

HOUSE AMENDMENTS TO HOUSE BILL 4115

By COMMITTEE ON HEALTH CARE

February 18

1 On page 1 of the printed bill, line 3, delete “, 656.027 and 657.046” and insert “and 656.027”.

2 In line 4, delete “health care providers and”.

3 In line 7, delete “health care providers and”.

4 Delete lines 12 through 14.

5 In line 19, delete “, coordinated care organizations and other health care providers”.

6 In line 20, delete “wages and reimbursement” and insert “payment rates”.

7 On page 2, delete lines 3 through 45 and delete pages 3 through 5.

8 On page 6, delete lines 1 through 16 and insert:

9 **“SECTION 1. No later than September 15, 2020, the Oregon Health Authority shall report**
10 **to the interim committee of the House of Representatives related to health on the costs to**
11 **implement the amendments to ORS 413.556 and 413.558 by sections 5 and 6 of this 2020 Act.**

12 **“SECTION 2. (1) As used in this section:**

13 **“(a) ‘Health care interpreter’ has the meaning given that term in ORS 413.550.**

14 **“(b) ‘Interpretation service company’ means an entity to the extent that it is engaged in**
15 **the business of furnishing health care interpreters to health care providers.**

16 **“(2) Except as provided in subsection (3) of this section, an interpretation service com-**
17 **pany may not employ or contract with a health care interpreter who is not listed on the**
18 **health care interpreter registry established under ORS 413.558.**

19 **“(3) An interpretation service company may employ or contract with a health care in-**
20 **terpreter who is not listed on the health care interpreter registry only if the company veri-**
21 **fies that the company has taken all steps, in accordance with rules adopted by the Oregon**
22 **Health Authority under ORS 413.558 (8)(c), to obtain a health care interpreter who is listed**
23 **on the health care registry.**

24 **“(4) The Commissioner of the Bureau of Labor and Industries shall establish by rule**
25 **standards, policies and processes to hold accountable interpretation service companies for**
26 **contracting with or employing as health care interpreters only health care interpreters listed**
27 **on the health care interpreter registry in accordance with subsections (2) and (3) of this**
28 **section.**

29 **“(5) The standards, policies and processes established under subsection (4) of this section**
30 **must include, at a minimum:**

31 **“(a) A requirement for an interpretation service company to:**

32 **“(A) Notify a health care provider if a health care interpreter furnished by the company**
33 **is not a qualified or certified health care interpreter listed on the health care interpreter**
34 **registry;**

35 **“(B) Report to the commissioner, in the form and manner specified by the commissioner,**

1 every case in which the company furnishes a health care interpreter who is not listed on the
2 health care interpreter registry; and

3 “(C) Provide, upon the request of a health care interpreter, the terms of the contract
4 between the company and the health care interpreters that the company provides.

5 “(b) A standard prohibiting an interpretation service company from representing to a
6 health care provider that a contracted or employed health care interpreter furnished by the
7 company is a certified health care interpreter unless the interpreter has met the require-
8 ments for certification under ORS 413.558 and has been issued a valid certification by the
9 authority.

10 “(c) A process for investigating and resolving complaints, in the manner provided in ORS
11 659A.820, about:

12 “(A) The failure of an interpretation service company to contract with or employ health
13 care interpreters who are listed on the health care interpreter registry in accordance with
14 subsections (2) and (3) of this section; and

15 “(B) An interpretation service company’s unfair labor or contracting practices, discrim-
16 ination, violation of consumer protections, risks to the health or safety of patients, conflicts
17 of interest or compliance with law.

18 “(6) Subsection (5)(c)(B) of this section may not be construed to impair, extinguish or
19 infringe on any existing rights, claims or remedies under state or federal law.

20 “**SECTION 3.** ORS 413.550 is amended to read:

21 “413.550. As used in ORS 413.550 to 413.558:

22 “(1) ‘Certified health care interpreter’ means an individual who has been approved and certified
23 by the Oregon Health Authority **under ORS 413.558.**

24 “(2) ‘Health care’ means medical, surgical or hospital care or any other remedial care recognized
25 by state law, including physical and behavioral health care.

