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State of Minnesota
HOUSE OF REPRESENTATIVES

**EIGHTY-FIFTH
SESSION**

HOUSE FILE No. 1077

February 19, 2007

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The bill was read for the first time and referred to the Committee on Health and Human Services

1.1 A bill for an act
1.2 relating to health; requiring coverage for interpreter services for health plan
1.3 and medical assistance enrollees; amending Minnesota Statutes 2006, section
1.4 256B.0625, subdivision 18a; proposing coding for new law in Minnesota
1.5 Statutes, chapter 62Q.

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

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

1.8 (a) A health plan must cover sign language interpreter services provided to deaf and
1.9 hard-of-hearing enrollees and language interpreter services provided to enrollees with
1.10 limited English proficiency in order to facilitate the provision of health care services by a
1.11 provider or health care facility. For purposes of this section, "provider" has the meaning
1.12 given in section 62J.03, subdivision 8; and "health plan" includes coverage excluded
1.13 under 62A.011, subdivision 3, clauses (7), (9), and (10). Interpreter services may be
1.14 provided in person, by telephone, or by video conference. The health plan shall reimburse
1.15 either the party providing interpreter services directly for the costs of language interpreter
1.16 services provided to the enrollee or the provider or health care facility arranging for
1.17 the provision of interpreter services. Providers and health care facilities that employ
1.18 or contract with interpreters may bill and shall be reimbursed directly by health plan
1.19 companies for such services. Except where health plan companies are already reimbursing
1.20 a party providing or a provider or health care facility arranging for interpreter services,
1.21 required reimbursement by health plan companies for interpreter services shall be phased
1.22 in over a three-year period with a third of the cost reimbursed the first year, two-thirds
1.23 of the cost reimbursed the second year, and full reimbursement the third year. A health
1.24 plan company shall provide to enrollees, upon request, the policies and procedures for
1.25 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 (b) The commissioner of human services shall adopt the National Standards of
 2.4 Practice for Interpreters in Health Care and establish a registry of interpreters that lists
 2.5 interpreters meeting these standards. The registry shall require verification that the
 2.6 standards have been met through evidence of:

2.7 (1) proficiency in English and another working language, both oral and written,
 2.8 and signing as applicable;

2.9 (2) professional ethics;

2.10 (3) basic interpreting competencies; and

2.11 (4) knowledge of medical terminology.

2.12 (c) The registry shall be established by September 1, 2008.

2.13 Sec. 2. Minnesota Statutes 2006, section 256B.0625, subdivision 18a, is amended to
 2.14 read:

2.15 Subd. 18a. **Access to medical services.** (a) Medical assistance reimbursement for
 2.16 meals for persons traveling to receive medical care may not exceed \$5.50 for breakfast,
 2.17 \$6.50 for lunch, or \$8 for dinner.

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

2.20 (c) Medical assistance direct mileage reimbursement to the eligible person or the
 2.21 eligible person's driver may not exceed 20 cents per mile.

2.22 (d) Medical assistance covers oral language interpreter services when provided by
 2.23 an enrolled health care provider ~~during the course of providing a direct, person-to-person~~
 2.24 ~~covered health care service to an enrolled recipient~~ that assists an enrollee with limited
 2.25 English proficiency in obtaining covered health care services.

2.26 Sec. 3. **EFFECTIVE DATE.**

2.27 Section 1 is effective August 1, 2007, and applies to plans issued or renewed to
 2.28 provide coverage to Minnesota residents on or after that date. Section 2 is effective
 2.29 August 1, 2007.