

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 employee relations, convene a work group to study the
2.6 provision of interpreter services to patients in medical and dental care settings. The work
2.7 group shall include one representative from each of the following groups:

2.8 (1) consumers;

2.9 (2) interpreters;

2.10 (3) interpreter service providers or agencies;

2.11 (4) health plan companies;

2.12 (5) self-insured purchasers;

2.13 (6) hospitals;

2.14 (7) health care providers;

2.15 (8) dental providers;

2.16 (9) clinic administrators;

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

2.19 (11) local county social services agencies;

2.20 (12) local public health agencies; and

2.21 (13) the interpreting stakeholders group.

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

2.23 (1) assuring access to interpreter services;

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

2.25 (3) developing a quality assurance program to ensure the quality of health care
2.26 interpreting services, including requirements for training and establishing a certification
2.27 process; and

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

2.29 (c) Based on the discussions of the work group, the commissioner shall submit
2.30 the findings and the recommendations to the chairs of the health policy and finance
2.31 committees in the house and senate by January 15, 2008.

2.32 **Sec. 3. EFFECTIVE DATE.**

2.33 Section 1 is effective July 1, 2008, and applies to plans issued or renewed to
2.34 provide coverage to Minnesota residents on or after that date unless the legislature enacts

- 3.1 alternative funding sources based on the recommendations of the commissioner. Section 2
- 3.2 is effective the day following final enactment.