

# Spoken Language Healthcare Interpreter Work Group

**DATE: APRIL 14, 2026**

**MINUTES PREPARED BY: LEA BITTNER**

**LOCATION: VIA WEBEX**

## Attendance

- Jose Tori Maguina - member
- 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
- Jia Vang – MDH
- Jill Freudenwald – MDH
- Jacki Alvarado - MDH
- Lea Bittner – Alliant Consulting
- Kelly Deering – Alliant Consulting
- Jessie Schuppe – Alliant Consulting
- Soo Lauby – public member
- Joseph Wojowski – public member

## Agenda

Welcome and Housekeeping

Meeting Recap and Project Plan

Member Voting

Future Meeting Topic Prep, Next Steps and Closing

## Meeting Recap

- Members discussed barriers for some interpreters joining the roster.
  - Lack of technical support and customer service to make changes.
  - Inability to search for gender or other specific interpreter aspect.
  - Agencies cannot remove interpreters from their roster list.
  - Some interpreters go on an agency's list they've never worked for.
  - Rural interpreters pay \$50 to join roster for perhaps only 1-2 requests per year.
  - Need to consider incentives to join and make fees reasonable for interpreters and agencies.

- Some members would like to see jobs posted on the roster; it was noted this is outside MDH's scope.
- Some members volunteered to meet separately and develop draft recommendations, to present to work group members at meeting #2 on April 14<sup>th</sup>.

Lea asked if there was a decision about a June 25<sup>th</sup> meeting. This will be a meeting date and will allow the group to close any loose ends. Rick from MDH will schedule this meeting on members' calendars.

## Work Group Discussion

Recommendation topic: Barriers to utilization of the registry – member-submitted recommendations reviewed, and changes made live to the document.

**Recommendation #1: Recommend MDH provide additional customer service support and resources to assist interpreters with questions on the roster/registry, troubleshoot technical support, maintain listing accuracy.**

- Provide step by step instructions for completing an online application via Scribe or YouTube video.
- Increase available staff member to answer calls/emails and update registry/roster.
- Provide options to request legal name change and contact information change on the online system.
- Allow interpreting agencies to flag any incorrect information on the roster/registry (via drop down menu of options) for MDH staff to review and update, including if an interpreter has never contracted with a specific interpreting agency but listed themselves as working with the agency, if an interpreter is no longer contracted with a specific agency, possible fraud investigation. Allow interpreting agencies/interpreters to flag any incorrect information.
- Or any other violations of an interpreter's code of conduct as reported by any formal organization may belong with complaint/certification process recommendation.
- Provide professional resources for interpreters (such as links to CEUs) (specify contributing organizations; could be moved to recommendation for advisory council on training to vet/recommend) on MDH Interpreter site and partner with local county and healthcare networks to create free/low-cost CEU options for those that are on the roster/registry. Move to recommendations.
- Question about violations of a code of conduct subpoint: suggests its own bullet point; not sure agencies should flag that; it's that national organization that would do the investigation.
  - Member agrees it should be a separate bullet point; MDH could inquire on why it got flagged; have a drop-down menu for the agency to select a reason for violation
  - If interpreters have a violation, come up with ways they could still stay in profession

- Agree. If a hospital or agency investigates and reports a violation, have a workgroup that can investigate.
- Sounds like a process that is like the existing complaint reporting process
- Last bullet on CEU resources: are there organizations that could be listed as authorized CEU providers?
  - This would be a good topic for the advisory council on training to update and keep relevant; a group of people to vet the resources.
  - Think this is reasonable; when we have asked to put this in the bill, there are lots of pushback. It should be on a different council and not just here. MDH didn't want to be responsible for that; wanted to be neutral; just handle the registry piece.
- Chat: Concerning the second bullet, for everyone's awareness, emails concerning the roster can go to: [health.hci@state.mn.us](mailto:health.hci@state.mn.us)
- Chat:
  - Current spoken language roster site: [MDH Spoken Language Health Care Interpreter Roster\(https://www.health.state.mn.us/facilities/providers/interpreter/index.html\)](https://www.health.state.mn.us/facilities/providers/interpreter/index.html)
  - Current interpreter resources page: [MDH Resources for Interpreters \(https://www.health.state.mn.us/facilities/providers/interpreter/resources.html\)](https://www.health.state.mn.us/facilities/providers/interpreter/resources.html)
- We could put the CEU information on the resources for interpreters page. Could be a centralized location for resources.
- Two different meanings of CEU being used: offerings of training and education; and things that have been approved for continuing education units. In the past MDH didn't want the responsibility to state certain CEU are approved for continuing education. MDH can link to the pages that provide the information.
- We should say "provide professional resources for interpreters who are looking to advance from tier 1 to tier 4."
  - Could our workgroup pull these resources together?
    - This may be outside the scope of the work group, but an advisory committee could work on this if there's interest.
- Add "interpreting agencies/interpreters to flag any incorrect information".

