

Spoken Language Healthcare Interpreter Work Group

DATE: DECEMBER 18, 2025

MINUTES PREPARED BY: LEA BITTNER

LOCATION: VIA WEBEX

Attendance

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

Agenda

- 2:00 - 2:05 Welcome and Housekeeping
- 2:05- 2:15 Meeting Recap and Project Plan
- 2:15 - 2:40 Sub Work Group Presentation
- 2:40 – 3:20 Member Discussion
- 3:20 - 3:30 Future Meeting Topic Prep, Next Steps and Closing

Recap from Last Meeting

- Members had an engaged discussion around one of the many aspects of the proposed recommendations regarding certification.
- Members determined it would be helpful to consider all recommendations in line with the next topic on the work plan (training and certification) as they are closely related.

- Members voted in favor of moving all draft recommendations to a subgroup of members who would refine and redraft the recommendations considering previous similar bill submissions.

A Form to Standardize the Recommendations Process

- Rick presented a form that captures member-proposed recommendations, including a brief description, sub-points and information in support of the recommendation. It references previously submitted language where available and helpful. The goal is to make proposed recommendations clear, standardized in format and help facilitate the Work Group's discussion.
- Members received the form positively and were in support of its use.

Sub Workgroup Presentation

- The member-formed sub workgroup shared a document they created of a draft of combined recommendations. Three proposals were combined. Also included were purpose, legislative intent, proposed health care interpreter registry structure, and categories of interpreters.
- The group identified and suggested 4 tiers of interpreters, from entry level and building from there; each one having requirements of the level below (e.g. tier 3 has the requirements of tier 1 and 2).
- The document was reviewed by all members in its entirety, then discussed.
- Members expressed concern regarding the barriers this may represent for interpreters, as many are immigrants; a rare language interpreter may see 3 patients a month and this proposal demands continuing education credits and additional documentation. These restrictions risk the proposal from not passing in legislature, like previous attempts.
- Member stated the 1-3 hour class and quiz don't seem necessary. Suggests interpreters should have a choice as to the tiers they want to be at in this proposed registry structure.
- Member says it's unreasonable to take the 40-hour training to provide knowledge and understanding beyond the bare minimum.
- Member suggests removing some of the proposed tier 1 requirements. Thinking is current rostered interpreters would transition into whatever is decided for tier 1 in the new registry. The concept of a tiered registry exists in other states. There's benefits to this proposed structure and we know it could be implemented, based on other states. Members wonder if this would be difficult for legislators to sufficiently comprehend. The phased implementation may need further explanation for legislators.
- Suggestion for entry level to acknowledge healthcare interpreter ethics and provide a link to the national standards document (NCIHC).
- Discussion about wanting interpreters to be encouraged to advance in the tiers.

- Members discussed weighing access to services and viability, rare language groups and the meaning of equal access. This proposed structure presents an opportunity to educate people about the skill and value of health care interpreters.
- If all interpreters could take at least 40 hours of training for tier 2, it would provide a solid educational base for interpreters. Some employers test interpreters for language proficiency.
- Members want to ensure tiers are well-defined tiers and that MDH recommend what each tier is used for; also need to determine MDH's role and procedure if an interpreter should be excluded from the "roster" or proposed registry.
- Member suggests requiring spoken language validation to avoid potentially dangerous mistakes. There are many online interpreters from other countries who don't speak English and are not familiar with terms used in Minnesota. Currently, there are over 5,000 people on Minnesota's roster with no testing requirement.
- There are many professions, like cosmetology, which require a license to cut hair. Member suggests new registry tier 2 should be the standard, with tier 1 as a backup. This structure exists in the court system as well.
- It is the NCIHC (national council) code/standards that the roster refers to.
- Discussion of who pays for the language proficiency test, which may be a barrier for the interpreters that are so badly needed.
- Question about whether the Certification Commission for Healthcare Interpreters (CCHI) specified language tiers could be used for the new registry structure. The CCHI tiers are not the same as interpreting and pay tiers.
- Also, a suggestion that higher tier interpreters should get paid more for their service.
- Recommendation that all interpreters pass a background check as a baseline and acknowledgement this may also incur a cost. Question about background checks being required only for Minnesota residents or for anyone interpreting in Minnesota.
- Question about financial assistance or grants being made available to interpreters.
- Rick (representing MDH) says grants are not common with licensees. Any proposal would need to specify parameters on where the money would come from and how it would be distributed.
- Suggestion that roster funds could fund scholarships.
- Rick explains that background studies are done through DHS with a fingerprint. Part of the application fee goes toward the background study and part go to DHS toward operating costs. They are not generally available to go to a scholarship fund.
- It may be possible to collaborate with the UMSA local MN chapter on scholarships.

Next Steps

- The draft proposal will be shared with all members, and the sub workgroup can meet again after the holidays to review and make edits based on these and the Sub Workgroup's discussion.
- **Recommendations** for training, certification and interpretation standards **are due by Thursday, January 8** for distribution to members prior to the next meeting.
- **Next meeting is Thursday, January 13.**

Reminders

- Work group members were requested to share topic information or suggested subject matter experts (SMEs) to speak to the group on the designated topics ASAP via the new 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 are expected to refer to the meeting summary of any missed meetings prior to engaging in any subsequent conversation to ensure efficiency.
- Members were asked to submit Expense Forms for meeting participation directly following each meeting if they are not being compensated through their work organizations.

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05/06/2026

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