

Spoken Language Healthcare Interpreter Work Group

DATE: DECEMBER 09, 2025

MINUTES PREPARED BY: LEA BITTNER

LOCATION: VIA WEBEX

Attendance

- Daniel Monari – member
- Talee Vange – member
- Jama Dahir – member
- Mohammed Anwar - member
- Jose Tori Maguina - member
- Jia Vang – MDH
- Lailee Tung – member
- Jill Freudenwald – MDH
- Maikhou Vang - member
- Lea Bittner – Alliant Consulting
- Marc Sony Cadet - member
- Kelly Deering – Alliant Consulting
- Marisa Rueda – member
- Jessie Schuppe – Alliant Consulting
- Michele Reither – member
- Soo Lauby – community member
- Munna Yasiri – member
- Chelsey Olson – community member
- Rachel Herring – member
- Dan Endreson - community member
- Rick Michals – member

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

Information Presented

Recap from last meeting:

- Updated recommendations from the previous meeting were reviewed; decision was made so 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.

Work Group Recommendations Discussion

High-level recommendations were presented. Members gave feedback.

- Member suggests using “remote interpreting”, not “translation,” page 7.
- The next topic (training and certification) overlaps with the current topic; recommendation to combine these recommendations with the next topic.
- Member suggests statutory recommendation #6 (Medicaid and health plan reimbursement) may also take time to finalize.
- Member via chat suggests including "verification of minimum medical terminology" or some specific standard on qualified medical interpreters.

Recommendation Discussion:

- 1) Differentiate interpreters on Roster by verified qualifications and certification status.
 - a. National Certificate will cover a lot of this: Code of Ethics, establishing English Language proficiency; should not need to retest for these skills for the MN registry program; training programs listed under 1.1.4 should be reviewed.
 - b. Suggestion to re-write point 4 to say if there is no certification, they must do 40 hours, plus 1.1.5 and 1.1.6; also, under 1.1.6.2 there are languages where there isn't a test then if there isn't a 1.1.4.1 or 1.1.6.4.2 or 1.1.6.4.2.
 - c. This document is very broad; perhaps start with minimum qualifications, then demonstrate that they speak a second language 1.1.6; Code of ethics they must have but not sure it needs to be in there; medical terminology minimums are established by CCHI/NBCMI, and a lot of the 40 hour curriculum covers basic medical terminology.
 - d. State exam suggestions would require resources to implement; there are other areas where exams are required for licensure so it wouldn't be unheard of to have a dual requirement but would not be efficient.
 - e. Suggest considering a tiered system; interpreting is complex due to languages and community differences; suggest differentiating between certification and qualification; if you are certified you have already passed the 40 hours, so being certified is beyond a minimum.
 - f. Previous bills submitted had 4 tiers and pay associated with each.
 - g. CCHI did an extensive survey and they have tiers regarding rare languages; suggest we look at adopting the CCHI tiers; on #6 “Must demonstrate oral language proficiency....” uses obsolete language and should be updated.

- h. Suggestion to include "verification of minimum medical terminology" or some specific standard on qualified medical interpreters.
- i. There are exams and tests based on the tier of language commonality; we could adopt this in MN. need to verify that #6 - 1 is current.
- j. remove "minimum" and keep just 'qualifications' then rename #6 to Certifications.
- k. Can we just review the last legislative proposal rather than recreating language?
- l. The 2019 legislature that was submitted didn't pass so it may need a fresh start.

Member Discussion on a Shift of Process

- Suggestion to run through the recommendations for general approval then have subgroups work on specific edits.
- Suggestion to have 2-3 (meeting 1's) then polish some recommendations that cover the overlapping topics. Member offered to edit but cannot commit to drafting the language.
- This topic is the most substantial one and touches on many other topics; we do need to keep an eye on all our topics and not stray off; we might not have final regulatory language but we can make recommendations to explore them more so we can just focus on actionable recommendations and not get too bogged down with the details in the meetings; especially given our next meeting is next week.
- Some members volunteered to be part of a smaller work group to act in parallel and to report back in subsequent meetings.
- Previous studies and recommendations are good reference materials but were not adopted so we want to make sure we're making recommendations that have the chance of being adopted.
- Lea: recommendations to proceed 3 different ways (general approval vote, subgroup to work on edits and one vote for approval of all recommendations).
- Suggestion that members don't need to vote for content but rather something a small group can deal with; wants to go faster next time and not take time with the things members already agree on [how would we know what that is?] and only focus on the points needing discussion.
- Reminder it took 2 years to put the 2019 bill together and the previous submission took 5 years to prepare.
- Lea reiterates what the proposal on the table is to take all recommendations and move them forward to a subgroup that will look at previously submitted language and this current language and create something to bring back to the larger group over the next two meetings [Mohammad, Rachel (after 12/16), Marisa, Maikhou, Michele and Jose].
- Proposal to the group: have a subgroup to review previously submitted – and current- language, make refinements and report back to the work group.

- A Slido poll was conducted: 73% fully approved of the proposed next step, remainder were in support with minor reservations; no one disagreed. Passed to go to sub workgroup.

Member Closing Comments:

- Member can create a shared word document outside of the state Team's account.
- Subgroup will meet to make revision progress and re-present to members at future meetings.
- Lea acknowledges some members haven't been heard from; some members aren't saying anything because they know this topic has been worked on by others.
- Members would like to understand why previous submissions didn't pass; and to understand what to include this time to make the recommendations successful.
- Member said the bills were killed 3 times in the past due to people involved in the bill saying their opinions weren't being respected and other groups that were not feeling heard but were at the table and voiced those opinions.

SME Suggestions for Next Topic

Suggestion that Anjuli Cameron or Rosa Tock could be guest speakers regarding previous bills.

Final Recommendations Agreement

This will happen at the next meeting.

Next Steps

- Rick will email the members who volunteered to form a subgroup.
- Subgroup will meet prior to the next meeting and will present the updates made to the details of the recommendations.

Reminders

- Work group members are requested to share topic information or suggested subject matter experts (SMEs) to speak to the group on the designated topics ASAP via email box: SLHCIWG.MDH@state.mn.us so that they can be scheduled to address the Work Group.
- Members are expected to RSVP to the meeting invites and notify the SLHCIWG email box for any meeting which will be missed. Members can send a delegate in their absence. Contact MDH asap if you cannot fulfill your member responsibilities.
- Members must refer to the meeting summary prior to engaging in subsequent conversations to ensure timeliness of effort.
- Members must submit Expense Forms after each meeting.

SPOKEN LANGUAGE HEALTHCARE INTERPRETER WORK GROUP

Minnesota Department of Health
Spoken Language Health Care Interpreter Roster
PO Box 64900
St. Paul, MN 55164-0900
651-201-4200
health.hci@state.mn.us
www.health.state.mn.us

05/06/2026

To obtain this information in a different format, call: 651-201-4200.