26 “(3) ‘Health care interpreter’ means an individual who is readily able to:

27 “(a) Communicate with a person with limited English proficiency;

28 “(b) Accurately interpret the oral statements of a person with limited English proficiency, or the
29 statements of a person who communicates in sign language, into English; **and**

30 “[*(c) Sight translate documents from a person with limited English proficiency;*]

31 “[*(d) (c) Interpret the oral statements of other persons into the language of the person with*
32 *limited English proficiency or into sign language[; and].*]

33 “[*(e) Sight translate documents in English into the language of the person with limited English*
34 *proficiency.*]

35 “(4) ‘**Health care interpreter registry**’ means the registry established **under ORS 413.558.**

36 “[*(4) (5) ‘Person with limited English proficiency’ means a person who, by reason of place of*
37 *birth or culture, speaks a language other than English and does not speak English with adequate*
38 *ability to communicate effectively with a health care provider.*]

39 “[*(5) (6) ‘Qualified health care interpreter’ means an individual who has received a valid letter*
40 *of qualification from the authority under ORS 413.558.*]

41 “[*(6) ‘Sight translate’ means to translate a written document into spoken or sign language.*]

42 “**SECTION 4.** ORS 413.552 is amended to read:

43 “413.552. (1) The Legislative Assembly finds that persons with limited English proficiency, or
44 who communicate in sign language, are often unable to interact effectively with health care pro-
45 viders. Because of language differences, persons with limited English proficiency, or who communi-

1 cate in sign language, are often excluded from health care services, experience delays or denials of
2 health care services or receive health care services based on inaccurate or incomplete information.

3 “(2) The Legislative Assembly further finds that the lack of competent health care interpreters
4 among health care providers impedes the free flow of communication between the health care pro-
5 vider and patient, preventing clear and accurate communication and the development of empathy,
6 confidence and mutual trust that is essential for an effective relationship between health care pro-
7 vider and patient.

8 “(3) It is the policy of the Legislative Assembly to require the use of certified health care in-
9 terpreters or qualified health care interpreters [*whenever possible*] **to the greatest extent practi-**
10 **cable** to ensure the accurate and adequate provision of health care to persons with limited English
11 proficiency and to persons who communicate in sign language.

12 “(4) It is the policy of the Legislative Assembly that health care for persons with limited English
13 proficiency be provided according to the guidelines established under the policy statement issued
14 August 30, 2000, by the U.S. Department of Health and Human Services, Office for Civil Rights,
15 entitled, ‘Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against Na-
16 tional Origin Discrimination As It Affects Persons With Limited English Proficiency,’ and the 1978
17 Patient’s Bill of Rights.

18 “**SECTION 5.** ORS 413.556 is amended to read:

19 “413.556. The Oregon [*Council on Health Care Interpreters*] **Health Authority** shall work in co-
20 operation with the Oregon [*Health Authority*] **Council on Health Care Interpreters** to[:]

21 “[*(1) Develop testing, qualification and certification standards for health care interpreters for per-*
22 *sons with limited English proficiency and for persons who communicate in sign language.*]

23 “[*(2) Coordinate with other states, the federal government or professional organizations to develop*
24 *and implement educational and testing programs for health care interpreters.*]

25 “[*(3) Examine operational and funding issues, including but not limited to the feasibility of devel-*
26 *oping a central registry and annual subscription mechanism for health care interpreters.*]

27 “[*(4) Do all other acts as shall be necessary or appropriate under the provisions of ORS 413.550*
28 *to 413.558.*] **provide all health care interpreter training in this state to professionalize the**
29 **health care interpreter workforce and ensure the use of qualified or certified health care**
30 **interpreters throughout this state. The training must be free or provided at a cost that is**
31 **affordable.**

32 “**SECTION 6.** ORS 413.558 is amended to read:

33 “413.558. (1) In consultation with the Oregon Council on Health Care Interpreters, the Oregon
34 Health Authority shall by rule establish procedures for testing, qualification and certification of
35 health care interpreters for persons with limited English proficiency or for persons who communi-
36 cate in sign language, including but not limited to:

37 “(a) Minimum standards for qualification and certification as a health care interpreter, **which**
38 **may be modified as necessary**, including:

39 “(A) Oral and written language skills in English and in the language for which health care in-
40 terpreter qualification or certification is granted; and

41 “(B) Formal education or training in medical terminology, anatomy and physiology, medical in-
42 terpreting ethics and interpreting skills;

43 “(b) Categories of expertise of health care interpreters based on the English and non-English
44 skills, or interpreting skills, and the medical terminology skills of the person seeking qualification
45 or certification;

1 “(c) Procedures for receiving applications and for examining applicants for qualification or cer-
2 tification;

3 “(d) The content and administration of required examinations;

4 “(e) The requirements and procedures for reciprocity of qualification and certification for health
5 care interpreters qualified or certified in another state or territory of the United States or by an-
6 other certifying body in the United States; and

7 “(f) Fees for application, examination, initial issuance, renewal and reciprocal acceptance of
8 qualification or certification as a health care interpreter if deemed necessary by the authority.

