) three members representing limited English proficient (LEP) individuals. Of these  
8.4 members, two must represent LEP individuals who are proficient in a common language  
8.5 and one must represent LEP individuals who are proficient in a language that is not one of  
8.6 the common languages;

8.7 (3) one member representing a health plan company;

8.8 (4) one member representing a Minnesota health system who is not an interpreter;

8.9 (5) two members representing interpreter agencies, one member representing agencies  
8.10 whose main office is located outside the seven-county metropolitan area and one member  
8.11 representing agencies whose main office is located within the seven-county metropolitan  
8.12 area;

8.13 (6) one member representing an interpreter training program or postsecondary educational  
8.14 institution program providing interpreter courses or skills assessment;

8.15 (7) one member who is affiliated with a Minnesota-based or Minnesota chapter of a  
8.16 national or international organization representing interpreters; and

8.17 (8) one member who is a licensed direct care health provider.

8.18 Subd. 2. **Organization.** The advisory council shall be organized and administered under  
8.19 section 15.059.

8.20 Subd. 3. **Duties.** (a) The advisory council shall:

8.21 (1) advise the commissioner on the content of the registered interpreter examination and  
8.22 the requisite percentage of correct answers;

8.23 (2) advise the commissioner on recommended changes to requirements for registered  
8.24 and certified interpreters to reflect changing needs of the Minnesota health care community  
8.25 and emerging national standards of training, competency, and testing;

8.26 (3) address barriers for interpreters to gain access to the registry, including barriers to  
8.27 interpreters of uncommon languages and interpreters in rural areas;

8.28 (4) advise the commissioner on methods for identifying gaps in interpreter services in  
8.29 rural areas and make recommendations to address interpreter training and funding needs;

8.30 (5) inform the commissioner on emerging issues in the spoken language health care  
8.31 interpreter field;

9.1 (6) advise the commissioner on training, certification, and continuing education programs;

9.2 (7) provide for distribution of information on training and other resources to help  
9.3 interpreters meet registry requirements;

9.4 (8) make recommendations for necessary statutory changes to Minnesota interpreter  
9.5 law;

9.6 (9) compare the annual cost of administering the registry and the annual total collection  
9.7 of registration fees and advise the commissioner, if necessary, to recommend an adjustment  
9.8 to the registration fees;

9.9 (10) identify and make recommendations to the commissioner for Web distribution of  
9.10 patient and provider education materials on working with an interpreter and on reporting  
9.11 interpreter behavior as identified in section 146C.07;

9.12 (11) review and update as necessary the process for determining common languages;  
9.13 and

9.14 (12) review investigation summaries of competency violations and make  
9.15 recommendations to the commissioner on possible disciplinary action.

9.16 (b) The commissioner shall adhere to the data practices requirements under section 13.41  
9.17 in communicating to the council regarding any complaint investigation.

9.18 (c) As the advisory council carries out its duties, the council shall seek input from health  
9.19 care interpreting stakeholders, from both within and outside the seven-county metropolitan  
9.20 area, as appropriate.

9.21 **Sec. 7. [146C.13] FEES.**

9.22 Subdivision 1. Fees. (a) Beginning July 1, 2019, through June 30, 2020, the initial and  
9.23 renewal fees for interpreters listed on the registry shall be \$50.

9.24 (b) Beginning July 1, 2020, through June 30, 2021, the initial and renewal fees for  
9.25 interpreters listed on the registry shall be \$70.

9.26 (c) Beginning July 1, 2021, the initial and renewal application fees for interpreters listed  
9.27 on the registry shall be established by the commissioner not to exceed \$90.

9.28 (d) Beginning July 1, 2021, the renewal late fee for the registry shall be established by  
9.29 the commissioner not to exceed \$30.

9.30 (e) The commissioner shall not charge an applicant for the examinations required under  
9.31 section 146C.03, subdivision 2 or 3, for the registered or certified interpreter categories.

10.1 Subd. 2. **Nonrefundable.** The fees in this section are nonrefundable.

10.2 Subd. 3. **Deposit.** Fees received under this chapter shall be deposited in the state  
 10.3 government special revenue fund.

10.4 Sec. 8. Minnesota Statutes 2016, section 256B.0625, subdivision 18a, is amended to read:

10.5 Subd. 18a. **Access to medical services.** (a) Medical assistance reimbursement for meals  
 10.6 for persons traveling to receive medical care may not exceed \$5.50 for breakfast, \$6.50 for  
 10.7 lunch, or \$8 for dinner.

10.8 (b) Medical assistance reimbursement for lodging for persons traveling to receive medical  
 10.9 care may not exceed \$50 per day unless prior authorized by the local agency.

