

Spoken Language Healthcare Interpreter Work Group

DATE: MARCH 26, 2026

MINUTES PREPARED BY: LEA BITTNER

LOCATION: VIA WEBEX

Attendance

- Jose Tori Maguina - member
- Katie Freeman - member
- Lailee Tung – member
- Maikhou Vang – member
- Marisa Rueda – member
- Michele Reither – member
- Munna Yasiri – member
- Yvette Baudelaire – member
- Rachel Herring - member
- Rick Michals – member (Rachel Gacioch – delegate)
- Jia Vang – MDH
- Jill Freudenwald – MDH
- Julianna Leintz - MDH
- Lea Bittner – Alliant Consulting
- Kelly Deering – Alliant Consulting
- Michelle from MLW Inc. – public member
- Alvine Laure – public member

Agenda

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

Meeting Recap

Members reviewed and discussed recommendations for reimbursements for health care interpreters including:

- Reimbursements increasing in proposed tiers may encourage roster registration.
- Differences in in-person vs remote interpretation reimbursement.
- Minimum reimbursement and no-show fees.
- Some proposals (such as minimums) may encourage use of non-MN interpreters.
- Administrative challenges to submitting claims, including verifying incorrectly added information.

- Some recommendations were tabled due to the submitter not being present; some members volunteered to meet separately and edit the draft recommendations, to present to work group members at a future date.

Member Introductions

New member Yvette introduced herself to the members, who each introduced their role/seat and history in health care interpreting to Yvette.

Member Discussion on Roster Barriers

- Some of the barriers to interpreters joining the roster are filling the application out, getting in payment and not having technical support.
- You can't make corrections to applications.
- No customer service if you have a question to ask.
- Some agencies haven't put themselves on the roster and therefore they and their interpreters are not able to be chosen.
- Some interpreters struggle with the online payment system and there is limited support available; they have heard there is only 1-2 people servicing the roster.
- If there is a new system to be educated on then maybe do a YouTube video.
- If interpreter name, phone number or email address changes they must go back in and register as a new interpreter; if they change agencies they have to go back in and register and repay the \$50 fee.
- From an agency perspective if we no longer work with an interpreter we as an agency have no way to remove the name of the interpreter from the agency connection.
- You can't search by gender.
- When we do an audit it takes forever to load; during an audit, if the license is expired they get taken off the list asap and the audit is usually for the previous quarter.
- Some interpreters put themselves on the roster under an agency they may have never actually worked with.
- Interpreters can't be taken off the roster for fraud or other separation issues.
The filter/sort functions don't work on the roster and/or it takes a long time; it used to be easier to use and now it's difficult; it takes months for the roster to update, even if an interpreter sends a check-in.
- From a rural area perspective and a rare language interpreter, they may only get 1-2 jobs a year so the fee for the roster is a barrier.
- There is no incentive other than paying \$50.
- Lea asked what an incentive might look like.

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- Members previously discussed a pay gradient for 40 hours or certification, even if it's a small increase in pay or recognition.
- A possible recommendation is to work with the local county in the rural areas to provide sponsorship or funding to interpreters if they need help to do training; this is something the local county could sponsor because they likely know which languages are spoken in their counties.
- Sliding scale fee could apply; \$50 for a busy interpreter is fine but not for those doing 1-2 jobs.
- Another recommendation is to have the first year free, since many interpreters that are in the first year would feel the \$50 fee is a barrier.
- Think about incentivizing agencies who know they are getting someone who interprets for a rare language they could offer to pay the \$50 with or without repayment terms, not sure how that would work from a legislative recommendation standpoint.
- We've talked about interpreters applying for grants or assistance; if MDH can't participate in this maybe employers should; maybe make it a tax credit from an agency standpoint; for a sliding scale we could go by zip code and/or by designation of rare languages having reduced roster rates.
- Agrees it would be useful to have a sliding fee for rural interpreters that are located in an area or are willing to go to the rural areas; also, that would be part of the education done through the community.
- Once on the roster you may be requested for services internationally and interpreters may be local only; I recommend that their contact could be "not available for remote consumption [?]; or "available locally only".
- There needs to be a campaign for why interpreters should gain entry to the roster; it would be great for MDH and the hospitals to have the same messaging.
- We could find a cut off for number of speakers of the more common languages in MN.
- Could we block people accessing the roster from international locations so that you don't have to compete with people around the rest of the world?
- People who aren't interpreting much anymore but want to stay connected could have a reduced roster rate.
- They still need to get background checks at every agency; I see a barrier as not seeing the purpose of the roster and what an interpreter would get out of it, so put something on the MDH website that promotes the roster.
- Could do an information/educational campaign to health care orgs, clinics or hospitals about using the roster; if we can provide proof it's a robust system and then medical professionals can rely on the system more and not have to keep getting background checks.
- It would be good if someone commits fraud or another infraction that a red flag could be put on their file and MDH could do an investigation.

- Maybe organizations using the roster frequently could pay more for background studies.
- That is partially the difference between a roster and a registry.
- A long time ago the interpreter was considered a 1:1 care provider without criteria.
- when the roster was first conceived of, they wanted each agency to do a background study; for example, if you are screening them for over the phone work you would screen then differently than if they were doing in-person interpreting.
- Regarding background checks, every agency does it differently so we could recommend requirements on the background check as a roster requirement we could then skip the additional checks and cost to the agency.
- The cost right now is \$44, and the fingerprint is an additional \$10.50 and increasing to \$13.50; the cost of compliance is increasing every year.
- Could the interpreters also search the roster for jobs and need for interpreters?
- We want the roster to also contain jobs, CEU's and other information on the website but MDH said it was too much to take on and it could be a conflict of interest
- Rachel G. will discuss these ideas with Rick to see which are feasible; having a job board on the MDH website would not fit into the regulatory role of MDH, as they need to remain neutral in those spaces.

Next Steps

Lea asks if members can access the folder and if they prefer to make recommendations via a shared document on the Teams site.

- Member can get in the folder, but it is not easy.
- Member couldn't use their work computer to access, only the home computer; in the last month there must have been a setting change.
- Member requests link to folder rather than specific documents in Rick's email.
- Member can access Rick's link for documents but can't navigate around the folder.
- Member requests to send out the link to that folder again.

Lea asks about the desired recommendation drafting process.

- Member likes having one document instead of everyone's individual; it gives energy to read and add/edit to it.
- Some members previously met to draft recommendations on reimbursements.
- Lea said members need to make time to review those recommendations and vote on them.
- Lea asked if they could consider reviewing and voting on two sets of recommendations at the next meeting. Members support this.

- Member Marisa is thinking of offering up a meeting for whomever can join between sessions to formulate their ideas between sessions; this topic is out of her depth so would rely on others but is happy to open up that space and hold themselves accountable.
- Michelle is also interested.
- Katie loves this idea and would like time blocked on the calendar to work on it but would request that they consistently block the same time for maybe a 30-minute meeting time.
- Lailee is also interested in interim work on recommendations.
- Munna is interested but not sure she has the available time.
- Lea reminds members to submit reimbursement forms as each meeting happens and to not save them until later.
- Member has submitted first reimbursement for the time last week and asks if they're not filled out properly does anyone get back to us?
- Julianna said she will review submitted expenses and get back to submitting members.
- Member submitted some forms in the past and never received any confirmation.
- Julianna said she will coordinate with Rick on this.

Reminders

- **Next meeting** will be Meeting #2 on the topic – Barriers to Accessing the Roster; **Tuesday, April 14th from 1:00 – 2:30.**
- Draft recommendations are due the Thursday before the next meeting – Thursday, April 9th.
- 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.

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