

Spoken Language Healthcare Interpreter Work Group

DATE: JUNE 9, 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
- Rachel Herring - member
- Rick Michals – member
- Jia Vang – MDH
- Jackie Alvarado - MDH
- Jill Freudenwald – MDH
- Lea Bittner – Alliant Consulting
- Kelly Deering – Alliant Consulting
- Jessie Schuppe – Alliant Consulting
- Soo Lauby – public attendee
- Chelsey Olson – public attendee

Agenda

- 1:00 - 1:05 Welcome and Housekeeping
- 1:05- 1:15 Meeting Recap and Project Plan
- 1:15 - 2:00 Review and Vote on Member Recommendations
- 2:00 – 2:20 Voting on Previous Recommendations (Roster Barriers and Reimbursement)
- 2:20 - 2:30 Future Meeting Prep, Next Steps and Closing

Meeting Recap

Members discussed **convening a meeting** of public and private sector representatives of the spoken language health care interpreters’ community to identify ongoing sources of financial assistance to aid individual interpreters in meeting interpreter training and testing registry requirements.

- Members identified various organizations to consider inviting them to such a meeting.
- Members discussed recommending such a meeting to be accessible by all who could attend.
- Members discussed limiting the scope of this meeting to ensure tangible outcomes.

The final two rural gaps recommendations were voted and approved by members.

Members were reminded that 2 sets of recommendations require additional work/voting (Reimbursement and Roster Barriers). Members volunteered to do this work before the next meeting.

Work Group Discussion

Review of Recommendations

Recommendation 1: Invite organizations based on stakeholder categories to a virtual meeting of broad locations. The goal is to have a minimum of 6 attendees via the live meeting. Invitees should include representatives from state agencies, health plans, hospital and clinic systems, interpreter agencies, interpreter training/testing organizations, community-based organizations serving LEP communities, nonprofit scholarship or grantmaking organizations, colleges or training providers, and interpreter professional associations.

- Who would be doing the inviting?
- Unsure of who owns the meeting; this is a key missing part.
- Recommend that MDH owns this meeting, or whoever is putting the registry together.
- Recommend removing the specification of a Teams meeting; state a general term such as 'virtual' meeting.
- This recommendation is looking at grants, scholarships, a mixed bag of topics, therefore could be owned by DHS or MDH. Both were added to the recommendation.
- Suggestion that the advisory council convene the meeting; added to recommendation.

Members voted on this recommendation:

- 5 votes for full support; 4 votes for support with minor reservations.
- The recommendation was passed.

Recommendation 2: Within the invite, include "if you cannot attend, what potential sources of financial assistance or funding opportunities would you recommend attendees consider to help individual spoken language health care interpreters meet training, testing, and registry requirements?"

[no discussion]

Members voted on this recommendation:

- 7 votes for full support; 2 votes for support with minor reservations.
- The recommendation was passed.

Recommendation 3: The meeting should be structured to include introduction, goal of outcome, and brainstorming to identify sources of ongoing support in the categories that include but are not limited to:

- Scholarships opportunities

- grants
- employer-supported training funds
- workforce development funds
- payer contributions
- nonprofit partnerships
- shared funding models
- Other

[no discussion]

Members voted on this recommendation:

- 8 votes for full support; 1 vote for support with minor reservations.
- The recommendation was passed.

Recommendations on barriers to joining the roster

Members moved on to discuss revised recommendations on barriers to joining the roster. New recommendations were made by a sub-group of volunteer work group members.

Recommendation 1: Establish an Advisory Council to meet monthly to provide ongoing review, including changes and recommendations to be implemented by MDH and registry staff.

- Group to support all stakeholders and advise MDH on appropriate registry updates (such as updating languages, approved trainings, registry removal if appropriate, fraud, complaints).
- Discuss funding and scholarship opportunities for interpreters to cover registry cost, training and CEUs.

