

1.1 moves to amend H.F. No. 3467, the delete everything amendment
1.2 (H3467DE1), as follows:

1.3 Page 61, after line 32, insert:

1.4 "ARTICLE 7

1.5 MISCELLANEOUS

1.6 Section 1. **[148.9981] DEFINITIONS.**

1.7 Subdivision 1. **Applicability.** The definitions in this section apply to sections
1.8 148.9981 to 148.9987.

1.9 Subd. 2. **Advisory council.** "Advisory council" means the Spoken Language Health
1.10 Care Interpreter Advisory Council established in section 148.9986.

1.11 Subd. 3. **Code of ethics.** "Code of ethics" means the National Code of Ethics for
1.12 Interpreters in Health Care, as published by the National Council on Interpreting in Health
1.13 Care or its successor, or the International Medical Interpreters Association or its successor.

1.14 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of health.

1.15 Subd. 5. **Common languages.** "Common languages" mean the ten most frequent
1.16 languages without regard to dialect in Minnesota for which interpreters are listed on
1.17 the registry.

1.18 Subd. 6. **Interpreting standards of practice.** "Interpreting standards of practice"
1.19 means the interpreting standards of practice in health care as published by the National
1.20 Council on Interpreting in Health Care or its successor, or the International Medical
1.21 Interpreters Association or its successor.

1.22 Subd. 7. **Registry.** "Registry" means a database of spoken language health
1.23 care interpreters in Minnesota who have met the qualifications described under section
1.24 148.9982, subdivision 2, 3, 4, or 5, which shall be maintained by the commissioner of
1.25 health.

2.1 Subd. 8. **Remote interpretation.** "Remote interpretation" means providing spoken
2.2 language interpreting services via a telephone or by video conferencing.

2.3 Subd. 9. **Spoken language health care interpreter or interpreter.** "Spoken
2.4 language health care interpreter" or "interpreter" means an individual who receives
2.5 compensation or other remuneration for providing spoken language interpreter services for
2.6 patients with limited English proficiency within a medical setting either by face-to-face
2.7 interpretation or remote interpretation.

2.8 Subd. 10. **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
2.11 who do not share a common spoken language.

2.12 Sec. 2. **[148.9982] REGISTRY.**

2.13 Subdivision 1. **Establishment.** (a) By July 1, 2017, the commissioner of health
2.14 shall establish and maintain a registry for spoken language health care interpreters. The
2.15 registry shall contain four separate tiers based on different qualification standards for
2.16 education and training.

2.17 (b) An individual who wants to be listed on the registry must submit an application
2.18 to the commissioner on a form provided by the commissioner along with all applicable
2.19 fees required under section 148.9987. The form must include the applicant's name; Social
2.20 Security number; business address and telephone number, or home address and telephone
2.21 number if the applicant has a home office; the applicant's employer or the agencies with
2.22 which the applicant is affiliated; the employer's or agencies' addresses and telephone
2.23 numbers; and the languages the applicant is qualified to interpret.

2.24 (c) Upon receipt of the application, the commissioner shall determine if the applicant
2.25 meets the requirements for the applicable registry tier. The commissioner may request
2.26 further information from the applicant if the information provided is not complete or
2.27 accurate. The commissioner shall notify the applicant of action taken on the application,
2.28 and if the application is denied, the grounds for denying the application.

2.29 (d) If the commissioner denies an application, the applicant may apply for a lower
2.30 tier or may reapply for the same tier at a later date. If an applicant applies for a different
2.31 tier or reapplies for the same tier, the applicant must submit with the new application the
2.32 applicable fees under section 148.9987.

2.33 (e) Applicants who qualify for different tiers for different languages shall only be
2.34 required to complete one application and submit with the application the fee associated
2.35 with the highest tier for which the applicant is applying.

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

3.4 Subd. 2. **Tier 1 requirements.** The commissioner shall include on the tier 1 registry
3.5 an applicant who meets the following requirements:

3.6 (1) is at least 18 years of age;

3.7 (2) passes an examination approved by the commissioner on basic medical
3.8 terminology in English;

3.9 (3) passes an examination approved by the commissioner on interpreter ethics and
3.10 standards of practice; and

3.11 (4) affirms by signature, including electronic signature, that the applicant has read
3.12 the code of ethics and interpreting standards of practice identified on the registry Web
3.13 site and agrees to abide by them.

