To: Chair Salinas, Vice-chairs Hayden and Nosse and members of the committee

RE: Support for HB 4115

Letter in Support of HB 4115

I am a full-time healthcare interpreter and wish to remain anonymous; My undertaking to remain anonymous, despite being an independent contractor says how helpless we are. I belong to the group Oregon Interpreters in Action and I am writing to support HB 4115.

As an immigrant, I realize how difficult it is when you do not understand or speak the language to access care and resources. As an interpreter, I help to bridge communication between Limited English Proficiency (LEP) patients and providers.

Oregon healthcare interpreters undergo training and credentials to help the LEP community and make a living. Credentialing helps interpreters get recognized by the state and earn a little more wage, but unfortunately, this is detrimental for the agencies as it eats into their profit. A reason, they choose a non-credentialed interpreter, instead of a credentialed interpreter. For this reason, credentialed interpreters have less work and struggle to make a living.

A few years ago while interpreting in a dentist's office, I was interpreting everything about tooth extraction, the dentist said a few days ago another interpreter was asking the patient to just relax instead of interpreting everything. The provider discovered this since he vaguely understood the language. This is an example of how using an uncredentialed interpreter only defeats the purpose.

There are many languages where there is not enough work, when agencies keep using uncredentialed interpreters it will discourage interpreters from those languages in getting trained and the patients will not get the quality service they deserve.

The agencies periodically get their contracts renewed for the better, but though the cost-of-living continues to rise, interpreters do not get to enjoy any benefits.

As an independent contractor, we are a ship without a sail. We do not have any protection if we get injured at work, meet with an accident, are sick or when we retire. The reality is that interpreters do not make enough to buy quality insurance coverage from the open market.

The irony is all these years individuals who do not have any of these limitations of an independent contractor, decided the fate of interpreters posing as their representatives. It is high time interpreters themselves get to determine what they want otherwise the prospect of this critical line of work is so insecure that it may urge interpreters to leave the profession in pursuit of stability.

To: Chair Salinas, Vice-chairs Hayden and Nosse and members of the committee

RE: Support for HB 4115 Interpretation Accountability Act

I prefer to be anonymous due to the fear of retaliation against me, this is a very important process we as interpreters are facing, these are some of the challenges:

Companies are using non-qualified or non-certified interpreters, hiring them on the spot with a ridiculous test that any bilingual person can do. Our rigorous examination written, oral and ethics exam as well as training also very expensive and not many can afford so people “jump” this process and interpreters services companies take advantage of that and send them to clinics and hospitals without proper training and examination they pay them less with the promise once you get certified or qualified can raise you 1-2 dollars more per your rate which it also varies depending on your “charm” or “recommendation”. Sad and almost cruel loophole that many go through.

As interpreters currently we need to have guidelines and be in compliance with the Health Department with our immunization , drug screening and with the Oregon Health Authority we must have CEU (Continue Education Units ) for certification or qualification renewal and all this is very well known to those same companies that hire the interpreters so they offer the interpreters partnering with associations, hospitals and schools to sell those requirements , some cannot afford it so rather stay unqualified .

More recently in Oregon, there has been a very large population growth of individuals with Limited English Proficiency (LEP). There is a large flow of LEP individuals in the Metro Area trying to get access for medical services and the lack of quality language services, this situation opened opportunities for loopholes that exist today.

I support this bill because it solves the issue in accountability on interpretation services and the interpreters themselves.

In order for us to be accountable and liable for our services we have to have regulation from the Oregon Health Authority to implement new protocols and rules that apply to every entity and parties FAIRLY.

This bill will ensure that all patients in Oregon, regardless of their language barriers receive safe, face to face and quality language interpenetration in their appointments.

By granting OHA the authority to reinforce along with BOLI the wages and labor violations will also improve immensely.

I consider interpreting my profession not a skill. I enjoy learning new techniques of how to improve myself in every appointment render the message accurately, I like what I do, I feed my family with my earnings. Follow the rules within the proper channels and it’s only fair to say that many need a better easier and affordable access to this wonderful and noble profession.

Ref: HB4115 BILL SUPPORT

Dear Rep. Salinas and Esteemed Members of the Committee,

First of all, I wanted to thank you for your time with reading all written testimonies, and support with our cause.

I prefer to be anonymous due to the fear of retaliation against me.

Today I no longer see interpretation as a skill; I definitely see it as a profession.