10.10 (c) Regardless of the number of employees that an enrolled health care provider may  
 10.11 have, medical assistance covers sign and ~~oral~~ spoken language health care interpreter services  
 10.12 when provided by an enrolled health care provider during the course of providing a direct,  
 10.13 person-to-person covered health care service to an enrolled recipient with limited English  
 10.14 proficiency or who has a hearing loss and uses interpreting services. Coverage for ~~face-to-face~~  
 10.15 ~~oral language~~ spoken language health care interpreter services shall be provided only if the  
 10.16 ~~oral language~~ spoken language health care interpreter used by the enrolled health care  
 10.17 provider is listed ~~in~~ on the registry or roster established under section 144.058 or the registry  
 10.18 established under chapter 146C. Beginning July 1, 2020, coverage for spoken language  
 10.19 health care interpreter services shall be provided only if the spoken language health care  
 10.20 interpreter used by the enrolled health care provider is listed on the registry established  
 10.21 under chapter 146C.

10.22 Sec. 9. **INITIAL SPOKEN LANGUAGE HEALTH CARE ADVISORY COUNCIL**  
 10.23 **MEETING.**

10.24 The commissioner of health shall convene the first meeting of the Spoken Language  
 10.25 Health Care Advisory Council by October 1, 2018.

10.26 Sec. 10. **RECOMMENDATIONS FOR THE SPOKEN LANGUAGE HEALTH**  
 10.27 **CARE INTERPRETER REGISTRY FEES; STRATIFIED MEDICAL ASSISTANCE**  
 10.28 **REIMBURSEMENT SYSTEM FOR SPOKEN LANGUAGE HEALTH CARE**  
 10.29 **INTERPRETERS.**

10.30 Subdivision 1. **Registry fee recommendations.** The commissioner of health, in  
 10.31 consultation with the Spoken Language Health Care Interpreter Advisory Council, shall

11.1 review the fees established under Minnesota Statutes, section 146C.13, and make  
11.2 recommendations on whether the fees are established at an appropriate level, including  
11.3 whether specific fees should be established for each category of the registry instead of one  
11.4 uniform fee. The total fees collected must be sufficient to recover the costs of the spoken  
11.5 language health care registry. If the commissioner recommends different fees for the  
11.6 categories, the commissioner shall submit the proposed fees to the chairs and ranking  
11.7 minority members of the legislative committees with jurisdiction over health and human  
11.8 services policy and finance by January 15, 2020.

11.9 Subd. 2. **Stratified medical assistance reimbursement system.** (a) The commissioner  
11.10 of human services, in consultation with the commissioner of health, the Spoken Language  
11.11 Health Care Interpreter Advisory Council established under Minnesota Statutes, section  
11.12 146C.11, and representatives from the interpreting stakeholder community at large, shall  
11.13 study and make recommendations for creating a stratified reimbursement system for the  
11.14 Minnesota public health care programs for spoken language health care interpreters based  
11.15 on the spoken language health care interpreters registry established by the commissioner  
11.16 of health under Minnesota Statutes, chapter 146C. Any proposed reimbursement rates in a  
11.17 stratified reimbursement system for spoken language health care interpreter services, for  
11.18 any category, shall not be less than the current medical assistance reimbursement rates for  
11.19 spoken language health care interpreter services.

11.20 (b) The commissioner of human services shall submit the proposed reimbursement  
11.21 system, including the fiscal costs for the proposed system to the chairs and ranking minority  
11.22 members of the legislative committees with jurisdiction over health and human services  
11.23 policy and finance by January 15, 2019. The commissioner shall not implement a stratified  
11.24 medical assistance reimbursement system without enactment of the system by the legislature.

11.25 Sec. 11. **APPROPRIATIONS.**

11.26 \$..... in fiscal year 2019 is appropriated from the state government special revenue fund  
11.27 to the commissioner of health for the spoken language health care interpreter registry. Of  
11.28 the appropriation in fiscal year 2019, \$..... is for onetime start-up costs for the registry that  
11.29 is available until June 30, 2021.

11.30 \$..... in fiscal year 2019 is appropriated from the state government special revenue fund  
11.31 to the commissioner of human services to study and submit a proposed stratified medical  
11.32 assistance reimbursement system for spoken language health care interpreters.

11.33 \$..... in fiscal year 2019 is appropriated from the state government special revenue fund  
11.34 to the commissioner of health to provide financial assistance to assist interpreters in meeting

12.1 spoken language health care interpreter registry testing requirements. This appropriation is  
12.2 onetime and is available until June 30, 2020.

12.3 \$..... in fiscal year 2019 is appropriated from the state government special revenue fund  
12.4 to the commissioner of health to convene a meeting of public and private sector  
12.5 representatives of the spoken language health care interpreters community to identify ongoing  
12.6 sources of financial assistance to aid individual interpreters in meeting interpreter training  
12.7 and testing registry requirements. This appropriation is onetime and is available until June  
12.8 30, 2020.

12.9 Sec. 12. **REPEALER.**

12.10 Minnesota Statutes 2016, section 144.058, is repealed effective July 1, 2020."

12.11 Amend the title accordingly