3.14 Subd. 3. **Tier 2 requirements.** The commissioner shall include on the tier 2 registry
3.15 an applicant who meets the requirements for tier 1 described under subdivision 2 and who:

3.16 (1) effective July 1, 2017, to June 30, 2018, provides proof of successfully
3.17 completing a training program for medical interpreters approved by the commissioner that
3.18 is, at a minimum, 40 hours in length; or

3.19 (2) effective July 1, 2018, provides proof of successfully completing a training
3.20 program for medical interpreters approved by the commissioner that is equal in length to
3.21 the number of hours required by the Certification Commission for Healthcare Interpreters
3.22 (CCHI) or National Council on Interpreting in Health Care (NCIHC) or their successors.

3.23 If the number of hours required by CCHI or its successor and the number of hours required
3.24 by the NCIHC or its successor differ, the number of hours required to qualify for the
3.25 registry shall be the greater of the two. A training program of 40 hours or more approved
3.26 by the commissioner and completed prior to July 1, 2017, may count toward the number
3.27 of hours required.

3.28 Subd. 4. **Tier 3 requirements.** The commissioner shall include on the tier 3 registry
3.29 an applicant who meets the requirements for tier 1 described under subdivision 2 and who:

3.30 (1) has a national certification in health care interpreting that does not include a
3.31 performance examination from a certifying organization approved by the commissioner; or

3.32 (2) provides proof of successfully completing an interpreting certification program
3.33 from an accredited United States academic institution approved by the commissioner
3.34 that is, at a minimum, 18 semester credits.

4.1 Subd. 5. Tier 4 requirements. (a) The commissioner shall include on the tier 4
4.2 registry an applicant who meets the requirements for tier 1 described under subdivision 2
4.3 and who:

4.4 (1) has a national certification from a certifying organization approved by the
4.5 commissioner in health care interpreting that includes a performance examination in the
4.6 non-English language in which the interpreter is registering to interpret; or

4.7 (2)(i) has an associate's degree or higher in interpreting from an accredited United
4.8 States academic institution. The degree and institution must be approved by the
4.9 commissioner and the degree must include a minimum of three semester credits in medical
4.10 terminology or medical interpreting; and

4.11 (ii) has achieved a score of "advanced mid" or higher on the American Council on
4.12 the Teaching of Foreign Languages Oral Proficiency Interview in a non-English language
4.13 in which the interpreter is registering to interpret.

4.14 (b) The commissioner, in consultation with the advisory council, may approve
4.15 alternative means of meeting oral proficiency requirements for tier 4 for languages
4.16 in which the American Council of Teaching of Foreign Languages Oral Proficiency
4.17 Interview is not available.

4.18 (c) The commissioner, in consultation with the advisory council, may approve a
4.19 degree from an educational institution from a foreign country as meeting the associate's
4.20 degree requirement in paragraph (a), clause (2). The commissioner may assess the
4.21 applicant a fee to cover the cost of foreign credential evaluation services approved by
4.22 the commissioner, in consultation with the advisory council, and any additional steps
4.23 necessary to process the application. Any assessed fee must be paid by the interpreter
4.24 before the interpreter will be registered.

4.25 Subd. 6. Change of name and address. Registered spoken language health
4.26 care interpreters who change their name, address, or e-mail address must inform the
4.27 commissioner in writing of the change within 30 days. All notices or other correspondence
4.28 mailed to the interpreter's address or e-mail address on file with the commissioner shall
4.29 be considered as having been received by the interpreter.

4.30 Subd. 7. Data. Section 13.41 applies to government data of the commissioner
4.31 on applicants and registered interpreters.

4.32 Sec. 3. [148.9983] RENEWAL.

4.33 Subdivision 1. Registry period. Listing on the registry is valid for a one-year
4.34 period. To renew inclusion on the registry, an interpreter must submit:

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

5.1 (2) a continuing education report on a form provided by the commissioner as
5.2 specified under section 148.9985; and

5.3 (3) the required fees under section 148.9987.

