

Spoken Language Healthcare Interpreter Work Group

DATE: JANUARY 13, 2026

MINUTES PREPARED BY: LEA BITTNER

LOCATION: VIA WEBEX

Attendance

- Jama Dahir – member
- Jose Tori Maguina – member
- Katie Freeman - member
- Lailee Tung – 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

Agenda

2:00 - 2:05 - Welcome and Housekeeping

2:05- 2:15 - Meeting Recap and Project Plan

2:15 - 2:40 - Guest Speaker (Time reserved, but there is not a speaker available for this meeting.)

2:40 – 3:20 - Member Discussion

3:20 - 3:30 - Future Meeting Topic Prep, Next Steps and Closing

Meeting Recap

- Revised recommendations submitted by a member subgroup were discussed in detail and members were able to vote on them. Eleven recommendations were reviewed and voted on as one unit. Poll results (including two members who left the meeting early and responded to the poll via email) = 27% full support, 64% support with minor reservations, 9% unable to support.
- All members are encouraged to express any opinions/suggestions/ideas during the meetings to avoid major dissention or inability to support resulting from votes.
- A separate recommendation was tabled for a later meeting review due to falling under a different statutory topic.

Work Group Early Recommendations Discussion

Changes in requirements and qualifications on telehealth or remote interpreting. What opinions, thoughts or questions do you want to raise?

- Not all telehealth interpreters are in the USA; they suggest all be on the interpreter registry and US based.
- There are different modalities for telehealth like on-demand; it might be difficult if people call-in, languages that are rare in MN might need to leverage an interpreter from outside of MN/USA.
- Interpreters for telehealth should match the registry requirements for interpreters; they should be registered; wants to keep level of qualifications the same.
 - MDH: something to look at; could be tricky if out of state; wants to understand more about out of US interpreters.
- Some non-USA interpreters on telehealth don't have exposure to healthcare in USA; lack the knowledge that would be required in the registry.
- Agrees with having consistency with interpreter competence; agencies have the right to state they want USA-based interpreters; rarer languages could be hard to find; many interpreters work for multiple agencies; some go in person. Agrees all interpreters should all have the same competencies/requirements. The modality should change qualifications.
- If interpreters have the same level of competence, they should be paid equal pay rates.
- Non-US and US-based training for interpreter skills represent two different buckets of training. Agency interpreters going to multiple appointments need a higher rate for driving (e.g. rural); telehealth interpreters can build a high volume of appointments in a day.
- Then we should pay for the travel time to get to and from appointments as that takes interpreter time as well.
- Telehealth interpreters should have the same qualifications as in-person interpreters; somehow indicate with the healthcare system that have equal qualifications.
- Consider recommendations to support the occupational health for telehealth providers (e.g. audio-visual quality, loud typing – auditory considerations); sometimes the interpreters are in call centers; are the companies taking care of occupational health of the interpreters?
 - Occupational health standards that exist for interpreters. See [ISO Interpreting Services - Community Interpreting - Requirements and recommendations \(https://www.iso.org/standard/82387.html\)](https://www.iso.org/standard/82387.html)
- MDH would license the interpreters to provide the services; not sure it's in the MDH jurisdiction to require occupational health requirements; how it would be enforceable?
- You could put occupational recommendations online to provide to agencies who hire interpreters; are there any different skills to consider between in-person versus remote?

- There are a lot of technical issues for telehealth interpreters; they may know how to do well in-person but may have tech issues; consider training for working remotely.
- Should we make recommendations around standardized equipment for people who are remote?
- How do we make sure contract interpreters who are remote are able to do their work within labor laws (similar to the state of MN)?; need to ensure privacy so no one hears private conversations (HIPAA), have internet access...
- Interpreters get guidance from the companies they work for; the agency and hospital; the interpreter and the hospital are the ones who interact, the agency has the responsibility to ensure the right equipment is available, getting breaks, etc.
- We don't get training on how to do telehealth well, volume control, etc. It would be great to have strong recommendations to people in healthcare to be sure there aren't issues (e.g. hearing, etc.); some of the systems like Martii is loud; could risk patient confidentiality.
- There are service level agreements or best practices health plans can include in their contracts which currently don't exist so general guidelines or best practices can be helpful as a general concept.
- [DLI Employee Rights FAQs \(https://www.dli.mn.gov/business/employment-practices/employee-rights-faqs\)](https://www.dli.mn.gov/business/employment-practices/employee-rights-faqs) - labor laws in case they are applicable to working in the state of MN or just certain types of workers.
- Could we create pamphlets or educational session for health care workers to be educated on the best practices for interpretation technical support.
- If remote interpreters have the same qualifications, they are required to do a background check; non US-based interpreters couldn't qualify based on that factor.
- It may be difficult to implement the same qualifications for remote interpreters, especially for rare languages.
- Consider having a statement that the agencies need to require the MN interpreters to have the qualifications required.
- If an interpreter is contracted, contract can note if they are national or international.
- At times, cost is a factor for agencies in using international interpreters. At times, cost is a factor for agencies using international interpreters.
- An interpreter who is overseas should have a background check; if they're in the USA could a background check from any state qualify? US-based interpreters should be first priority.
- Suggest using MN interpreters first; look outside of MN if needed (need a background check), partner with other states to confirm eligibility.
- Support background check for all interpreters.
- Background studies fingerprint vendor is nationwide so don't require physical presence in MN for fingerprints.

- Over the Phone interpreting is large agency; agencies save money by using overseas interpreters; need a strategic approach because there's a huge reliance on international interpreters for costs; is there any incentive to keep the business in MN?
- If MN has an interpreter roster, expect vendors to also follow register guidelines and requirements.
- Where is the MDH jurisdiction? Licensure would be regulated. Recommendations for the employee/employer relationship would be outside of MDH Health Regulation Division; might be able to put information out there but enforcement wouldn't be typical for MDH.
- Recommending a tiered registry that didn't pass legislature previously; what passes and what doesn't? Have a recommendation that the legislature review the registry first and get that passed; THEN review telehealth and other less-critical recommendations.
- If we want to keep business in MN, think about not raising the bar too high/ be too difficult, especially for small businesses.
- What about the use of AI in interpreting? Do we want to touch on this in recommendations?
- The tiered registry is number one priority.
- If we break into remote vs onsite, AI does not become a problem for the registry (on site).
- Could tell legislature: AI is something we talked about and to keep an eye on.
- [Safe AI \(https://safeaitf.org/\)](https://safeaitf.org/) for interpreting; could be dangerous as the technology isn't refined enough.
- Propose we create a shared document to drop in recommendations for our next meeting on this topic (#2 – Feb 10th).
 - Members agreed to use the recommendations template for mutual creation of recommendations and to avoid unnecessary duplication of recommendations.
 - [SLHCIWG Recommendation Form Telehealth Reqmts.docx](#)

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

- **Next meeting** will be Meeting #2 on the topic – changes in requirements and qualifications on telehealth or remote interpreting; **February 10, 1:00 – 2:30.**
- Draft recommendations are due the Thursday before the next meeting – **February 5th.**

SPOKEN LANGUAGE HEALTHCARE INTERPRETER WORK GROUP

- 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 THIS meeting participation if they are not being compensated through their work organizations. Submit Expense Forms **for this meeting** to the SLHCIWG email address, and **copy** Rick.Michals@state.mn.us and Julianna.Leintz@state.mn.us.

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.