When I found out of the possibility of becoming a Health Care Interpreter, I didn't hesitate to look more into it, learn about the career and engage in it. I came across an agency that was hired for providing interpreting services to patients with limited English proficiency (LEP) with different language possibilities. Luckily, I am very fluent with the languages I speak and I have a wide and well-rounded vocabulary. So I called the agency that was hiring and they scheduled an appointment. I happily arrived at my meeting with the HR department at the Agency and thought my meeting would only last at most an hour. I didn't think an interview would be so long. When I looked at my clock and the time I was leaving the interview, I realized I had been there for 3.5 hrs. The agency also presented a short class to become HIPAA certified on the spot. And they also made me read through a number of documents regarding their expectations as a sub-contracting interpreter; as you know, agencies are the ones that hold most hospital, clinics, and coordinated care organization contracts, amongst others. We interpreters subcontract from agencies.

So literally after 3.5 hours, I became an "agency qualified interpreter". I had no idea at that moment that there was a 60-hour training program required for an interpreter to become qualified before they could become certified after testing to be in compliance with ORS 413.552 (3).

As I started to serve in the medical interpretation field, I came across a number of irregularities and discrepancies within the area of health care interpretation. Most of those mentioned in all other testimonies presented by my fellow colleagues. That immediately raised red flags and I saw the injustice interpreters in general were suffering.

I am supporting HB 4115, because I am so passionate about being a tool for medical providers to communicate with their patients. It's been a wonderful journey conveying the need of patients in their appointments and becoming their voices. LEP patients are so grateful for interpreters who understand their language and can find a bridge between them and their doctors and nurses, to communicate exactly how they feel and exactly what they need. Also doctors have a chance to better understand their patients, diagnose and treat them.

While working as a non-qualified interpreter, I became aware of the importance of the knowledge acquired through the development of a medical glossary. When we are sent out on the field, we are not told what kind of appointment we are dealing with. We are not given a chance to understand a certain health condition before we serve the providers and the patients with their appointments. Therefore if we don't communicate properly we are liable. I knew from

the start why it was necessary to have the training. But then I started to communicate with different certified interpreters at different clinics and hospitals, and they were very open about their experiences. They spent their time on the training, so they were proficient in the profession, but were only getting paid a few dollars more than the unqualified or non certified interpreters. So, I thought to myself, why spend all the money in getting qualified if I am not going to be paid as a professional? If I still need to pay for all my driving expenses, my office expenses, social security, medicaid, medicare, federal taxes, state taxes since I am subcontractor under a 1099 anyways with just a few dollars short? And I don't even have enough to afford medical insurance or 401K. So then I also realized that after all that I am literally making less than minimum wage. Hmmmmm.

That view changed, as I see so many factors that are out of order, and I decided to go through my training and advocate for qualified and certified interpreters due to the outrageous discriminatory issues that are relevant, as there are discrepancies that should be rectified and supported by the law.

There are around 3,500 interpreters in Oregon. Of those only around 800 are registered as certified interpreters and at least a third of these are non active. That means around 2,700 interpreters are servicing the medical field with no credentials, except the ones provided by the agency. (3.5 hour testing). As I advocate for HB4115, and since there will be for sure a shortage of interpreters that won't be able to keep working with contractors, I believe the Oregon Health Authority should be granted the authority to come up with free or low-cost training for those that love the profession and service to the health community, as suggested in Section 5 (2) (a) of this bill. This way we are all under the law, and we are all liable equally in the profession we chose to work at and interpreters don't lose their jobs. Our salary at the moment is not enough to pay for the training as it's hardly enough to live on. But it is a necessary profession. LEP patients cannot speak with providers and vice-versa without interpreters. We are with the patient from the moment they arrive at the doctor's office. We hear and get to know the patient, before and during the visit with nurses, before providers even get in the room. And then after, when they do get to the room. We get to experience much more of what the patient needs and we are required to communicate to providers even what their nurse assistants forget a lot of times. We do this because we care about the patients' well-being. Our job is to ensure that there will be no gap of communication; rather, it's essential to fully communicate all that is said throughout the visit. I hear patients complain about interpreters that aren't fully doing their job. If an interpreter is not doing their job, it is evident that we need to provide access to interpreters that do care about the profession and have the interest in being trained to become a professional, so they can better serve the health community.

Thank you for your time and I urge you to vote 'Yes' on HB 4115.

Source:

https://www.opb.org/news/article/oregon-has-a-shortage-of-certified-medical-interpreters/

Esteemed Chair and Members of the Committee,

I prefer to remain anonymous due to the fear of retaliation but I am writing this testimony in wholehearted support of HB 4115. This bill addresses several problems facing our communities, and I would like to take the time to highlight the most important issues. Namely, this bill would (1) improve enforcement of existing language access protections, (2) allow interpreters and patients to make complaints without fear of retaliation, and (3) improve working conditions for Certified and Qualified interpreters.

First, as a healthcare interpreter, I have seen time and time again that stakeholders in the interpreting profession are not meeting existing language access requirements, resulting in poor care and poor healthcare outcomes for Limited English Proficient (LEP) patients across our state [8-12]. This bill would allow for the enforcement of existing language access protections, which looks strong on paper, but which are not currently being implemented in our community.

