



# Spoken Language Health Care Interpreter Work Group

# Agenda

1:00 - 1:05	Welcome and Housekeeping
1:05- 1:15	Meeting Recap and Project Plan
1:15 - 1:40	Member Discussion
1:40 – 2:20	Vote on Recommendations
2:20 - 2:30	Future Meeting Topic Prep, Next Steps and Closing

# Respectful Meeting Guidelines

- When speaking, re-introduce yourself (and member role).
- Speak slowly so everyone can clearly understand what you share.
- Stay present giving your full attention to this discussion; let us know via chat if you need to leave the discussion and when you are back.
- Stay focused on the agenda item being discussed (jot out notes for reference later).
- Share your main thoughts/key points early when speaking.
- All members have the right to share their ideas and all ideas are valuable.
- Be respectful of other participants - including privacy (avoid sharing private details).

# Respectful Meeting Guidelines (continued)

- Listen to other members with an open mind.
- Assume positive intent – embracing a mindset that will lead to something good.
- Focus on the issue, not the person giving input.
- Advocate for all, not individual situations - stories are shared to inform the recommendations.
- Summarize what you heard to ensure understanding before reacting to another's comment.
- Be mindful of the distracting nature of chat messages to both presenters and other members.
- Time has been allotted throughout the meeting for questions and discussion.

# Members of the Public

- Invited to listen.
- Submit comments to [SLHCIWG.MDH@state.mn.us](mailto:SLHCIWG.MDH@state.mn.us).

# Meeting Recap

- Updated recommendations from the previous meeting were reviewed; decision was made that 50%-member agreement indicates recommendation passes.
- Jill Freudenwald, MDH Policy Specialist, presented to the group on the legislative process to help the workgroup determine what will make the recommendations most appealing to legislators.
- Members discussed aspects of recommendations regarding requirements for registered and certified interpreters including.
  - Defining “certification” as one step to determine minimal qualifications needed.
  - Certification, state and national training available.
  - Existing tests being insufficient to assess language proficiency and medical familiarity.
  - Need for consistency across in-person and remote interpretation.

# Work Group Timeline

Date and Tasks	Oct 30 Nov 13*	Nov 25* Dec 9	Dec 18* Jan 13	Jan 29* Feb 10	Feb 26 March 10	March 26 April 14	April 30 May 12	May 28 June 9
Consumer and Provider Survey	X							
Changing Needs/Emerging Standards		X						
Training and Certification			X					
Changes in Telehealth Requirements				X				
Reimbursements					X			
Barriers to Accessing Roster						X		
Rural Gaps							X	
Design Financial Assistance Meeting								X

Recurrence: 2nd Tuesday and last Thursday of the month

\* indicates off-cycle meeting

# Meeting Structure

- **Meeting 1** = discussion of research/resources on the topic(s), SME presentations, taking in information on the topic(s).
- Deadline to submit proposed recommendations is the **Thursday before topic meeting 2.**
- **Meeting 2** = presentation of proposed recommendations, discussion and consensus from members.
- **Work Group Goal** = The goal of the work group is to recommend improvements to support access to health care interpreting services statewide.

# Review of Draft Recommendations (1/3)

1. Differentiate interpreters on Roster by verified qualifications and certification status.
2. Require documentation verification for qualified and certified status.
3. Require continuing education documentation for qualified interpreters.
4. Record certification and continuing education status for certified interpreters without adding additional state-level requirements.
5. Recognize national pathways for interpreters in languages of lesser diffusion.
6. Ensure compatibility with Medicaid and health plan reimbursement processes.
7. Implement enhancements in phases.
8. Promote interpreter standards that support patient safety, health equity, and quality of care.
9. Balance verification requirements with usability and accessibility.
10. Provide communication, outreach, and technical assistance.

# Review of Draft Recommendations (2/3)

1. Develop a state spoken language health care interpreter's registry program.
2. Registry program components.
3. Create an advisory council or board to administer the registry program.

# Review of Draft Recommendations (3/3)

1. Minnesota should continue to build upon and strengthen its own interpreter registration and certification system rather than adopting the Washington or Oregon models.

# Presentation of Perspectives and Considerations

- Members

Topic (from statute): Changing 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.

Pros

Cons

# Gradients of Agreement

1. Full endorsement – fully approve.
2. Support with minor reservations – I can live with it.
3. Don't fully like but will support – don't want to hold up the work of the group.
4. Major reservations – serious contention; can't count on me for support.

# Future Meeting Prep/Next Steps

- Next meeting will be Meeting #1 on the topic – training, certification, and continuing education programs.
- Consult with the community you represent, subject matter experts and resources in shared folder on topic(s).
- Please submit resources and SME suggestions for this and other future topics to the shared folder and/or [SLHCIWG.MDH@state.mn.us](mailto:SLHCIWG.MDH@state.mn.us) (copy Rick).
- Next meeting: Thursday, December 18, 2:00 – 3:30.
- Submit Expense Forms to the SLHCIWG email address **for this meeting.**

# Thank You!

**SLWG Email:**

**[SLHCIWG.MDH@state.mn.us](mailto:SLHCIWG.MDH@state.mn.us)**