**Recommendation #2: Recommend MDH provides a reduced registry fee for rare language interpreters and those that are in rural areas.**

- Determine rare languages based on State Demographic Center data and availability of language in specific location.
- Based on interpreter's address/zip code, determine if they would be providing interpreting services in Minnesota rural areas.
- Propose 50%+ reduced registry fee based on language and zip code.

- Compensate interpreters needing to drive (more than 35 miles one way – per existing state policy) to reach client in cases of unavailable interpreters locally.

**Alternative recommendation:**

- MDH propose sliding fee with guidelines determining reasonable amounts paid by interpreters based on interpreting income levels. (or county documentation such as MA) – move this recommendation to common languages.
- Interpreters who are rare language interpreters and rural; propose a \$25 registry fee based on the language spoken and zip code.
  - Propose a percentage instead of a dollar amount.
  - Chat: Agree on using percentage.
  - Another agrees on using percentage.
- Some languages are rare in a rural area, such as Spanish in Ely; we need to define “rare languages”.
- An example was shared of a Hmong-speaking person who gets in an accident, and no one speaking this language at the hospital. An interpreter from the metro would need to drive to the site and don’t get paid for this.
  - If the language isn’t available to the patient, the interpreter should be compensated for travel time and cost.
- Propose sliding fee for registry based on income levels.
  - Will people have to submit their tax document to assess?
  - Does MDH have sliding scales for other services?
  - Revenue from the services they provide (in this case interpretation services) is self-disclosed; no tax forms collected.
  - Would this bill be passed? Anything that MDH must work on after the bill passes hasn’t been passed in the past. Provide with how to do these things.
  - How can we know the interpreters are being truthful when self-reporting their income?
  - Every time we add more processes, it could add more costs to the interpreter.
  - Could provide sliding scale if the interpreter could provide their documentation; that’s done by the counties for proving reduced-income services.
  - Could we move the sliding fee to common languages? This could be its own recommendation.
  - Many interpreters cannot pay the fee when starting out and need to work to build capital.
  - Decision to create an alternative recommendation to have the sliding scale its own.

- Policy is to cover transportation 35 miles one way; align it to the policy and update from 20 to 35 miles.

**Recommendation #3: Recommend MDH/Advisory Council partners with local healthcare networks and rural counties.**

- To promote (via communications team) roster/healthcare interpreter registry to healthcare providers and interpreters.
- Advisory Council to identify language needs in rural areas and organize outreach opportunities through efforts noted above (communications).
- Advisory Council to create sponsorship/funding for rare language interpreters and/or interpreters serving rural areas to complete initial 40-hr training as well as annual CEUs.
- Requiring interpreters/agencies providing services to Minnesota healthcare networks being required to follow same MN registry guidelines.
- Third bullet point: is this something MDH can do?
- Funding is not available unless there's an appropriation.
- First bullet point: what does "promote" mean?
- Let healthcare providers be aware of the roster and what it is and how to use it.
- Add bullet requiring interpreters providing services to MN networks who live outside must follow same registry guidelines.
- Second bullet wouldn't be something that MDH would do but an advisory committee could.
- Bullet four (newly added during meeting): What would that mean? Does an interpreter outside MN need to be in the registry?
  - All interpreters from organizations would have to be in the registry.
  - If a company contracts an interpreter in MN they should be in the registry?
  - Add 'agencies' to the bullet.
- Chat: This was a point we discussed at length and got stuck on in previous meetings.

**Recommendation #4: Recommend future MDH healthcare interpreter registry includes background checks (check previous recommendations for similar recommendations on registry).**

- Standardized background checks versus having each agency complete separate background checks.
- Interpreters that are on the registry and meet the standardized background check requirements can avoid other background checks expenses.
- Linking Department of Human Services NETStudy background to future healthcare interpreter registry so interpreters who received disqualification decision/update can automatically be removed from the MDH healthcare interpreter registry.

- Rural or metro interpreters should follow the same guidelines.
- Today's topic is "barriers to joining the roster" not just rural focus.
- Chat: At some point we are going to need to have a thorough going over of all the recommendations to make sure we have not contradicted ourselves.

## Next Steps

Links to the recommendations will be provided to the work group.

## Reminders

- **Next meeting** will be Meeting #1 on Rural Gaps; **Thursday, April 30<sup>th</sup> from 2-3:30.**
- Time will need to be made to vote on these and the Reimbursement recommendations.
- Please submit resources and SME suggestions for this and other future topics to the shared folder and/or [SLHCIWG.MDH@state.mn.us](mailto:SLHCIWG.MDH@state.mn.us) (copy Rick).
- Submit Expense Forms **for this meeting** to [SLHCIWG.MDH@state.mn.us](mailto:SLHCIWG.MDH@state.mn.us), and **copy** [Rick.Michals@state.mn.us](mailto:Rick.Michals@state.mn.us) and [Julianna.Leintz@state.mn.us](mailto:Julianna.Leintz@state.mn.us).

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[www.health.state.mn.us](http://www.health.state.mn.us)

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