ORS 413.552 requires that LEP patients have access to Certified and Qualified interpreters whenever possible. It also requires that health care be provided to LEP patients in accordance with the standards set by the Title VI Guidance published in 2000. Based on this guidance, hospitals should be researching which languages are most prevalent in the areas they serve and translating vital documents like consent forms into the most common languages. They should be posting signs in prevalent languages informing patients of their right to language access services. They should be offering interpreting services at all points of contact, whether at the lab for a blood draw or over the phone to get the results of that blood draw. They should be offering professional interpreting services at no cost to the patient, and should not require or suggest that a patient use a family member or friend to interpret in lieu of a professional interpreter.

However, that's not what is happening. As an interpreter I've seen clinics that provide language access services, but not at all points of contact--they may offer interpreters to patients for appointments with their primary care provider, but not over the phone, or not for dental appointments or lab draws. I've interpreted for home health nurses who asked patients whether a family member could come to interpret at the next visit, because it's inconvenient to have to request an interpreter. I've explained to providers running behind schedule how to access a phone or video interpreter in case I have to leave before the visit is over, only to hear them ask the patient's son or daughter to interpret on my way out.

Clearly, the requirements stated in ORS 413.552 are not being met and ORS 413.552 is just one of many existing language access protections. At the state level, we also have OAR 410-141-3590 and ORS 414.625, which set requirements for coordinated care organizations (CCOs) to provide members with access to Certified and Qualified interpreters. At the federal level, we also have Section 1557 of the Affordable Care Act, Title III of the Americans with Disabilities Act, Title VI of the Civil Rights Act and the subsequent Title VI Guidance, and the Culturally and Linguistically Appropriate Services (CLAS) Standards, which apply to all

recipients of federal funds, meaning all clinics and hospitals that accept Medicare or Medicaid, and which set requirements related to everything from the timeliness of interpreting services to the creation of a language access plan.

This bill would allow the Oregon Health Authority, in consultation with the Oregon Council on Health Care Interpreters, to define a good faith effort to meet existing standards, to investigate complaints related to language access issues, and to go through a rules-making process to determine how to impose penalties when existing standards are not being met. Currently, no penalties are defined for failing to meet existing requirements. This bill would present the opportunity to create an enforcement mechanism that is sorely lacking.

The second issue I wanted to bring up is the fact that this bill would enable stakeholders to submit complaints related to language access services without fear of retaliation, and would enable the Oregon Health Authority, in collaboration with the Oregon Council on Health Care Interpreters, to review those complaints and actually do something about them, which as I mentioned is not currently possible.

I have seen firsthand how difficult it is for patients to submit a complaint when language access requirements are not met. There is a complaint form[1] , but this form is not accessible to many individuals with Limited English Proficiency because it is only available in English. In addition, many LEP patients may not feel comfortable making a complaint if they cannot do so anonymously, particularly those that are part of vulnerable communities and communities that have had a history of bad experiences interacting with government entities in the past, such as communities of color, undocumented immigrants and refugees. This bill presents an opportunity to improve the complaint process.

Even if LEP individuals overcome the existing barriers and make a complaint, or if we as interpreters take it upon ourselves to make complaints on their behalf, there is still a problem. The Oregon Health Authority does not have the ability to impose penalties on interpreting agencies or health care providers--the best they can do is write a letter to the provider in question, and to the CCOs that contract with that provider.

This bill would allow for a rules-making process through which the Oregon Health Authority, in consultation with the Oregon Council on Health Care Interpreters, would develop rules to clarify what steps stakeholders must take in a good faith effort to meet existing regulations, and what penalties can be imposed if the regulations are not followed.

Interpreters also need to be able to make complaints without fear of retaliation. As it stands, if interpreters try to address issues such as consistently late paychecks or short checks from agencies, violations of their contracts, and other labor issues, they are at risk of losing their jobs instead of having their grievances addressed. Agencies know we rely on them for work, and as a result it is common for them to change the terms of our contracts without our knowledge or consent, and tell us “tough luck” if we bring up the issues. One agency I contract with recently

sent out an email saying they have a new policy where they can start charging us our hourly rate for each appointment we give back. We already have to go without pay if we get sick and can't work, but imagine being told that not only do you not get paid when you take a sick day, but you have to pay your employer whatever your wages for the day would have been. When interpreters are under this type of pressure, they are likely to show up for work sick, compromising the integrity of their work and potentially putting patients at risk. Just as other health care professionals are not obligated to work when sick, interpreters should not be compelled to do so either.

