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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 2007

03/06/2025 Authored by Nadeau, Her, Carroll, Mahamoud and Elkins
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health occupations; establishing a spoken language health care interpreter
1.3 work group; requiring reports; appropriating money; proposing coding for new
1.4 law in Minnesota Statutes, chapter 144.

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

1.6 Section 1. [144.0581] DEFINITIONS.

1.7 Subdivision 1. Applicability. The definitions in this section apply to this chapter.

1.8 Subd. 2. Commissioner. "Commissioner" means the commissioner of health.

1.9 Subd. 3. Common languages. "Common languages" means the 15 most frequent
1.10 languages without regard to dialect in Minnesota.

1.11 Subd. 4. Registered interpreter. "Registered interpreter" means a spoken language
1.12 interpreter who is listed on the Department of Health's spoken language health care interpreter
1.13 roster.

1.14 Subd. 5. Work group. "Work group" means the spoken language health care interpreter
1.15 work group established in section 144.0582.

1.16 Sec. 2. [144.0582] SPOKEN LANGUAGE HEALTH CARE INTERPRETER WORK
1.17 GROUP.

1.18 Subdivision 1. Establishment. The commissioner must contract with a neutral
1.19 independent consultant to establish a process to consult with interpreter service providers
1.20 and agencies who provide spoken language health care interpreting services by convening
1.21 a spoken language health care interpreter work group.

2.1 Subd. 2. **Composition.** The commissioner shall, after receiving work group candidate  
2.2 applications, appoint 15 members to the work group consisting of the following members:

2.3 (1) three members who are interpreters listed on the Department of Health's spoken  
2.4 language health care interpreter roster and who are Minnesota residents. Of these members:

2.5 (i) each must be an interpreter for a different language; (ii) at least one must have a national  
2.6 certification credential; and (iii) at least one must have been listed on the roster as an  
2.7 interpreter in a language other than the common languages and must have completed a  
2.8 nationally recognized training program for health care interpreters that is, at a minimum,  
2.9 40 hours in length;

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

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

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

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

2.20 (6) one member representing the Department of Health;

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

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

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

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

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

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

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

3.3 (3) reimbursing spoken language health care interpreting;

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

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

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

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

3.13 (8) suggesting changes in requirements and qualifications on telehealth or remote  
 3.14 interpreting.

3.15 **Sec. 3. [144.0583] INITIAL SPOKEN LANGUAGE HEALTH CARE INTERPRETER**  
 3.16 **WORK GROUP MEETINGS.**

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

3.28 **Sec. 4. [144.0584] REPORTING.**

3.29 The commissioner must provide the chairs and ranking minority members of the  
 3.30 legislative committees with jurisdiction over health care interpreter services with  
 3.31 recommendations, including draft legislation and any statutory changes needed to implement

4.1 the recommendations, to improve and support access to health care interpreting services  
4.2 statewide by November 1, 2026.

4.3 Sec. 5. **APPROPRIATION.**

4.4 \$..... in fiscal year 2026 is appropriated from the general fund to the commissioner of  
4.5 health to establish a request for proposals for the spoken language health care interpreter  
4.6 work group established under Minnesota Statutes, section 144.0582. This is a onetime  
4.7 appropriation and is available until June 30, 2027.