

Spoken Language Healthcare Interpreter Work Group

DATE: FEBRUARY 10, 2026

MINUTES PREPARED BY: LEA BITTNER

LOCATION: VIA WEBEX

Attendance

- Jose Tori Maguina – member
- Katie Freeman - member
- Lailee Tung – member
- Maikhou Vang - member
- Marc Sony Cadet - member
- Marisa Rueda – member
- Michele Reither – member
- Rachel Herring – member
- Rick Michals – member
- Jia Vang – MDH
- Jill Freudenwald – MDH
- Elizabeth Davoli – MDH
- Liachia Thao - MDH
- Lea Bittner – Alliant Consulting
- Kelly Deering – Alliant Consulting
- Jessie Schuppe – Alliant Consulting
- Chelsey Olson – public member
- Dan Endreson – public member

Agenda

- 1:00 - 1:05 Welcome and Housekeeping
- 1:05 - 1:10 Meeting Recap and Project Plan
- 1:10 – 1:50 Draft Recommendations and Member Discussion
- 1:50 – 2:10 Vote on Recommendations
- 2:10 – 2:20 Public Comment Period and 5 Languages Discussion
- 2:20 - 2:30 Future Meeting Topic Prep, Next Steps and Closing

Meeting Recap

There was no guest speaker; members discussed aspects of telehealth and remote health care interpretation including:

- Requiring interpreters to be on Minnesota’s (proposed) Registry and prioritizing US/MN-based interpreters.
- Making telehealth and remote interpreting requirements match those for in-person interpreting (cultural and medical system knowledge + background studies).

- Specifying technical requirements to ensure privacy (HIPAA); plus discussed minimum auditory requirements and occupational support.

The issue of artificial intelligence (AI) and the impact on health care interpreting was briefly discussed.

Review and Editing of Draft Recommendations

- MN will create and disseminate standards (or best practices) related to occupational health for remote interpreters: Rick raised question on the document: Who will be responsible for developing these requirements?
 - This will require funding; MDH should find funds to hire consultants to put together best practices and recommendations.
 - MDH would regulate the oversight of certification.
 - MDH funding would typically come from licensing application fees if consultants would need to be contracted.
 - Language Access is the field/branch; NSHCI is the governing advice body. Don't always know where to put this recommendation; is there something that's already been done that relates to this?
 - The roster lives with MDH.
 - Agencies could come together to create best practices for remote interpreters; cannot enforce contracted workers.
 - Need to ensure equity with employees and contracted interpreters.
- MN will create and disseminate educational information aimed at interpreters, service providers, and employers/contractors of interpreters regarding auditory health/safety and occupational health for remote interpreters.
 - We need to determine who will be responsible for creating this content.
- MDH will post available information concerning occupational health as well as any existing educational material identified by the work group referenced in recommendation 4 on the website.
 - Forms of this exist as 'this is what you need to work with us' in various places.
 - Need to define what gets posted and what constitutes postable information, so the department isn't posting arbitrarily.
 - Could define as "curated, and evidence based."
- MN will form an expert work group to collect information on the employment requirements and training standards.
 - Add in "develop best practices as a standard..."
 - A separate work group could provide the best practices and standards.

- MN will require all companies who contract to provide interpreting services within MN to attest that their contract interpreters meet minimum standards equivalent to those included in the proposed level 1/entry level of the tired roster.
 - Recommendation that the legislature review the registry **first** and get that passed; THEN review telehealth and other less-critical recommendations OR Separately in a separate work force.
 - Recommendation moved to first in list of draft recommendations.
- Remote telehealth interpreters providing services to clients who are located in MN must meet the requirements for registration/certification in the state and hold a current registration/certification issued by MDH.
 - Interpreters also have an ‘on-demand’ service; consider especially for rare languages or an option that’s 24-7. Can’t use the same standards.
 - On-demand = quick access to a pool of interpreters used in emergency situations (e.g. might not be able to get someone in person interpreter who speaks specified language quickly).
 - On demand is remote but not booked, rather on demand; might not need to be anything separate. Can’t regulate interpreters all around the world but we can ask contracting companies to attest that they adhere to the standards.
 - Suggestion to define “remote”, “telehealth” and “on-demand” in recommendations.
 - Concern expressed if the same standards aren’t applied to remote and in-person interpreters.
 - It’s important to specify priorities; there is concern in applying licensing requirements to in-person interpreters and not having it applicable to remote interpreters, that leaves a loophole.
 - We’d like everyone to be licensed in MN, but it might not be feasible; suggestion that contracting organizations attest that interpreters meet minimum requirements (level 1).
 - Recommendation that a sub-work group is further defined.
 - This recommendation is too broad; it holds the agency accountable; rather than the interpreter; pick one or add together.
 - Remaining recommendations are added as sub-points to the creation of an expert work group.
 - Suggested chat: An advisory council should be convened to advise the Commissioner on qualification requirements, access barriers, approved training and assessment programs, continuing education, partnering with local and national organizations to sponsor financial assistance for training, testing, and certification to promote upward mobility, and needed adjustments to the registry over time.

Votes on Recommendations

Recommendation 1: Legislation review the registry first and get that passed: THEN review remote/on demand/telehealth and other less critical areas...

- 67% fully endorsement
- 22% support minor reservations
- 11% can live with it
- 9 total votes

Recommendation 2: MN will form an expert workgroup to collect information on the employment requirements, training standards...

- 40% fully endorse
- 60% support with minor reservations
- 10 total votes

Recommendation 3: MN will require all companies who contract to provide interpreting services within MN to attest that their contract interpreters meet minimum standards equivalent to those included in the proposed level 1/entry level of the tired roster.

- 44% fully endorse
- 33% support minor reservations
- 22% can live with it
- 9 total votes

Public Comment Period

Reminder that MDH must provide two public comment periods. See statute language: **[Minnesota Laws of 2025, 1st Special Session, Chapter 3, Article 1, section 96](https://www.revisor.mn.gov/laws/2025/1/Session+Law/Chapter/3/)** (<https://www.revisor.mn.gov/laws/2025/1/Session+Law/Chapter/3/>).

The work group shall provide a minimum of two opportunities for public comment. These opportunities shall be announced with at least four weeks' notice, with publicity in the five most common languages in Minnesota. Interpreters for those same languages shall be provided during the public comment opportunities.

Work Group question: recommendations for how to define the five most common Minnesota language.

- Members to give input on five most common languages in Minnesota.
- The five common languages may be mentioned elsewhere in the statute. (Follow up: they are not mentioned in statute.)
- MN language demographic data at MN.gov could also be a source of defining the five common languages.

- [Minnesota Compass - All Minnesotan by Immigrant Group](https://www.mncompass.org/topics/demographics/immigration) (<https://www.mncompass.org/topics/demographics/immigration>) is another source.
- Suggestion to have interpreters speak rather than write for public comment support, and that interpretation be recorded for reference.
- Suggestion it may be worthwhile to form a small group of members to flush out recommendations before meeting with the larger group.
 - This would be on a volunteer basis; other topics may benefit from this approach.

Final Recommendations Agreement

The final draft recommendations have been added to this document: [WG Recommendations.docx](#).

Reminders

- **Next meeting** will be Meeting #1 on the topic – reimbursements; **Thursday, Feb 26th 2:00 – 3:30.**
- 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 (copy Rick).
- Submit Expense Forms **for this meeting** to SLHCIWG.MDH@state.mn.us, 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

05/08/2026

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