Likewise, if an interpreter makes a complaint against a hospital or clinic, or speaks up to staff at the hospital or clinic about language access compliance issues, there is a risk that the interpreter will be blacklisted from working at that hospital or clinic. If a clinic tells a patient that in order to get her lab results she has to either schedule an additional appointment, which costs time and money, or provide the name and number of an English-speaking friend or family member who can interpret her lab results for her, because they don't offer over-the-phone interpreting, there needs to be a way I can report that and get something done about it without being blacklisted from the clinic. Interpreters need a way to anonymously report issues, with protections like the whistleblower protections afforded to other professionals.

This bill presents an opportunity to create an anonymous complaint system, where interpreters could report issues without fear of retaliation, and those issues could be investigated and addressed without the agency or provider knowing who made the complaint.

A third issue that this bill would address is interpreters' working conditions, keeping skilled, professional interpreters working in the field so that patients have access to better services and better health outcomes.

I have already talked about the importance of allowing interpreters to make anonymous complaints. This is one way this bill will improve working conditions, but I want to talk a little bit about what this profession looks like for Certified and Qualified interpreters in particular.

Qualified interpreters have demonstrated language proficiency and have successfully completed training programs to learn about topics such as medical terminology, memory and note-taking strategies and interpreting ethics. In some languages, like Spanish, the Qualification cannot be renewed--after getting Qualified, Spanish interpreters must pass a national written and oral exam to get Certified before their Qualification expires. However, not all languages have a national exam, so in some languages the highest credential is Qualified. Credentials like this are important because, not surprisingly, trained interpreters provide a better service and are linked to improved patient outcomes compared to those who have no training[2-7]. Qualified and Certified interpreters have taken the steps to earn a credential that demonstrates a level of competence to those they work with.

As it stands, interpreting is a “revolving door” profession--many interpreters leave the profession because of poor treatment from agencies, pay that does not rise with the cost of living, and little to no ability to negotiate contracts. There is a race to the bottom where agencies compete with one another to win contracts with clients. Because there is little to no verification of the quality of services provided, the agency that can offer the lowest price with the poorest terms for interpreters (meaning no charge for last-minute cancellations, no extra charge for mileage or travel time, and so on) is the agency that is most likely to win the contract with the CCO, clinic, or hospital. It doesn’t matter if the agency sends interpreters with no qualifications because Certified and Qualified interpreters will not accept their rates or terms. If the agency bids low, they get the contract, and the jobs go to the interpreters willing to accept those rates and terms. This leaves Certified and Qualified interpreters who charge higher rates and who are not willing to accept poor working conditions with less work. While someone who does not take the profession seriously and is just doing it as a “side hustle” may accept the working conditions at the agencies that are able to bid low and win the most contracts, many interpreters who take their work seriously are willing to work only with agencies that offer higher wages and better terms and conditions, and are driven away from the profession because those agencies can’t get many contracts and therefore can’t offer them enough work.

CCOs are required to ensure their members have access to Certified and Qualified health care interpreters according to OAR 410-141-3590 and ORS 414.625, and health care providers are supposed to work with Certified and Qualified interpreters whenever possible according to ORS 413.552 (3). However, there is little incentive for interpreters to get Certified and Qualified because doing so requires an investment in time and money that often doesn’t pay off. Certified and Qualified interpreters may earn higher rates, but if they get less work, they don’t actually come out ahead. So many interpreters don’t bother to pay for training and earn their credential, leaving health care providers without a workforce whose competence has been verified, and leaving patients without access to trained professionals whose skills have been verified, despite study after study showing that trained interpreters provide a better service and are linked to improved patient outcomes compared to those who have no training[2-7].

I hope I have been able to highlight a few of the issues facing interpreters and those we serve, and explain why this bill is so important for our community. I support the bill as it is written, but I also know that there is discussion around some potential amendments. I would support adding a complaint process and enforcement process for federal language access protections in addition to state protections, because I feel it is important to enforce existing protections at both the state and federal level. For this bill we would like to hold interpretation service companies accountable.

Thank you all for your time hearing my testimony and considering this bill, and I urge your aye vote on HB 4115.

(1) https://www.oregon.gov/oha/OEI/Documents/le9387.doc

(2) https://minorityhealth.hhs.gov/Assets/pdf/Checked/HC-LSIG.pdf

(3) https://journalofethics.ama-assn.org/article/language-based-inequity-health-care-who-poor-historian/2017-03

(4) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955368/pdf/hesr0042-0727.pdf

(5) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1855271/pdf/11606_2007_Article_136.pdf

(6) http://mighealth.net/eu/images/3/3b/Flores2.pdf

(7) http://www.mighealth.net/eu/images/6/61/Flores1.pdf

(8) https://link.springer.com/content/pdf/10.1007%2Fs11606-017-3999-9.pdf

(9) https://www.ncbi.nlm.nih.gov/pubmed/29256089

(10) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4737649/

(11) https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-0874-4

(12) https://journals.lww.com/pec-online/Abstract/2013/05000/Unscheduled_Return_Visits_to_the_Emergency.5.aspx