



on Interpreting in Health Care or its successor, or the International Medical Interpreters Association or its successor.

Subd. 8. **Registered interpreter.** "Registered interpreter" means a spoken language health care interpreter who meets the requirements in section 146C.03, subdivision 2.

Subd. 9. **Registry.** "Registry" means a database of spoken language health care interpreters in Minnesota who have met the qualifications described under section 146C.03, subdivision 1, which shall be maintained by the commissioner of health.

Subd. 10. **Remote interpretation.** "Remote interpretation" means spoken language interpreting services provided via a telephone or by video conferencing.

Subd. 11. **Spoken language health care interpreter or interpreter.** "Spoken language health care interpreter" or "interpreter" means an individual who receives compensation or other remuneration for providing spoken language interpreter services for patients with limited English proficiency within a medical setting either by face-to-face interpretation or remote interpretation.

Subd. 12. **Spoken language interpreting services.** "Spoken language interpreting services" means the conversion of one spoken language into another by an interpreter for the purpose of facilitating communication between a patient and a health care provider who do not share a common spoken language.

**Sec. 2. [146C.03] REGISTRY.**

Subdivision 1. **Establishment.** (a) By July 1, 2018, the commissioner of health shall establish and maintain a registry for spoken language health care interpreters. To be eligible for the registry, an applicant must:

(1) be at least 18 years of age; and

(2) affirm by signature, that may include electronic signature, that the applicant has read the code of ethics and the interpreting standards of practice identified on the registry Web site and agrees to abide by them.

(b) An individual who chooses to be listed on the registry must submit an application to the commissioner on a form provided by the commissioner along with the applicable fees required under section 146C.13. The form must include the applicant's name; Social Security number; business address and telephone number, or home address and telephone number if the applicant has a home office; the applicant's employer or the agencies with which the applicant is affiliated; the employer's or agencies' addresses and telephone numbers; and

the languages for which the applicant is available to interpret. If the applicant is seeking to be listed on the registry as a registered interpreter or as a certified interpreter, the applicant must submit with the application evidence of meeting the requirements described in subdivision 2 or 3.

(c) Upon receipt of the application, the commissioner shall determine if the applicant meets the requirements for the selected category of registered or certified interpreter. The commissioner may request further information from the applicant if the information provided is not complete or accurate. The commissioner shall notify the applicant of action taken on the application, and if the application is denied, the grounds for denying the application.

(d) If the commissioner denies an application, the applicant may reapply for the same category or for a different category. If an applicant applies for a different category or reapplies for the same category, the applicant must submit with the new application the applicable fees under section 146C.13.

(e) Applicants who qualify for different categories for different languages shall only be required to complete one application and submit the required application fee.

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

**Subd. 2. Registered interpreter requirements.** To be listed on the registry as a registered interpreter by the commissioner, an applicant must:

(1) pass a written or oral examination in English approved by the commissioner on basic medical terminology, interpreter ethics and standards of practice at an accuracy level established by the commissioner; or

(2) provide proof of successfully completing a training program for medical interpreters approved by the commissioner that is, at a minimum, 40 hours in length.

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

**Subd. 4. Registry Web site.** The commissioner shall maintain the registry on the Department of Health's Web site. The commissioner shall include on the Web site information on resources, including financial assistance, that may be available to interpreters to assist interpreters in meeting registry training and testing requirements.

4.1 Subd. 5. **Change of name and address.** Registered spoken language health care  
4.2 interpreters who change their name, address, or e-mail address must inform the commissioner  
4.3 in writing of the change within 30 days. All notices or other correspondence mailed to the  
4.4 interpreter's address or e-mail address on file with the commissioner shall be considered as  
4.5 having been received by the interpreter.

4.6 Subd. 6. **Data.** Section 13.41 applies to government data of the commissioner on  
4.7 applicants and registered interpreters.

4.8 **Sec. 3. [146C.05] RENEWAL.**

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

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

4.12 (2) a continuing education report on a form provided by the commissioner as specified  
4.13 under section 146C.09; and

4.14 (3) the required fees under section 146C.13.

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

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

4.23 Subd. 3. **Late fee.** A renewal application submitted after the renewal deadline date must  
4.24 include the late fee specified in section 146C.13. Fees for late renewal shall not be prorated.

