

## HB 2359 -4 STAFF MEASURE SUMMARY

### House Committee On Health Care

---

**Prepared By:** Brian Nieubuurt, LPRO Analyst

**Meeting Dates:** 3/2, 4/8

---

#### WHAT THE MEASURE DOES:

Requires health care providers without on-site staff with demonstrated proficiency in a patient's preferred language to work with a health care interpreter (HCI) from the health care interpreter registry administered by the Oregon Health Authority (OHA). Specifies exceptions to work with registered HCI. Requires provider to maintain specified records of each patient encounter in which the provider worked with a HCI from the HCI registry. Requires provider to notify HCI when working with a patient with an infectious disease. Requires provider to ensure that HCI has received all vaccines and testing recommended by the Centers for Disease Control and Prevention for health care workers. Requires provider to provide personal protective equipment (PPE) recommended by OHA to HCI providing services on-site at no cost. Requires OHA to adopt rules to enforce HCI requirements. Requires OHA to adopt rules with advice from Oregon Council on Health Care Interpreters to hold HCIs and providers accountable. Allows OHA to impose civil monetary penalty not exceeding \$1,000 for violations. Prohibits person from operating interpretation service company in the state unless the company is registered with OHA. Prohibits interpretation services company from employing or contracting HCI not listed on interpreter registry, subject to exception. Requires interpretation services companies to inform provider and report to OHA when an unregistered HCI is referred to a provider. Requires Commissioner of the Bureau of Labor and Industries (BOLI) to establish by rule standards, policies, and processes to hold interpretation service companies accountable for contracting with or employing as HCIs individuals listed in interpreter registry. Allows BOLI Commissioner to issue fines up to \$5,000 for violations. Clarifies definition of "health care interpreter." Requires Oregon Council on Health Care Interpreters to adopt a code of ethics and procedures to evaluate the quality of health care interpretation services provided by interpretation service companies and by HCIs listed on registry. Requires OHA to notify HCI applicants of determination no later than 60 days after receipt of application. Requires OHA to provide HCI training and continuing education and maintain records of HCIs who have completed training and education. Requires OHA to establish and maintain a central registry for all qualified or certified HCIs, implement a system that allows a patient or health care provider to access the HCI registry and schedule appointments, inform HCI of changes in payment rules or policies, and publish guidance on PPE use. Requires coordinated care organizations to use HCIs listed on health care interpreter registry. Makes certain HCIs subject workers for purposes of workers' compensation benefits. Declares emergency, effective on passage.

#### ISSUES DISCUSSED:

- Non-qualified and non-certified health care interpreters; accountability
- Proposed statewide interpreter registry platform
- Current work environment for health care interpreters
- Interpreters excluded from unemployment benefits
- Medical errors and patient safety from use of untrained interpreters
- Whether bilingual providers need to be qualified or certified health care interpreter

#### EFFECT OF AMENDMENT:

-4 **Replaces the measure.** Requires specified health care providers, unless proficient in a patient's preferred language, to work with a health care interpreter (HCI) from the health care interpreter registry administered by the Oregon Health Authority (OHA). Specifies exceptions to this requirement: (1) provider has taken appropriate steps to obtain HCI, or (2) patient has been offered and declines use of a HCI. Removes vaccine and testing

*This summary has not been adopted or officially endorsed by action of the committee.*

## HB 2359 -4 STAFF MEASURE SUMMARY

requirements. Requires provider to maintain specified records of each patient encounter in which the provider worked with a HCI from the registry. Authorizes professional regulatory boards, OHA, and DHS to enforce provisions. Removes authority to issue civil penalties, violation, or fines by OHA or BOLI Commissioner. Specifies interpretation services company may not arrange for interpretation services if individual is not on the registry unless (1) provider states they have taken necessary steps, (2) is unable to arrange for a HCI who is registered, and (3) interpretation company confirms all registered HCIs employed by company are unavailable. Requires interpretation services company to retain specified records. Requires CCOs to provide enrollees with meaningful language access in accordance with current federal and state law. In rule, authorizes OHA to ensure coordinated care organizations or any other health care provider that receives medical assistance reimbursement uses and reimburses qualified or certified HCI for patients with limited English proficiency or who communicate in signed language. Directs OHA to collaborate with Oregon Council on Health Care Interpreters to report no later than January 1, 2022 on an online model to support contracting among providers and HCIs. Modifies definition of health care interpreter to include an individual who accurately interprets and communicates in English or in signed language, and is able to provide relay or indirect interpretation. Directs Oregon Council on Health Care Interpreters to work with OHA to ensure qualification and certification standards are consistent with national standards for HCIs. Requires OHA to notify an individual who has submitted application to become qualified or certified no later than 60 days after application is received by agency. Expands criteria by which an individual may not use the title "qualified" or "certified" HCI. Requires OHA to provide interpreter training and continuing education either at not cost or affordable cost. Requires OHA to establish and maintain a central registry for all qualified or certified HCIs. Modifies workers' compensation law by removing from definition of nonsubject workers, persons performing language translator or interpreter services. Removes current law exempting language translators or interpreters from unemployment insurance.

*REVENUE: statement issued - see explanatory statement.*

*FISCAL: statement issued - fiscal impact.*

### **BACKGROUND:**

Health care interpreters facilitate communication between patients with limited English proficiency (LEP) and health care providers in-person or over the phone. In 2001, a 25-member Health Care Interpreter Council was established to ensure the development of competent and accessible language access services. House Bill 2419 (2015) modified the membership of the Oregon Council of Health Care Interpreters, clarified qualifications and certification requirements for health care interpreters, and specified that the policy of the Legislative Assembly is to require the use of certified or qualified health care interpreters (HCI) whenever possible, including American Sign Language interpreters. According to the American Community Survey (2019), nearly 600,000 Oregonians (over 15% of the state's population) speak a language other than English at home.

The Oregon Health Authority's Office of Equity and Inclusion offers two levels of credentialing for health care interpreters - qualification and certification. Both credential levels require 60 hours of training and demonstrated proficiency in both English and a non-English language. OHA also maintains the Health Care Interpreter Registry that allows people to find and connect with qualified and certified health care interpreters.

House Bill 2359 requires health care providers to work with registered health care interpreters and updates other requirements related to health care interpreter registration and use.