9 “(2) Any person seeking qualification or certification as a health care interpreter must submit
10 an application to the authority. If the applicant meets the requirements for qualification or certi-
11 fication established by the authority under this section, the authority shall issue a letter of quali-
12 fication or a certification to the health care interpreter. **The authority shall make a**
13 **determination on an application no later than 60 days after the date the application is re-**
14 **ceived by the authority.**

15 “(3) The authority shall work with other states, the federal government or professional organ-
16 izations to develop educational and testing programs and procedures for the qualification and cer-
17 tification of health care interpreters.

18 “(4) In addition to the requirements for qualification established under subsection (1) of this
19 section, a person may be qualified as a health care interpreter only if the person:

20 “(a) Is able to fluently interpret the dialect, slang or specialized vocabulary of the non-English
21 language for which qualification is sought; and

22 “(b) Has had at least 60 hours of health care interpreter training that includes anatomy and
23 physiology and concepts of medical interpretation.

24 “(5) A person may not use the title of ‘qualified health care interpreter’ in this state unless the
25 person has met the requirements for qualification established under subsections (1) and (4) of this
26 section and has been issued a valid letter of qualification by the authority.

27 “(6) In addition to the requirements for certification established under subsection (1) of this
28 section, a person may be certified as a health care interpreter only if:

29 “(a) The person has met all the requirements established under subsection (4) of this section;
30 and

31 “(b) The person has passed written and oral examinations required by the authority in English,
32 in a non-English language or sign language and in medical terminology.

33 “(7) A person may not use the title of ‘certified health care interpreter’ in this state unless the
34 person has met the requirements for certification established under subsections (1) and (6) of this
35 section and has been issued a valid certification by the authority.

36 “(8) **The authority shall:**

37 “(a) **Establish and maintain a central registry for all health care interpreters who are**
38 **qualified or certified by the authority, establish a four-year subscription mechanism for the**
39 **registry and adopt by rule fees to cover the reasonable costs of administering the registry.**

40 “(b) **Provide a website or otherwise implement a system, in collaboration with a labor**
41 **union or other representative of the health care interpreter workforce, that allows a patient**
42 **or health care provider to access the health care interpreter registry and schedule appoint-**
43 **ments with qualified or certified health care interpreters.**

44 “(c) **Adopt by rule the steps that must be taken by an interpretation service company**
45 **and the verification required to allow the use of a health care interpreter who is not listed**

1 on the health care interpreter registry established under this section, in accordance with
2 section 2 (3) of this 2020 Act.

3 “(d) Track medical assistance expenditures under ORS chapter 414 on health care inter-
4 pretation services and the portion of the expenditures that are spent on administrative
5 costs.”.

6 In line 17, delete “10” and insert “7”.

7 On page 7, line 17, delete “11” and insert “8”.

8 On page 10, line 21, delete “12” and insert “9”.

9 On page 13, line 28, delete “13” and insert “10”.

10 On page 16, restore lines 37 and 38.

11 In line 38, after “broker” insert “other than a qualified or certified health care interpreter, as
12 defined in ORS 413.550”.

13 In line 39, restore the bracketed material and delete the boldfaced material.

14 On page 17, delete lines 14 through 45.

15 On page 18, delete lines 1 through 29 and insert:

16 “**SECTION 11. (1) Section 2 of this 2020 Act and the amendments to ORS 192.630, 413.550,**
17 **413.556, 413.558 and 414.572 by sections 3 and 5 to 9 of this 2020 Act become operative on July**
18 **1, 2022.**

19 “**(2) The Commissioner of the Bureau of Labor and Industries and the Oregon Health**
20 **Authority shall take all steps necessary before July 1, 2022, to carry out the provisions of**
21 **section 2 of this 2020 Act and the amendments to ORS 192.630, 413.550, 413.556, 413.558 and**
22 **414.572 by sections 3 and 5 to 9 of this 2020 Act on and after July 1, 2022.”.**

23 In line 30, delete “17” and insert “12”.

24