

February 6, 2020

Representative Andrea Salinas, Chair
House Committee on Health Care
State Capitol
Salem, Oregon

Re: HB 4115

Chair Salinas:

I have worked as a Spanish health care interpreter in Oregon for 16 years. I have a bachelor's degree in Spanish, over 106 hours of training as a medical interpreter and I hold both national and Oregon certification as a health care interpreter. I have worked a freelance interpreter in the Portland and Seattle metro areas, I am a current staff interpreter at a large hospital system, and I have taught interpreting skills courses throughout my career. My experiences and anecdotes from patients and providers inform my comments. While I support HB 4115, I also have concerns with some of the current language.

Why I support HB 4155:

- HB4115 establishes clearer expectations that health care interpreters must have Certification or Qualification. Providers should feel confident that the interpreters who are working with their patients have gone through training and testing. Otherwise, providers (and patients) will continue to not prioritize working with interpreters because the quality varies so widely. When you have had a negative experience with an untrained interpreter, you do not want to experience it again. When providers (and patients) work with competent and trained interpreters, they value their inclusion to communicate effectively and they seek them out. HB 4115 increases the quality of interpreters serving Oregonians by establishing clear expectations that only interpreters from the registry will be allowed to interpret.
- Currently, the law allows providers to work with Certified or Qualified Health Care Interpreters "whenever possible". Changing this to "the greatest extent practicable" on page 4, line 28, closes the loophole enough to focus on providing credentialed interpreters, but also understanding there will be exceptions when there is no Certified or Qualified interpreter available. This is made even stronger by page 2, lines 15 – 19 which state that a provider may only work with a non-Certified or non-Qualified health care interpreter if the provider has taken all steps necessary to obtain their services in accordance with ORS 413.558 and rules adopted by the authority. The rule-making process will allow stakeholders to clarify how the provider can verify all steps have been taken.
- Interpreters are not currently incentivized to obtain Certification or Qualification because training is expensive and pay increases are low because they are competing with non-Certified and non-Qualified interpreters. HB4115 increases the pool of Certified and Qualified interpreters by providing free or affordable training to health care interpreters run by the Oregon Health Authority. Having standard training ensures interpreters are provided with consistent curriculum and practice needed to do hone one's skills. By valuing credentialed interpreters, they will have more leverage to negotiate a livable wage. Less interpreters will drop out of the workforce due to the inability to make a living as an interpreter.

- HB 4115 gives Oregon Health Authority the power to hold interpretation services companies, health care providers, health care interpreters, and health care interpreter training programs accountable.

I have the following concerns with HB 4115:

- Page 2, line 6-7 reads, "...a health care provider who is not a certified health care interpreter or qualified health care interpreter shall use a health care interpreter from the health care interpreter registry to communicate with a patient..." Health Care Providers do not need to be certified or qualified health care interpreters in order to provide care to their patients. They either need to be Bilingual or they need to communicate through the credentialed interpreter. The language in this bill confuses someone who is Bilingual and has direct conversations with another in another language with someone who's role it is to bridge the communication gap between two people who do not share the same language. The language should change to: "...a health care provider who is not Bilingual shall use a health care interpreter from the health care interpreter registry to communicate with a patient..." "Bilingual" could be defined as "someone who has proven language competency in English and another language".
- Page 2, line 12-13 states that "...an interpretation service company may not employ or contract with health care interpreters who are not qualified health care interpreters, certified health care interpreters or health care interpreters who are enrolled in a health care interpreter training program approved by the Oregon Council on Health Care Interpreters". Enrolling in a health care interpreter training should not be enough to contract with an interpretation service company. Health Care interpreters may not complete the training and more importantly, as students, they are still learning and are not ready to dive into this difficult and challenging field.
- Does this bill apply to onsite interpreters only or also remote interpreters? It will be very difficult, if not impossible to require any remote interpreters who do not work in Oregon to be on the registry. Interpreter qualifications and credentials vary from state to state. Remote interpreters work nationally and internationally. We cannot expect remote interpreters to comply with different rules in every location where they provide services.
- Page 5, line 1, it is unclear what "an annual subscription mechanism for the registry" means. Does that mean additional costs to interpreters, who are already not paid well?
- There should be a grace period of one year for interpreters to meet the requirements to be added to the registry. There aren't enough credentialed interpreters to cover all the onsite visits in this state so this needs to be rolled out thoughtfully to allow interpreters to get affordable or low-cost training in time before the law is fully implemented.
- Will existing interpreters on the registry have to go through training again to stay on the list or will they be grandfathered in?

Thank you for your consideration of my comments.

Sincerely,

Erin Neff-Minyard, Ed.M., CHI
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