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

4.28 **Sec. 4. [146C.07] DISCIPLINARY ACTIONS; OVERSIGHT OF COMPLAINTS.**

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

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

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

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

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

5.15 (5) violation or failure to comply with an order issued by the commissioner;

5.16 (6) obtaining money, property, services, or business from a client through the use of  
5.17 undue influence, excessive pressure, harassment, duress, deception, or fraud;

5.18 (7) revocation of the interpreter's national certification as a result of disciplinary action  
5.19 brought by the national certifying body;

5.20 (8) failure to perform services with reasonable judgment, skill, or safety due to the use  
5.21 of alcohol or drugs or other physical or mental impairment;

5.22 (9) engaging in conduct likely to deceive, defraud, or harm the public;

5.23 (10) demonstrating a willful or careless disregard for the health, welfare, or safety of a  
5.24 client;

5.25 (11) failure to cooperate with the commissioner or advisory council in an investigation  
5.26 or to provide information in response to a request from the commissioner or advisory council;

5.27 (12) aiding or abetting another person in violating any provision of this chapter; and

5.28 (13) release or disclosure of a health record in violation of sections 144.291 to 144.298.

5.29 (b) In disciplinary actions alleging a violation of paragraph (a), clause (2), (3), or (4), a  
5.30 copy of the judgment or proceeding under seal of the court administrator, or of the  
5.31 administrative agency that entered the same, is admissible into evidence without further  
5.32 authentication and constitutes prima facie evidence of its contents.

6.1 Subd. 2. **Complaints.** The commissioner may initiate an investigation upon receiving  
6.2 a complaint or other oral or written communication that alleges or implies a violation of  
6.3 subdivision 1. In the receipt, investigation, and hearing of a complaint that alleges or implies  
6.4 a violation of subdivision 1, the commissioner shall follow the procedures in section 214.103.

6.5 Subd. 3. **Disciplinary actions.** If the commissioner finds that an interpreter who is listed  
6.6 on the registry has violated any provision of this chapter, the commissioner may take any  
6.7 one or more of the following actions:

6.8 (1) censure or reprimand the interpreter;

6.9 (2) impose limitations or conditions on the interpreter's practice, or impose rehabilitation  
6.10 requirements to retain status on registry; or

6.11 (3) suspend the interpreter from the registry for a limited period of time or indefinitely  
6.12 remove the interpreter from the registry.

6.13 Subd. 4. **Reinstatement requirements after disciplinary action.** Interpreters who have  
6.14 been temporarily suspended or permanently removed from the registry may request and  
6.15 provide justification for reinstatement. Interpreters who have had limitations or conditions  
6.16 imposed on their practice of interpreting while retaining registry status may request and  
6.17 provide justification for reduction or removal of the limitations or conditions. The  
6.18 requirements of this chapter for registry renewal and any other conditions imposed by the  
6.19 commissioner must be met before the interpreter may be reinstated on the registry.

6.20 **Sec. 5. [146C.09] CONTINUING EDUCATION.**

6.21 Subdivision 1. **Course approval.** The advisory council shall approve continuing  
6.22 education courses and training. A course that has not been approved by the advisory council  
6.23 may be submitted, but may be disapproved by the commissioner. If the course is disapproved,  
6.24 it shall not count toward the continuing education requirement. All registry interpreters  
6.25 must complete three hours of continuing education during each one-year registry period.  
6.26 Contact hours shall be prorated for interpreters who are assigned a registry cycle of less  
6.27 than one year.

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

6.32 (1) the title of the continuing education activity;

- 7.1 (2) a brief description of the activity;
- 7.2 (3) the sponsor, presenter, or author;
- 7.3 (4) the location and attendance dates;
- 7.4 (5) the number of contact hours; and
- 7.5 (6) the interpreter's notarized affirmation that the information is true and correct.

7.6 Subd. 3. **Audit.** The commissioner or advisory council may audit a percentage of the

7.7 continuing education reports based on a random selection.

