

HB 2359 A STAFF MEASURE SUMMARY

House Committee On Health Care

Action Date: 04/13/21

Action: Do pass with amendments and be referred to Ways and Means. (Printed A-Eng.)

Vote: 8-1-1-0

Yeas: 8 - Alonso Leon, Campos, Dexter, Moore-Green, Noble, Prusak, Salinas, Schouten

Nays: 1 - Hayden

Exc: 1 - Drazan

Fiscal: Fiscal impact issued

Revenue: Revenue impact issued

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Meeting Dates: 3/2, 4/13

WHAT THE MEASURE DOES:

Requires health care providers 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 provide personal protective equipment (PPE) to HCI providing services on-site at no cost. Requires provider to maintain specified records of each patient encounter in which the provider worked with a HCI from the HCI registry. Authorizes health professional regulatory boards, OHA, and the Department of Human Services (DHS) enforce HCI requirements. Specifies requirements for interpretation service companies. Requires OHA to adopt rules ensuring medical assistance program health care providers utilize, and are reimbursed for use of, HCIs. Requires OHA, in consultation with the Oregon Council on Health Care Interpreters, to conduct a study on best model for online HCI platform to be completed no later than July 1, 2022. Requires OHA to report to Legislative Assembly by January 1, 2022 on results of study. Clarifies definitions of "health care interpreter" and "health care provider." Defines "interpretation service company." Clarifies duties of Oregon Council on Health Care Interpreters. 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. Clarifies coordinated care organization (CCO) member right to provision of meaningful language access and HCIs. Makes certain HCIs subject workers for purposes of workers' compensation benefits. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Nonqualified and noncertified 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:

Replaces the measure.

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

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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 percent of the state's population) speak a language other than English at home.

The Oregon Health Authority's (OHA) 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 A requires health care providers to work with registered health care interpreters and updates other requirements related to health care interpreter registration and use.