

1.1 moves to amend H.F. No. 2150, the delete everything amendment
1.2 (A14-0976), as follows:

1.3 Page 145, line 21, delete "1,416,000" and insert "1,479,000"

1.4 Page 145, line 26, delete "722,000" and insert "803,000"

1.5 Page 147, line 4, delete "62,000" and insert "143,000"

1.6 Page 147, after line 10, insert:

1.7 "\$81,000 in fiscal year 2015 from the
1.8 state government special revenue fund is
1.9 to develop a proposal to promote health
1.10 equity and quality health outcomes through
1.11 changes to laws governing spoken language
1.12 health care interpreters. The commissioner
1.13 shall consult with spoken language health
1.14 care interpreters, organizations that employ
1.15 these interpreters, organizations that pay for
1.16 interpreter services, health care providers
1.17 who use interpreters, clients who use
1.18 interpreters, and community organizations
1.19 serving non-English speaking populations.
1.20 The commissioner shall draft legislation
1.21 and submit a report that documents the
1.22 process followed and the rationale for
1.23 the recommendations to the committees
1.24 with jurisdiction over health and human
1.25 services by January 15, 2015. In drafting the
1.26 legislation and report, the commissioner must
1.27 consider input received from individuals and

- 2.1 organizations consulted and must address
- 2.2 issues related to:
- 2.3 (1) qualifications for spoken language health
- 2.4 care interpreters that assure quality service to
- 2.5 health care providers and their patients;
- 2.6 (2) methods to support the education and
- 2.7 skills development of spoken language health
- 2.8 care interpreters serving Minnesotans;
- 2.9 (3) the role of an advisory council in
- 2.10 maintaining a quality system for spoken
- 2.11 language health care interpreting in
- 2.12 Minnesota;
- 2.13 (4) management of complaints regarding
- 2.14 spoken language health care interpreters,
- 2.15 including investigation and enforcement
- 2.16 actions;
- 2.17 (5) an appropriate structure for oversight of
- 2.18 spoken language health care interpreters,
- 2.19 including administrative and technology
- 2.20 requirements; and
- 2.21 (6) other issues that address qualifications,
- 2.22 quality, access, and affordability of spoken
- 2.23 language interpreter services.
- 2.24 This is a one time appropriation."
- 2.25 Adjust amounts accordingly