

Spoken Language Healthcare Interpreter Work Group

DATE: JANUARY 13, 2026

MINUTES PREPARED BY: LEA BITTNER

LOCATION: VIA WEBEX

Attendance

- Daniel Monari – member
- Rick Michals – member
- Jama Dahir – member
- Rosemond Owens - 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
- Dan Endreson - community member
- Rachel Herring – member

Agenda

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

Meeting Recap

A recap of the last meeting was provided; the subgroup’s revised recommendations were discussed in detail and members were able to vote on them. A separate recommendation was tabled for a later meeting review due to falling under a different statutory topic.

Work Group Recommendation Discussion

Draft two of the subgroup’s recommendations containing minor revisions was reviewed.

Lea displayed the recommendations, and guided conversation on final edits and suggestions by work group members.

- **Point 1) Purpose and Legislative Intent:**
 - Discussion around use of ‘members’ versus ‘patients’.
 - Member agreed it’s okay to say patient safety; okay to stay with patient.
 - Member stated we need to define members if that’s considered.
 - Member feels it would be too cumbersome; leave as-is.
 - Another member stated that terms can be defined in the recommendations.
- **Point 2) Registry Structure:**
 - No comments
- **Point 3) Categories of Interpretation:**
 - (d) Tier I (The name of this tier is to be determined):
 - Discussed whether use of term ‘registry’ indicated similarities to ‘licensure’. Registration has fewer requirements; a license would be more requirements.
 - Sign language has a registry; suggestion to keep the language that interpreters know.
 - Add language after ‘MDH established/approved courses’.
 - Member in chat: I really like that, maybe MDH approved courses is better since there are so many to pick from without reinventing the wheel.
 - Member in chat: yes, most licensed professions in Minnesota require exams, often national standardized tests plus state-specific jurisprudence or ethics exams, alongside education and experience, with requirements varying by field like law, healthcare, or skilled trades (electrician, boiler engineer) needing specific tests like ethics or practical skills assessments.
 - (c) Tier 2 (Qualified Interpreter):
 - Discussion as to whether continuing education credits (CECs) should be required at this level or recommended as optional to encourage more interpreters to join the registry.
 - (b) Tier 3 (Certified Interpreter):
 - Requires a national certification for this level and the CECs.
 - Member mentions CECs would be those required of the nationally certifying bodies.
 - Member states credentials are strongly encouraged by the Certification Commission for Healthcare Interpreters (CCHI).
 - (a) Tier IV (Advanced Training):

- Suggestion to list tiers in order from 1-4 versus 4-1 as is currently.
- **Point 6) Verification requirements:**
 - Member asks: how are we determining language proficiency? Keeping in mind rare languages.
 - Member expressed the term “self-attestation” was used; a weak spot intentionally.
 - Member commented that the national exam is performed in English; recommendations for how to provide language proficiency (CCHI does this); do we have the option of proof of proficiency? See [CCHI Language Tiers for Establishing Language Proficiency \(https://cchicertification.org/language-tiers/\)](https://cchicertification.org/language-tiers/).
 - Member expresses that self-attestation could be a problem; have a way to prevent people who aren’t proficient from being in a tier/registry.
 - There’s a complaint and oversight process (that can ensure this).
 - Member in chat: If a language other than English is a language from Tier 2 or 3: Evidence of at least two (2) of the following will meet the proficiency requirements:
 - An attestation from an employer that meets CCHI’s parameters (for more information, see Employer Categories from Which CCHI Accepts Attestations about Language Proficiency in a language other than English).
 - An attestation from a community organization that meets CCHI’s parameters.
 - A passing score on the Stamp WS test (only for Tier 2-3 languages; this test is NOT accepted for Tier 1 languages).
 - A college transcript confirming passing a course of Interpreting/Translation in a language other than English.
 - Documentation confirming passing a language course in a language other than English where components of the course included a language immersion or living abroad in the country where the language is spoken (e.g., language courses by Peace Corps, Foreign Service).
 - Documentation confirming passing a non-concordant evaluation interview conducted by a trained evaluator.
 - Refugee status documentation. OR evidence of successfully passing a language proficiency or interpreting skills test in a language other than English from testing organization approved by CCHI (see Testing Vendors of the Language Proficiency (LP) Tests). In this instance, only one document is needed to meet the requirement. The minimum accepted levels are Advanced-Mid on the ACTFL scale and 2+ on the ILR scale (or an equivalent to these levels established for other tests).
 - Continuing Education:

- One member is concerned with the education requirements; may be too much of a requirement and may deter interpreters.
- Entry level would not be required to complete CECs.
- **Phased Implementation:**
 - A member questioned the term 'employees' in the language; most interpreters are contractors; this is specific to medical interpreters.
 - Agreed to use of 'medical interpreter'.
 - Member suggest using 'state contractor' or 'employee'
 - Member suggests using 'health care interpreter'
 - Member in chat: use 'medical interpreters providing services'
 - Ensure interpreters in any setting are in the registry (medical or other)
 - Discussion around experience being optional, a member commented: medical interpreters need some experience in medical industry; essential for interpreters to receive education to do this work; sending the wrong message if we say education is optional
 - A member highlighted the 40 hours of training is required; only 4 hours of CECs is being asked for which isn't much
 - Member: we need to think of access and for everyone to be certified; concerned people won't do it; needs promotion
 - Member shared that it may or may not be a requirement depending on what the legislature determines.
- **Point 7) Interpreter Advancement and Support:**
 - A member suggests it be softened to sound less like a grant program.
 - [MDH Wells Programs Continuing Education Programs \(https://www.health.state.mn.us/communities/environment/water/wells/lwcinfo/training.html\)](https://www.health.state.mn.us/communities/environment/water/wells/lwcinfo/training.html)
- **Point 8) Advisory Council:**
 - If the legislature were to move forward, MDH is very familiar with advisory councils and could recommend a structure for this.
 - Points 7 and 8; interpreters likely coming from a place of limited resources; explore additional [financial] resources. Suggestion to have the advisory council consider the support.
- **Point 9) Complaint and Oversight Process:**
 - No comments.
- **Point 10) Funding Considerations:**

- Member states that a fiscal note could be created; maybe fee structures for the tiers to estimate costs.
- Member asked: is there a mechanism to reset fees/monies not used in a year rather than go back to general fund?
- Member commented there could be an audit.

A member shared that certified interpreters already have continuing education requirements.

- Suggestion to leave it for the legislature.

A Slido poll was administered to vote on the subgroup recommendations, resulting in:

Poll Option	Count	Results
Full endorsement – fully approve	3	38%
Support with minor reservations – I can live with it	4	50%
Don't fully like but will support – don't want to hold up the work of the group	0	0%
Major reservations – serious contention; can't count on me for support	1	13%

Next Steps

- Re: funding for education, MDH said a calculation would be done based on the legislative proposal; will ask the budget group to do an “audit” on the current situation.
- The next meeting will be January 29th from 2:00 – 3:30.

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 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 prior to engaging in any subsequent conversation to ensure timeliness of effort.
- Members are asked to submit Expense Forms for meeting participation if they are not compensated through their work organizations.

SPOKEN LANGUAGE HEALTHCARE INTERPRETER WORK GROUP

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05/06/2026

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