

HOUSE RESEARCH

Bill Summary

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Authors: Hamilton and others

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Analyst: Lynn Aves

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Overview

This bill establishes a registry for spoken language health care interpreters.

Section

- 1 **Definitions.** Creates § 148.9981. Defines the terms “advisory council,” “code of ethics,” “commissioner,” “interpreting standards of practice,” “registry,” “remote interpretation,” “spoken language health care interpreter” or “interpreter,” and “spoken language interpreting services.”
- 2 **Registry.** Creates § 148.9982.

Subdivision 1. Establishment. Paragraph (a) requires the commissioner of health to establish a registry for spoken language health care interpreters by July 1, 2017. Requires the registry to have four tiers based on qualification standards.

Paragraph (b) requires an individual who wants to be listed on the registry to submit an application to the commissioner.

Paragraph (c) instructs the commissioner to determine if the applicant meets the requirements for the applicable registry tier and to notify the applicant of the action taken on the application.

Paragraph (d) provides that if the commissioner denies the application, the applicant may apply for a lower tier or may reapply for the same tier at a later date.

Paragraph (e) allows applicants who qualify for different tiers for different language to submit only one application.

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Paragraph (f) allows the commissioner to request additional information from the applicant.

Subd. 2. Tier 1 requirements. Provides that an individual must be at least 18 years of age, pass an examination on basic medical terminology in English, pass an examination on interpreter ethics and standards of practice, and affirm that the applicant has read to code of ethics and standards of practice and will abide by them.

Subd. 3. Tier 2 requirements. In addition to the requirements of subdivision 2, between July 1, 2017, and June 30, 2018, the individual must provide proof of completion of a training program for medical interpreters that is at least 40 hours in length. After June 30, 2018, the training must be at least 60 hours in length, or 40 hours of training plus at least 20 hours of interpreter skills training.

Subd. 4. Tier 3 requirements. In addition to the requirements of subdivision 2, an applicant must have national certification in health care interpreting that does not include a language proficiency component, or provide proof of successfully completing an interpreting certification program from an accredited U.S. academic institution that is at least 18 semester credits.

Subd. 5. Tier 4 requirements. In addition to the requirements of subdivision 2, an applicant must have national certification in health care interpreting that includes language proficiency in a non-English language, or has an associate's degree or higher in interpreting and has achieved a score of "advanced mid" or higher. The degree must include at least three semester credits of medical terminology or medical interpreting. Allows the commissioner, in consultation with the advisory committee, to approve alternate means of achieving proficiency or degrees from foreign institutions.

Subd. 6. Change of name and address. Requires registrants to notify the commissioner in writing within 30 days of any changes to their name, address, or email address.

3 Renewal. Creates § 148.9983.

Subd. 1. Registry period. Provides that listing on the registry is valid for one year. Requires interpreters to submit a renewal application, a continuing education report, and the required fees.

Subd. 2. Notice. Requires the commissioner to send out a renewal notice 60 days before registry expiration. Requires that the renewal be received by the commissioner or postmarked at least 30 days prior to the registry expiration date.

Subd. 3. Late fee. Requires the interpreter to pay a late fee.

Subd. 4. Lapse in renewal. Provides that an interpreter must submit a new application if the interpreter's registry listing has been expired for one year or more.

4 Disciplinary actions; oversight of complaints. Creates § 148.9884.

Subdivision 1. Prohibited conduct. Lists the grounds for disciplinary or corrective action.

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Subd. 2. Complaints. Allows the commissioner to investigate complaints. Requires the commissioner to follow the procedures followed by the health-related licensing boards for complaint investigations and hearings.

Subd. 3. Disciplinary actions. Lists the types of actions that may be taken by the commissioner.

Subd. 4. Reinstatement requirements after disciplinary action. Allows an interpreter who has been removed from the registry or had their practice suspended to request reinstatement.

5 **Continuing education.** Creates § 148.9985.

Subdivision 1. Course approval. Requires the advisory council to approve continuing education course and training. Allows a course, not approved by the council, to be submitted for credit, but permits the commissioner to disallow credit for the course. Lists the number of continuing education required for each tier.

Subd. 2. Continuing education verification. Requires each interpreter to submit a continuing education report form along with the renewal application.

Subd. 3. Audit. Allows the commissioner or advisory council to conduct a random audit of continuing education reports.

6 **Spoken language health care interpreter advisory council.** Creates § 148.9986.

Subdivision 1. Establishment. Instructs the commissioner to appoint a ten member advisory council.

Subd. 2. Organization. Requires the council to be organized and administered under section 15.059.

Subd. 3. Duties. Lists the duties of the council

7 **Fees.** Creates § 148.9987. Fees amounts for initial and renewal applications and late fees are not specified. Provides that fees are nonrefundable and are to be deposited in the state government special revenue fund.

8 **Access to medical services.** Amends § 256B.0625, subd. 18a. Makes technical changes to conform to changes made by this bill. Provides that medical assistance shall cover only spoken language health care interpreter services provided by an interpreter listed on the registry. Provides an effective date of July 1, 2017.

9 **Stratified medical assistance reimbursement system for spoken language health care interpreters.** Paragraph (a) instructs the commissioner of human services, in consultation with the commissioner of health, the advisory council, and stakeholders from the interpreting community to study and make recommendations for a reimbursement system based on the different tiers of the registry.

Paragraph (b) requires the commissioner of human services to submit the proposed reimbursement system, including a fiscal note, to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services by January 15, 2018.

Section

- 10** **Appropriation.** Appropriates an unspecified amount from the state government special revenue fund to the commissioner of health for registry start-up costs.
- 11** **Repealer.** Repeals § 144.058 (Interpreter services quality initiative.) effective July 1, 2017.