

1.1 A bill for an act

1.2 relating to health; requiring coverage for interpreter services; establishing an
1.3 interpreter services work group; requiring reports; proposing coding for new law
1.4 in Minnesota Statutes, chapter 62Q.

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

1.6 Section 1. **[62Q.40] LANGUAGE INTERPRETER SERVICES.**

1.7 A health plan must cover sign language interpreter services provided to deaf and
1.8 hard-of-hearing enrollees and language interpreter services provided to enrollees with
1.9 limited English proficiency in order to facilitate the provision of health care services by a
1.10 provider or health care facility. For purposes of this section, "provider" has the meaning
1.11 given in section 62J.03, subdivision 8; and "health plan" includes coverage excluded under
1.12 section 62A.011, subdivision 3, clauses (6), (7), (9), and (10). Interpreter services may be
1.13 provided in person, by telephone, or by video conference. The health plan shall reimburse
1.14 either the party providing interpreter services directly for the costs of language interpreter
1.15 services provided to the enrollee or the provider or health care facility arranging for
1.16 the provision of interpreter services. Providers and health care facilities that employ
1.17 interpreters may bill and shall be reimbursed directly by health plan companies for such
1.18 services. Except where health plan companies are already reimbursing a party providing or
1.19 a provider or health care facility arranging for interpreter services, required reimbursement
1.20 by health plan companies for interpreter services shall be phased in over a three-year
1.21 period beginning July 1, 2009, with one-third of the cost reimbursed the first year,
1.22 two-thirds of the cost reimbursed the second year, and full reimbursement the third year. A
1.23 health plan company shall provide to enrollees, upon request, the policies and procedures
1.24 for addressing the needs of deaf and hard-of-hearing enrollees and enrollees with limited

2.1 English proficiency. All entities providing interpreter services must disclose their methods
2.2 for ensuring competency upon request of any health plan company, provider, or consumer.

2.3 **Sec. 2. INTERPRETER SERVICES WORK GROUP.**

2.4 (a) The commissioner of health shall, in consultation with the commissioners of
2.5 commerce, human services, and Minnesota Management and Budget, convene a work
2.6 group to study the provision of interpreter services to patients in medical and dental care
2.7 settings. The work group shall include one representative from each of the following
2.8 groups:

2.9 (1) consumers;

2.10 (2) interpreters;

2.11 (3) interpreter service providers or agencies;

2.12 (4) health plan companies;

2.13 (5) self-insured purchasers;

2.14 (6) hospitals;

2.15 (7) health care providers;

2.16 (8) dental providers;

2.17 (9) clinic administrators;

2.18 (10) state agency staff from the Departments of Health, Human Services, and

2.19 Minnesota Management and Budget;

2.20 (11) local county social services agencies;

2.21 (12) local public health agencies; and

2.22 (13) the interpreting stakeholders group.

2.23 (b) The work group shall develop findings and recommendations on the following:

2.24 (1) assuring access to interpreter services;

2.25 (2) compliance with requirements of federal law and guidance;

2.26 (3) developing a quality assurance program to ensure the quality of health care

2.27 interpreting services, including requirements for training and establishing a certification

2.28 process; and

2.29 (4) identifying broad-based funding mechanisms for interpreter services.

2.30 (c) Based on the discussions of the work group, the commissioner shall submit

2.31 the findings and the recommendations to the chairs of the health policy and finance

2.32 committees in the house of representatives and senate by January 15, 2010.

2.33 **Sec. 3. EFFECTIVE DATE.**

S.F. No. 1693, as introduced - 86th Legislative Session (2009-2010) [09-1649]

3.1 Section 1 is effective July 1, 2009, and applies to plans issued or renewed to
3.2 provide coverage to Minnesota residents on or after that date unless the legislature enacts
3.3 alternative funding sources based on the recommendations of the commissioner.