

SENATE

STATE OF MINNESOTA

NINETY-FOURTH SESSION

S.F. No. 2043

(SENATE AUTHORS: WIKLUND, Mann and Boldon)		
DATE	D-PG	OFFICIAL STATUS
03/03/2025	606	Introduction and first reading Referred to Health and Human Services
03/10/2025	680a	Comm report: To pass as amended and re-refer to State and Local Government
03/17/2025	835a	Comm report: To pass as amended and re-refer to Health and Human Services See First Special Session, HF2

1.1

A bill for an act

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relating to health occupations; establishing a spoken language health care interpreter

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work group; requiring reports; appropriating money; proposing coding for new

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law in Minnesota Statutes, chapter 144.

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

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Section 1. [144.0581] SPOKEN LANGUAGE HEALTH CARE INTERPRETER

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WORK GROUP.

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Subdivision 1. Definitions. (a) For the purposes of this section, the following terms have

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the meanings given them.

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(b) "Commissioner" means the commissioner of health.

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(c) "Common languages" means the 15 most frequent languages without regard to dialect

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in Minnesota.

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(d) "Registered interpreter" means a spoken language interpreter who is listed on the

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Department of Health's spoken language health care interpreter roster.

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(e) "Work group" means the spoken language health care interpreter work group

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established in subdivision 2.

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Subd. 2. Composition. The commissioner shall, after receiving work group candidate

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applications, appoint 15 members to the work group consisting of the following members:

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(1) three members who are interpreters listed on the Department of Health's spoken

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language health care interpreter roster and who are Minnesota residents. Of these members:

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(i) each must be an interpreter for a different language; (ii) at least one must have a national

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certification credential; and (iii) at least one must have been listed on the roster as an

interpreter in a language other than the common languages and must have completed a nationally recognized training program for health care interpreters that is, at a minimum, 40 hours in length;

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

(3) one member representing a health plan company;

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

(5) two members representing interpreter agencies, including one member representing agencies whose main office is located outside the seven-county metropolitan area and one member representing agencies whose main office is located within the seven-county metropolitan area;

(6) one member representing the Department of Health;

(7) one member representing the Department of Human Services;

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

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

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

Subd. 3. **Duties.** The work group must compile a list of recommendations to support and improve access to the critical health care interpreting services provided across the state, including but not limited to:

(1) changing requirements for registered and certified interpreters to reflect changing needs of the Minnesota health care community and emerging national standards of training, competency, and testing;

(2) addressing barriers for interpreters to gain access to the roster, including barriers to interpreters of uncommon languages and interpreters in rural areas;

(3) reimbursing spoken language health care interpreting;

(4) identifying gaps in interpreter services in rural areas and recommending ways to address interpreter training and funding needs;

3.1 (5) training, certification, and continuing education programs;

3.2 (6) convening a meeting of public and private sector representatives of the spoken
3.3 language health care interpreters community to identify ongoing sources of financial
3.4 assistance to aid individual interpreters in meeting interpreter training and testing registry
3.5 requirements;

3.6 (7) conducting surveys of people receiving and providing interpreter services to
3.7 understand changing needs and consumer quality care; and

3.8 (8) suggesting changes in requirements and qualifications on telehealth or remote
3.9 interpreting.

3.10 Subd. 4. **Compensation; expense reimbursement.** Compensation shall be offered to
3.11 work group members not being compensated for their participation in work group activities
3.12 as part of their existing job duties. Work group members shall be compensated and
3.13 reimbursed for expenses for work group activities under section 15.059, subdivision 3.

3.14 Subd. 5. **Administrative support; meeting space; meeting facilitation.** The
3.15 commissioner must provide meeting space and administrative support for the work group.
3.16 The commissioner may contract with a neutral independent consultant to provide this
3.17 administrative support and to facilitate and lead the meetings of the work group.

3.18 Subd. 6. **Deadline for appointments.** The commissioner must appoint members to the
3.19 work group by August 15, 2025.

3.20 Subd. 7. **Expiration.** This section expires on November 2, 2026, or upon submission
3.21 of the report required under subdivision 9, whichever is earlier.

3.22 Subd. 8. **Initial spoken language health care interpreter work group meetings.** The
3.23 commissioner shall convene the first meeting of the work group by October 1, 2025. Prior
3.24 to the first meeting, work group members must receive survey results and evidence-based
3.25 research on interpreter services in Minnesota. During the first meetings, work group members
3.26 must receive survey results and consult with subject matter experts, including but not limited
3.27 to signed language interpreting experts, academic experts with knowledge of interpreting
3.28 research, and academic health experts to address specific gaps in spoken language health
3.29 care interpreting. The work group shall provide a minimum of two opportunities for public
3.30 comment. These opportunities shall be announced with at least four weeks' notice, with
3.31 publicity in the five most common languages in Minnesota. Interpreters for those same
3.32 languages shall be provided during the public comment opportunities.

4.1 Subd. 9. **Report.** The commissioner must provide the chairs and ranking minority
4.2 members of the legislative committees with jurisdiction over health care interpreter services
4.3 with recommendations, including draft legislation and any statutory changes needed to
4.4 implement the recommendations, to improve and support access to health care interpreting
4.5 services statewide by November 1, 2026.

4.6 Subd. 10. **Appropriation.** \$..... in fiscal year 2026 is appropriated from the general
4.7 fund to the commissioner of health to establish a request for proposals for the spoken
4.8 language health care interpreter work group established under subdivision 2. This is a
4.9 onetime appropriation and is available until June 30, 2027.