7.8 Sec. 6. **[146C.11] SPOKEN LANGUAGE HEALTH CARE INTERPRETER**

7.9 **ADVISORY COUNCIL.**

7.10 Subdivision 1. **Establishment.** The commissioner shall appoint 13 members to a Spoken

7.11 Language Health Care Interpreter Advisory Council consisting of the following members:

7.12 (1) three members who are interpreters listed on the roster prior to July 1, 2018, or on

7.13 the registry after July 1, 2018, and who are Minnesota residents. Of these members, each

7.14 must be an interpreter for a different language; at least one must have a national certification

7.15 credential; and at least one must have been listed on the roster prior to July 1, 2018, or on

7.16 the registry after July 1, 2018, as an interpreter in a language other than the common

7.17 languages and must have completed a training program for medical interpreters approved

7.18 by the commissioner that is, at a minimum, 40 hours in length;

7.19 (2) three members representing limited English proficient (LEP) individuals. Of these

7.20 members, two must represent LEP individuals who are proficient in a common language

7.21 and one must represent LEP individuals who are proficient in a language that is not one of

7.22 the common languages;

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

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

7.25 (5) two members representing interpreter agencies, one member representing agencies

7.26 whose main office is located outside the seven-county metropolitan area and one member

7.27 representing agencies whose main office is located within the seven-county metropolitan

7.28 area;

7.29 (6) one member representing an interpreter training program or postsecondary educational

7.30 institution program providing interpreter courses or skills assessment;

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

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

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

Subd. 3. **Duties.** (a) The advisory council shall:

(1) advise the commissioner on the content of the registered interpreter exam and the requisite percentage of correct answers;

(2) advise the commissioner on recommended changes to 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;

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

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

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

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

(7) provide for distribution of information on training and other resources to help interpreters meet registry requirements;

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

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

(10) identify and make recommendations to the commissioner for Web distribution of patient and provider education materials on working with an interpreter and on reporting interpreter behavior as identified in section 146C.07; and

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



(b) As the advisory council carries out its duties, the council shall seek input from health care interpreting stakeholders, from both within and outside the seven-county metropolitan area, as appropriate.

Sec. 7. [146C.13] FEES.

Subdivision 1. Fees. (a) On July 1, 2020, the initial and renewal application fees for interpreters listed on the registry shall be established by the commissioner not to exceed \$90.

(b) On July 1, 2020, the renewal late fee for the registry shall be established by the commissioner not to exceed \$30.

(c) The commissioner shall not charge an applicant for the examinations required under section 146C.03, subdivision 2 or 3, for the registered or certified interpreter categories.

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

Subd. 3. Deposit. Fees received under this chapter shall be deposited in the state government special revenue fund.

Sec. 8. Minnesota Statutes 2016, section 256B.0625, subdivision 18a, is amended to read:

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

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

(c) Regardless of the number of employees that an enrolled health care provider may have, medical assistance covers sign and ~~oral~~ spoken language health care interpreter services when provided by an enrolled health care provider during the course of providing a direct, person-to-person covered health care service to an enrolled recipient with limited English proficiency or who has a hearing loss and uses interpreting services. Coverage for ~~face-to-face oral language~~ spoken language health care interpreter services shall be provided only if the ~~oral language~~ spoken language health care interpreter used by the enrolled health care provider is listed ~~in~~ on the registry or roster established under section 144.058 or the registry established under chapter 146C. Beginning July 1, 2019, coverage for spoken language health care interpreter services shall be provided only if the spoken language health care interpreter used by the enrolled health care provider is listed on the registry established under chapter 146C.

10.1      Sec. 9. **INITIAL SPOKEN LANGUAGE HEALTH CARE ADVISORY COUNCIL**  
10.2 **MEETING.**

10.3      The commissioner of health shall convene the first meeting of the Spoken Language  
10.4 Health Care Advisory Council by October 1, 2017.

10.5      Sec. 10. **SPOKEN LANGUAGE HEALTH CARE INTERPRETER REGISTRY**  
10.6 **FEES.**

10.7      Notwithstanding Minnesota Statutes, section 146C.13, subdivision 1, paragraph (a), the  
10.8 initial and renewal fees for interpreters listed on the spoken language health care registry  
10.9 shall be \$50 between the period of July 1, 2018, through June 30, 2019, and shall be \$70  
10.10 between the period of July 1, 2019, through June 30, 2020. Effective July 1, 2020, the fees  
10.11 shall be according to Minnesota Statutes, section 146C.13.

