A bill for an act

relating to health; requiring the commissioner of health to establish a registry of health care interpreter services; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 144.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[144.058] INTERPRETER SERVICES QUALITY INITIATIVE.**

(a) The commissioner shall establish a statewide roster, registry, and certification process for providers of high quality, spoken language health care interpreter services. The roster, registry, and certification process shall be based on the findings and recommendations set forth by the Interpreter Services Work Group required under Laws 2007, chapter 147, article 12, section 13. By July 1, 2008, the commissioner must do the following:

(1) establish a registry of spoken language health care interpreters, including:

(i) development of standards for registration that set forth educational or training requirements, demonstration of language proficiency and interpreting skills, and agreement to abide by a code of ethics and a criminal background check;

(ii) recommendations for appropriate alternate requirements in languages for which testing and training programs do not exist;

(iii) recommendations for appropriate registration fees; and

(iv) recommendations for establishing and maintaining the standards for inclusion in the registry;

(2) develop a roster of all available interpreters to address access concerns, particularly in rural areas; and

(3) develop a certification process based on national and regional testing and certification processes for spoken language interpreters for a statewide spoken language interpreter certification program to be implemented by January 1, 2012.

(b) The commissioner may convene an advisory group to advise on the standards required to develop an adequate certification process. The advisory group may be made up of one representative from each of the following stakeholder groups:

(1) clinic administrators;

(2) consumers of sign language interpreting;

(3) consumers of spoken language interpreting;

(4) direct health care service providers who use interpreter services in the course of their practice;

(5) health plans;

(6) hospitals;

(7) interpreter training/certification;

(8) interpreting stakeholder group;

(9) local public health and social service agencies;

(10) rural representatives;

(11) sign language interpreters;

(12) spoken language interpreters or service agencies;

(13) state agencies sign and spoken language interpreters;

(14) a representative from the Department of Health; and

(15) a representative from the Department of Human Services.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 2. **APPROPRIATION.**

$..... is appropriated from the health care access fund for fiscal year 2009 to the commissioner of health to establish and implement a registry of spoken language health care interpreter services.