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

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

5.12 Subd. 3. **Late fee.** A renewal application submitted after the renewal deadline
5.13 date must include the late fee specified in section 148.9987. Fees for late renewal shall
5.14 not be prorated.

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

5.18 Sec. 4. **[148.9984] DISCIPLINARY ACTIONS; OVERSIGHT OF**
5.19 **COMPLAINTS.**

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

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

5.25 (2) conviction of a crime, including a finding or verdict of guilt, an admission of
5.26 guilt, or a no-contest plea, in any court in Minnesota or any other jurisdiction in the United
5.27 States, demonstrably related to engaging in spoken language health care interpreter
5.28 services. Conviction includes a conviction for an offense which, if committed in this
5.29 state, would be deemed a felony;

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

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

- 6.1 (5) violation or failure to comply with an order issued by the commissioner;
- 6.2 (6) obtaining money, property, services, or business from a client through the use of
- 6.3 undue influence, excessive pressure, harassment, duress, deception, or fraud;
- 6.4 (7) revocation of the interpreter's national certification as a result of disciplinary
- 6.5 action brought by the national certifying body;
- 6.6 (8) failure to perform services with reasonable judgment, skill, or safety due to the
- 6.7 use of alcohol or drugs or other physical or mental impairment;
- 6.8 (9) engaging in conduct likely to deceive, defraud, or harm the public;
- 6.9 (10) demonstrating a willful or careless disregard for the health, welfare, or safety
- 6.10 of a client;
- 6.11 (11) failure to cooperate with the commissioner or advisory council in an
- 6.12 investigation or to provide information in response to a request from the commissioner
- 6.13 or advisory council;
- 6.14 (12) aiding or abetting another person in violating any provision of sections
- 6.15 148.9981 to 148.9987; and
- 6.16 (13) release or disclosure of a health record in violation of sections 144.291 to
- 6.17 144.298.
- 6.18 (b) In disciplinary actions alleging a violation of paragraph (a), clause (2), (3), or
- 6.19 (4), a copy of the judgment or proceeding under seal of the court administrator, or of the
- 6.20 administrative agency that entered the same, is admissible into evidence without further
- 6.21 authentication and constitutes prima facie evidence of its contents.
- 6.22 Subd. 2. **Complaints.** The commissioner may initiate an investigation upon
- 6.23 receiving a complaint or other oral or written communication that alleges or implies
- 6.24 a violation of subdivision 1. In the receipt, investigation, and hearing of a complaint
- 6.25 that alleges or implies a violation of subdivision 1, the commissioner shall follow the
- 6.26 procedures in section 214.10.
- 6.27 Subd. 3. **Disciplinary actions.** If the commissioner finds that an interpreter who
- 6.28 is listed on the registry has violated any provision of sections 148.9981 to 148.9987, the
- 6.29 commissioner may take any one or more of the following actions:
- 6.30 (1) remove the interpreter from the registry;
- 6.31 (2) impose limitations or conditions on the interpreter's practice, impose
- 6.32 rehabilitation requirements, or require practice under supervision; or
- 6.33 (3) censure or reprimand the interpreter.
- 6.34 Subd. 4. **Reinstatement requirements after disciplinary action.** Interpreters
- 6.35 who have been removed from the registry may request and provide justification for
- 6.36 reinstatement. The requirements of sections 148.9981 to 148.9987 for registry renewal

7.1 and any other conditions imposed by the commissioner must be met before the interpreter
7.2 may be reinstated on the registry.

7.3 **Sec. 5. [148.9985] 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
7.6 council may be submitted, but may be disapproved by the commissioner. If the course
7.7 is disapproved, it shall not count toward the continuing education requirement. The
7.8 interpreter must complete the following hours of continuing education during each
7.9 one-year registry period:

- 7.10 (1) for tier 2 interpreters, a minimum of four contact hours of continuing education;
7.11 (2) for tier 3 interpreters, a minimum of six contact hours of continuing education; and
7.12 (3) for tier 4 interpreters, a minimum of eight contact hours of continuing education.

