

# Spoken Language Healthcare Interpreter Work Group

**DATE: MAY 12, 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
- Michele Reither – member
- Munna Yasiri – member
- Yvette Beaudelaire - member
- Rick Michals – member
- Rosemond Owens - member
- Jia Vang – MDH
- Jill Freudenwald – MDH
- Lea Bittner – Alliant Consulting
- Jessie Schuppe – Alliant Consulting
- Jessie Schuppe – Alliant Consulting
- Alyssa Vang – public member
- Kabao – public member

## Agenda

- 1:00 - 1:05 Welcome and Housekeeping
- 1:05- 1:15 Meeting Recap and Project Plan
- 1:15 - 1:40 Draft Recommendations and Member Discussion
- 1:40 – 2:20 Vote on Recommendations
- 2:20 - 2:30 Future Meeting Topic Prep, Next Steps and Closing

## Meeting Recap

- Members discussed issues of interpreting in rural areas including:
  - Lack of rural interpreters; suggestion to encourage pipeline encouraging new interpreters.
  - Non-compensation for travel time.
  - Roster is less known/used in rural areas; can't search by where interpreter lives.
  - Training and qualifications are less relied on rurally.

- Idea to designate rural hospitals as “critical access hospitals” for higher reimbursements.
- Rural areas use telephone interpreters more often for ease and speed.
- Suggestion to have compensation for no-shows (need resources to make reminder calls).
- Members reviewed reimbursement recommendations and voted to accept 1 (update interpreter reimbursement rates).

## Work Group Timeline and Recommendations to Vote on Remaining:

Members previously decided not to vote on the Barriers to Accessing Roster recommendations as they determined more work was needed. The group was asked if anyone has done more work on those recommendations? No members spoke up. The extra meeting scheduled for later in June can be used to vote on recommendations that haven't been voted on yet.

## Work Group Discussion

1. **Searchable Database:** Minnesota will create a searchable database similar to the Registry of Interpreters for the Deaf (RID) for spoken language health care interpreters, including critical information (language, tier, location, distance willing to travel, modes utilized, contact information (phone, email, freelance status) and support to maintain the database.

[Registry of Interpreters for the Deaf, Inc. \(RID\)](https://myaccount.rid.org/Public/Search/Member.aspx)

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2. **Standard Mileage Reimbursement Rate:** Health care interpreters will be reimbursed mileage at the federal rate for miles traveled to an interpreting assignment when the travel is >20 miles each way from roster zip code work location. In the event that the interpreter must travel more than 20 miles one way from point A to point B, then mileage will be reimbursed round trip.
  - State has a policy for more than 20 miles; recommend what we want, know that the state might adjust it.
  - Discussion of specifying ‘round trip’ or 20 miles ‘each way’.
  - Lea grabbed state contract language from chat and added it to the document.
  - In chat: If the interpreter must travel more than 20 miles one way from point A to point B, then mileage will be reimbursed round trip.
3. **Roster Waivers:** Full cost to participate in the roster will be waived for all health care interpreters in their first year on the roster. Health care interpreters will pay 50% of the standard roster fee for year two. Interpreters located in zip codes outside the seven county metro areas (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties) will have an option to self-declare a fee waiver In Forma Pauperis based on a single sworn statement of financial hardship and waive their roster fee for up to 3 years.

- Suggestion to add new recommendations to change frequency of updating profile from every year to every two years.
  - This recommendation (updating profile) could be included in the registry recommendations.
  - Concern expressed that every other year update cycle may make the 2-year fee difficult for some to pay.
  - Given the current recommendation to have different fees for each of the first few years of registration, how would the fees be calculated to ensure changing fees are correct?
  - The first year of interpreting is crucial; for some people the \$50 fee is a lot to pay; the waiver is meant to incentivize them to try it out; a barrier for rural areas is the cash flow to start off, therefore, allowing for no fee for rural interpreters the first year may incentive some to join.
  - Current roster asks where an interpreter is willing to provide services rather than where they are based.
  - How to determine if someone is actually experiencing financial hardship? Let the interpreters decide for themselves.
  - Might the roster costs then be shifted to those who pay? Is the financial hardship waiver a one-time waiver or could they submit it the next time (3 years in)?
  - The goal would be for them to be able to pay the fee at that point – 3 years in.
  - Change in registration/profile update to every two years complicates things.
  - The biggest difficulty is the first year and even 50% might be too much for some to pay.
  - Don't want to ask for financial documents to be submitted.
  - How likely is it that this recommendation would be passed considering the other added work such as background checks? What are the financial implications for waiting, and then discounting second year at 50%?
  - There would be a calculation that MDH would do to determine the cost; e-waivers are not common; MDH wouldn't cover the costs; the costs would be covered by others who are able to pay the full cost; the fees would have to pay for administering the program.
  - Proposed language in chat and revised based on discussion.
  - Does MDH do any type of social services that's not health care interpreters? No
4. **Fraud & Ethics:** Minnesota will maintain a list of health care interpreters and language service providers not in good standing with the roster and will ensure those deemed a danger to public safety are removed from the roster in a timely manner. In support of this end, MDH will support a system to report instances of abuse, fraud, and unprofessional behavior to allow for appropriate investigation, remediation or disciplinary action. Progressive correction and reinstatement are desired outcomes, if possible.

- Suggest using an inclusive word other than “agencies.” Make sure the language we use applies to health plans as well.
  - Decided to use language service providers.
5. MDH will require health care interpreters to participate in the roster every two years. Full cost to participate in the roster will be waived for all health care interpreters their first 2-years upon entering the roster. Health care interpreters providing in-person interpreting and who are located in Minnesota zip codes outside the seven-county metro area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties) will have an option to self-declare a fee waiver In Forma Pauperis based on a single sworn statement of financial hardship and waive their roster fee one additional 2-year period.

## Voting and Results

### Recommendation 1

- **Full Endorsement – 100%**
- Support with minor reservations
- Don’t fully like but will support
- Major reservations

### Recommendation 2

- **Full Endorsement – 67%**
- **Support with minor reservations – 33%**
- Don’t full like but will support
- Major reservations

### Recommendation 4 (says recommendation 3 in poll; confirmed voting is for recommendation 4)

- **Full Endorsement 89%**
- **Support with minor reservations -11%**
- Don’t full like but will support
- Major reservations

## Next Steps

Meeting ended; no time remaining for voting on recommendations 3 and 5. There are issues to discuss with the remaining recommendations, so a vote will take place at a later meeting.

## Reminders

- **Next meeting** will be Meeting #1 on the topic of identifying ongoing sources of financial assistance to aid individual interpreters in meeting interpreter training and testing registry requirements; **Thursday, May 28, 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](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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