Discussion:

- This is like the same advisory group that was part of a previous recommendation. This group is to advise on the registry.
- Change meeting frequency to be quarterly to align with other councils.
- Question about using 'roster' or 'registry' – past discussion that both are used for now. Currently it's 'roster' and future could be 'registry'. Lea added dual language to previous recommendations.
- Leave room for meeting frequency flexibility; if there's urgent information that needs attention, could meet more often; change language to 'meet at least quarterly'.

Members voted on this recommendation:

- 3 votes for full support; 5 votes for support with minor reservations.
- The recommendation was passed.

Recommendation 2: MDH and the previously recommended Advisory Council will explore access options to make this a private registry (viewable only to approved parties - interpreters/agencies/healthcare organizations with log-in information) to ensure financial support beyond the interpreters' registration fees to support the structure and the admin.

- There are additional costs associated with ensuring registry lists have met specific testing, training, and background criteria.
- Costs should be shared among registry users, not just interpreters.

Discussion:

- The costs are going to be high for interpreters; charge the agencies the fee every year to have access to it; why just agencies? Others might be assessed a fee too as a way to raise funds and spread costs amongst others.
 - Access options.
- Concerns expressed about implementation of this as the registry/roster is public information since it comes from MDH.
- Concerns about charging organizations to use it; this might drive organizations to use their own interpreting resources or to not use interpreters from the registry/roster.
- This recommendation seems to decrease access; the goal should be to increase accessibility.

Members voted on this recommendation:

- 8 votes to not support this recommendation.
- The recommendation was not passed.

Recommendation 3: Initiation of a scalable support staff that ensures the registry is up to date with interpreter information, registration, technology, and administrative functions to assist stakeholders.

- Located under the umbrella of MDH.
- Amount of support staff is proportionate to the number of people listed on the roster.
- Support staff are tasked to develop online support materials for users.
- Support staff are tasked to develop materials for communication and outreach, including rural and small scale organizations.
- Development of a feedback mechanism to allow users to submit updates and changes (e.g. name, address, tier level, etc.).

Discussion:

- What staff support already exists to support the current roster?
- This recommendation would be an expansion to staff currently working on the roster.
- Haven't ever seen legislation pass that supports 'scalable' staff; nothing is scalable.

- Member proposed to table this recommendation when looking at the previous registry recommendation for comparison.

Recommendation 4: All interpreters who work for the MN Healthcare Networks will be required to be listed on the registry.

- Ensures that health systems have to follow the same minimum requirements as interpreter agencies.

Discussion:

- We need to look at the registry recommendation to see if this is already implied as part of that recommendation.
- Question about separating on-demand vs scheduled interpreters.
- There should be equal requirements.
- Language added to recommendation.
- Clarity: for rare languages keep accessibility for 24 hours.
- There are no registry fees for other similar services; propose that there's an appropriation for fees needed to develop, administer and maintain the registry.
- Proposed wording change to create Recommendation 4A: Establish an appropriation for development and maintenance of the spoken language health care interpreter registry.
- Typical process for legislative recommendations is for MDH to provide a cost estimate for recommendation; there could still be an appropriation or grant.
- All recommendations related to the registry need to be reviewed and rolled into one.

Members voted on recommendation 4

- 3 votes for full support; 2 votes for support with minor reservations; 2 votes for support despite not really liking; and 1 vote to not support this recommendation.
- The recommendation was passed.

Members voted on recommendation 4A - Establish an appropriation for development and maintenance of the spoken language health care interpreter registry.

- 8 votes for full support; 1 vote for support with minor reservations.
- The recommendation was passed.

Reminders

- Final meeting will be Thursday, June 25th 2:00 – 3:30.
- Draft recommendations are due Thursday, June 18th to be able to be shared/reviewed by members prior to the meeting.
- Members, PLEASE review and comment on recommendations to save meeting time for voting and reviewing all final recommendations.

SPOKEN LANGUAGE HEALTHCARE INTERPRETER WORK GROUP

- 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.