7.13 Contact hours shall be prorated for interpreters who are assigned a registry cycle of
7.14 less than one year.

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

- 7.19 (1) the title of the continuing education activity;
7.20 (2) a brief description of the activity;
7.21 (3) the sponsor, presenter, or author;
7.22 (4) the location and attendance dates;
7.23 (5) the number of contact hours; and
7.24 (6) the interpreter's notarized affirmation that the information is true and correct.

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

7.27 **Sec. 6. [148.9986] SPOKEN LANGUAGE HEALTH CARE INTERPRETER**
7.28 **ADVISORY COUNCIL.**

7.29 Subdivision 1. **Establishment.** The commissioner shall appoint 12 members to a
7.30 Spoken Language Health Care Interpreter Advisory Council consisting of the following
7.31 members:

- 7.32 (1) three members who are interpreters listed on the roster prior to July 1, 2017, or
7.33 on the registry after July 1, 2017, and who are Minnesota residents. Of these members,
7.34 each must be an interpreter for a different language; at least one must have a national

8.1 certification credential; and at least one must have been listed on the roster prior to July 1,
8.2 2017, or on the registry after July 1, 2017, as an interpreter in a language other than the
8.3 common languages and must have completed a training program for medical interpreters
8.4 approved by the commissioner that is, at a minimum, 40 hours in length;

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

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

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

8.11 (5) one member representing an interpreter agency;

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

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

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

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

8.19 Subd. 3. **Duties.** The advisory council shall:

8.20 (1) advise the commissioner on issues relating to interpreting skills, ethics, and
8.21 standards of practice, including reviewing and recommending changes to the examinations
8.22 identified in section 148.9982, subdivision 2, on basic medical terminology in English
8.23 and interpreter ethics and interpreter standards of practice;

8.24 (2) advise the commissioner on recommended changes to accepted spoken language
8.25 health care interpreter qualifications, including degree and training programs and
8.26 performance examinations;

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

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

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

8.33 (6) advise the commissioner on training and continuing education programs;

8.34 (7) provide for distribution of information regarding interpreter standards and
8.35 resources to help interpreters qualify for higher registry tier levels;

9.1 (8) make recommendations for necessary statutory changes to Minnesota interpreter
 9.2 law;

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

9.6 (10) identify barriers to meeting tier requirements and make recommendations to the
 9.7 commissioner for addressing these barriers;

9.8 (11) identify and make recommendations to the commissioner for Web distribution
 9.9 of patient and provider education materials on working with an interpreter and on reporting
 9.10 interpreter behavior as identified in section 148.9984; and

9.11 (12) review and update as necessary the process for determining common languages.

9.12 **EFFECTIVE DATE.** This section is effective July 1, 2016.

9.13 Sec. 7. **[148.9987] FEES.**

9.14 Subdivision 1. **Fees.** (a) The initial and renewal application fees for interpreters
 9.15 listed on the registry shall be established by the commissioner not to exceed \$90.

9.16 (b) The renewal late fee for the registry shall be established by the commissioner
 9.17 not to exceed \$30.

9.18 (c) If the commissioner must translate a document to verify whether a foreign degree
 9.19 qualifies for registration for tier 4, the commissioner may assess a fee equal to the actual
 9.20 cost of translation and additional effort necessary to process the application.

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

9.22 Subd. 3. **Deposit.** Fees received under sections 148.9981 to 148.9987 shall be
 9.23 deposited in the state government special revenue fund.

9.24 Sec. 8. Minnesota Statutes 2015 Supplement, section 256B.0625, subdivision 18a,
 9.25 is amended to read:

9.26 Subd. 18a. **Access to medical services.** (a) Medical assistance reimbursement for
 9.27 meals for persons traveling to receive medical care may not exceed \$5.50 for breakfast,
 9.28 \$6.50 for lunch, or \$8 for dinner.

