

File Number: H.F. 2023 **Date:** March 26, 2018
Version: Delete-everything amendment H2023DE1

Authors: Omar and others

Subject: Spoken language health care interpreter registry system

Analyst: Elisabeth Klarqvist

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd/.

Overview

This bill establishes a spoken language health care interpreter registry administered by the commissioner of health.

Section

1 **Definitions.** Adds § 146C.01. Defines terms for the spoken language health care interpreter registry in a new chapter 146C: advisory council, certified interpreter, code of ethics, commissioner, common languages, interpreting standards of practice, registered interpreter, registry, remote interpretation, spoken language health care interpreter or interpreter, and spoken language interpreting services.

2 **Registry.** Adds § 146C.03. Establishes a spoken language health care interpreter registry, and specifies duties of the commissioner of health to maintain the registry.

Subd. 1. Establishment. Paragraph (a) directs the commissioner to establish a registry for spoken language health care interpreters by July 1, 2019, and establishes eligibility requirements for persons to be listed on the registry.

Paragraph (b) requires an individual who chooses to be listed on the registry to submit an application, and lists what the application must include. Also requires registry applicants to submit evidence of meeting the requirements to be a registered interpreter or certified interpreter.

Paragraph (c) specifies what the commissioner must do upon receipt of an application, and requires the commissioner to notify an applicant of action taken on the application and grounds on which the application is denied.

Section

Paragraph (d) provides that if an application is denied, an applicant may reapply for the same category or for the other category.

Paragraph (e) provides that an applicant who qualifies for different categories for different languages is only required to submit one application and one fee.

Paragraph (f) allows the commissioner to request additional information as necessary to determine qualifications, manage the registry, or monitor the field of health care interpreting.

Subd. 2. Registered interpreter requirements. To be listed as a registered interpreter, requires an applicant to pass an examination on medical terminology, interpreter ethics, and standards of practice; and provide proof of successfully completing a medical interpreter training program of at least 40 hours in length.

Subd. 3. Certified interpreter requirements. To be listed as a certified interpreter, requires an applicant to have a national certification in health care interpreting from an organization approved by the commissioner.

Subd. 4. Registry Web site. Requires the commissioner to maintain the registry on the department's Web site, and lists information that must also be included on the Web site.

Subd. 5. Change of name and address. Establishes timelines within which interpreters listed in the registry must notify the commissioner of health of any change in name or contact information, and provides that information sent to the address or email address on file with the commissioner shall be considered as having been received by the interpreter.

Subd. 6. Data. Provides that data on applicants and registrants held by the commissioner is classified under section 13.41.

3 Renewal. Adds § 146C.05. Establishes a process for interpreters to renew their registrations.

Subd. 1. Registry period. Provides that a registry listing is valid for one year, and lists what must be submitted to renew inclusion on the registry.

Subd. 2. Notice. Establishes timelines for the commissioner to send out renewal notices and lists what the renewal notices must include. Requires an application for renewal to be received by the commissioner or postmarked at least 30 days before the date on which the registry listing is set to expire.

Subd. 3. Late fee. Requires payment of a late fee for renewal applications submitted late.

Subd. 4. Lapse in renewal. Requires an interpreter whose registry listing has been expired for one year or more, to submit a new application instead of an application for renewal.

4 Disciplinary actions; oversight of complaints. Adds § 146C.07. Establishes grounds for disciplinary action against interpreters on the registry, and lists disciplinary actions that may be imposed.

Section

Subd. 1. Prohibited conduct. Lists conduct that constitutes grounds for disciplinary or corrective action.

Subd. 2. Complaints. Directs the commissioner to establish procedures for receiving and investigating complaints and imposing disciplinary or corrective action.

Subd. 3. Discovery. Authorizes the commissioner to issue subpoenas and administer oaths or affirmations. Classifies information on individual medical records obtained as part of a disciplinary action, as health data.

Subd. 4. Hearings. Establishes notice and service requirements for hearings, if a commissioner proposes to discipline an interpreter.

Subd. 5. Disciplinary action. Lists disciplinary actions the commissioner may take against an interpreter.

Subd. 6. Reinstatement requirements after disciplinary action. Allows an interpreter who has been temporarily suspended or permanently removed to request reinstatement. Also allows interpreters with limitations or conditions on their practice to request reduction or removal of the limitation or condition.

5 Continuing education. Adds § 146C.09. Establishes requirements for continuing education.

Subd. 1. Course approval. Requires all continuing education courses to be approved by the advisory council. Requires interpreters listed on the registry to complete three hours of continuing education for each one-year registry period.

Subd. 2. Continuing education verification. Requires interpreters to submit a continuing education report as part of their renewal application, to verify satisfaction of the continuing education requirements. Lists what the form must include.

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

6 Spoken language health care interpreter advisory council. Adds § 146C.11. Establishes a spoken language health care interpreter advisory council of 13 members. Lists membership for the advisory council and council duties. Provides that the advisory council is organized and administered under section 15.059.

7 Fees. Adds § 146C.13. Establishes initial and renewal fees for interpreters listed on the registry. Provides that fees are nonrefundable and shall be deposited in the state government special revenue fund.

8 Access to medical services. Amends § 256B.0625, subd. 18a. Provides that beginning July 1, 2020, coverage under medical assistance for spoken language health care interpreter services will only be provided if the interpreter used by the enrolled health care provider is listed on the registry.

9 Initial spoken language health care advisory council meeting. Requires the commissioner of health to convene the first meeting of the advisory council by October 1, 2018.

Section

- 10 Recommendations for the spoken language health care interpreter registry fees; stratified medical assistance reimbursement system for spoken language health care interpreters.**
- Subd. 1. Registry fee recommendations.** Directs the commissioner of health, in consultation with the advisory council, to review the fees and make recommendations on whether the fees are sufficient to recover the costs of the registry. Allows the commissioner to submit any necessary changes to the fees to the legislative committees with jurisdiction over health and human services policy and finance by January 15, 2020.
- Subd. 2. Stratified medical assistance reimbursement system.** Requires the commissioner of human services, in consultation with the advisory council and stakeholder representatives, to study and make recommendations for a stratified reimbursement system for public health care programs for spoken language health care interpreters.
- 11 Appropriations.** Makes blank appropriations to the commissioner of health to administer the registry, provide financial assistance to help interpreters meet testing requirements, and convene a meeting to identify ongoing sources of financial assistance to help interpreters meet training and testing requirements. Makes a blank appropriation to the commissioner of human services to study and submit a proposal for a stratified medical assistance reimbursement system for spoken language health care interpreters.
- 12 Repealer.** Repeals section 144.058, effective July 1, 2020. This section establishes a voluntary statewide roster for spoken language health care interpreters.