10.12      Sec. 11. **RECOMMENDATIONS FOR THE SPOKEN LANGUAGE HEALTH**  
10.13 **CARE INTERPRETER REGISTRY FEES; STRATIFIED MEDICAL ASSISTANCE**  
10.14 **REIMBURSEMENT SYSTEM FOR SPOKEN LANGUAGE HEALTH CARE**  
10.15 **INTERPRETERS.**

10.16      Subdivision 1. **Registry fee recommendations.** The commissioner of health, in  
10.17 consultation with the Spoken Language Health Care Interpreter Advisory Council, shall  
10.18 review the fees established under Minnesota Statutes, section 146C.13, and make  
10.19 recommendations on whether the fees are established at an appropriate level, including  
10.20 whether specific fees should be established for each category of the registry instead of one  
10.21 uniform fee. The total fees collected must be sufficient to recover the costs of the spoken  
10.22 language health care registry. If the commissioner recommends different fees for the  
10.23 categories, the commissioner shall submit the proposed fees to the chairs and ranking  
10.24 minority members of the legislative committees with jurisdiction over health and human  
10.25 services policy and finance by January 15, 2019.

10.26      Subd. 2. **Stratified medical assistance reimbursement system.** (a) The commissioner  
10.27 of human services, in consultation with the commissioner of health, the Spoken Language  
10.28 Health Care Interpreter Advisory Council established under Minnesota Statutes, section  
10.29 146C.11, and representatives from the interpreting stakeholder community at large, shall  
10.30 study and make recommendations for creating a stratified reimbursement system for the  
10.31 Minnesota public health care programs for spoken language health care interpreters based  
10.32 on the spoken language health care interpreters registry established by the commissioner  
10.33 of health under Minnesota Statutes, chapter 146C. Any proposed reimbursement rates in a

11.1 stratified reimbursement system for spoken language health care interpreter services, for  
11.2 any category, shall not be less than the current medical assistance reimbursement rates for  
11.3 spoken language health care interpreter services.

11.4 (b) The commissioner of human services shall submit the proposed reimbursement  
11.5 system, including the fiscal costs for the proposed system to the chairs and ranking minority  
11.6 members of the legislative committees with jurisdiction over health and human services  
11.7 policy and finance by January 15, 2018. The commissioner shall not implement a stratified  
11.8 medical assistance reimbursement system without enactment of the system by the legislature.

11.9 **Sec. 12. APPROPRIATIONS.**

11.10 \$..... in fiscal year 2018 and \$..... in fiscal year 2019 are appropriated from the state  
11.11 government special revenue fund to the commissioner of health for the spoken language  
11.12 health care interpreter registry. Of the appropriation in fiscal year 2018, \$..... is for onetime  
11.13 start-up costs for the registry that is available until June 30, 2020.

11.14 \$..... in fiscal year 2018 is appropriated from the state government special revenue fund  
11.15 to the commissioner of human services to study and submit a proposed stratified medical  
11.16 assistance reimbursement system for spoken language health care interpreters.

11.17 \$..... in fiscal year 2018 is appropriated from the state government special revenue fund  
11.18 to the commissioner of health to provide financial assistance to assist interpreters in meeting  
11.19 spoken language health care interpreter registry testing requirements. This appropriation is  
11.20 onetime and is available until June 30, 2019.

11.21 \$..... in fiscal year 2018 is appropriated from the state government special revenue fund  
11.22 to the commissioner of health to convene a meeting of public and private sector  
11.23 representatives of the spoken language health care interpreters community to identify ongoing  
11.24 sources of financial assistance to aid individual interpreters in meeting interpreter training  
11.25 and testing registry requirements. This appropriation is onetime and is available until June  
11.26 30, 2019.

11.27 **Sec. 13. REPEALER.**

11.28 Minnesota Statutes 2016, section 144.058, is repealed effective July 1, 2019.

**144.058 INTERPRETER SERVICES QUALITY INITIATIVE.**

(a) The commissioner of health shall establish a voluntary statewide roster, and develop a plan for a registry and certification process for interpreters who provide 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.

(b) By January 1, 2009, the commissioner shall establish a roster of all available interpreters to address access concerns, particularly in rural areas.

(c) By January 15, 2010, the commissioner shall:

(1) develop a plan for a registry of spoken language health care interpreters, including:

(i) development of standards for registration that set forth educational requirements, training requirements, demonstration of language proficiency and interpreting skills, 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 fees; and

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

(2) develop a plan for implementing a certification process based on national testing and certification processes for spoken language interpreters 12 months after the establishment of a national certification process.

(d) The commissioner shall consult with the Interpreter Stakeholder Group of the Upper Midwest Translators and Interpreters Association for advice on the standards required to plan for the development of a registry and certification process.

(e) The commissioner shall charge an annual fee of \$50 to include an interpreter in the roster. Fee revenue shall be deposited in the state government special revenue fund.