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

9.31 (c) Regardless of the number of employees that an enrolled health care provider may
 9.32 have, medical assistance covers sign and ~~oral~~ spoken language health care interpreter
 9.33 services when provided by an enrolled health care provider during the course of providing
 9.34 a direct, person-to-person covered health care service to an enrolled recipient with limited

10.1 English proficiency or who has a hearing loss and uses interpreting services. Coverage
10.2 for ~~face-to-face oral language~~ spoken language health care interpreter services shall be
10.3 provided only if the ~~oral language~~ spoken language health care interpreter used by the
10.4 enrolled health care provider is listed ~~in~~ on the ~~registry~~ or roster established under section
10.5 144.058 or the registry established under sections 148.9981 to 148.9987. Beginning July
10.6 1, 2018, coverage for spoken language health care interpreter services shall be provided
10.7 only if the spoken language health care interpreter used by the enrolled health care
10.8 provider is listed on the registry established under sections 148.9981 to 148.9987.

10.9 **Sec. 9. STRATIFIED MEDICAL ASSISTANCE REIMBURSEMENT SYSTEM**
10.10 **FOR SPOKEN LANGUAGE HEALTH CARE INTERPRETERS.**

10.11 (a) The commissioner of human services, in consultation with the commissioner
10.12 of health, the Spoken Language Health Care Interpreter Advisory Council established
10.13 under Minnesota Statutes, section 148.9986, and representatives from the interpreting
10.14 stakeholder community at large, shall study and make recommendations for creating a
10.15 tiered reimbursement system for the Minnesota public health care programs for spoken
10.16 language health care interpreters based on the different tiers of the spoken language health
10.17 care interpreters registry established by the commissioner of health under Minnesota
10.18 Statutes, sections 148.9981 to 148.9987.

10.19 (b) The commissioner of human services shall submit the proposed reimbursement
10.20 system, including the fiscal costs for the proposed system to the chairs and ranking
10.21 minority members of the house of representatives and senate committees with jurisdiction
10.22 over health and human services policy and finance by January 15, 2017.

10.23 (c) The commissioner of health, in consultation with the Spoken Language Health
10.24 Care Interpreter Advisory Council, shall review the fees established under Minnesota
10.25 Statutes, section 148,9987, and make recommendations based on the results of the
10.26 study and recommendations under paragraph (a) whether the fees are established at an
10.27 appropriate level, including whether specific fees should be established for each tier of the
10.28 registry instead of one uniform fee for all tiers. The total fees collected must be sufficient
10.29 to recover the costs of the spoken language health care registry. If the commissioner
10.30 recommends different fees for the tier, the commissioner shall submit the proposed fees to
10.31 the chairs and ranking minority members of the legislative committees with jurisdiction
10.32 over health and human services policy and finance by January 15, 2018.

10.33 **Sec. 10. INITIAL SPOKEN LANGUAGE HEALTH CARE ADVISORY**
10.34 **COUNCIL MEETING.**

11.1 The commissioner of health shall convene the first meeting of the Spoken Language
11.2 Health Care Advisory Council by October 1, 2016.

11.3 Sec. 11. **SPOKEN LANGUAGE HEALTH CARE INTERPRETER REGISTRY**
11.4 **FEES.**

11.5 Notwithstanding Minnesota Statutes, section 148.9987, paragraph (a), the initial and
11.6 renewal fees for interpreters listed on the spoken language health care registry shall be \$50
11.7 between the period of July 1, 2017, through June 30, 2018, and shall be \$70 between the
11.8 period of July 1, 2018, through June 30, 2019. Beginning July 1, 2019, the fees shall be
11.9 in accordance with Minnesota Statutes, section 148.9987.

11.10 Sec. 12. **APPROPRIATION.**

11.11 \$357,000 in fiscal year 2017 is appropriated from the state government special
11.12 revenue fund to the commissioner of health for the spoken language health care interpreter
11.13 registry. This amount includes \$280,000 for onetime start-up costs for the registry that
11.14 is available until June 30, 2019. The base for this appropriation is \$241,000 in fiscal
11.15 year 2018 and \$156,000 in fiscal year 2019.

11.16 \$25,000 in fiscal year 2017 is appropriated from the state government special revenue
11.17 fund to the commissioner of human services to study and submit a proposed stratified
11.18 medical assistance reimbursement system for spoken language health care interpreters.

11.19 Sec. 13. **REPEALER.**

11.20 Minnesota Statutes 2014, section 144.058, is repealed effective July 1, 2018."

11.21 Renumber the articles in sequence and correct the internal references

11.22 Amend the title accordingly