

Chair Rachel Prusak March 02, 2021

900 Court St. NE, H-489

Salem, Oregon 97301

House Health Care Committee

Re: Letter of support of HB 2359 the Health Care Interpretation Accountability Act

The entire service delivery network must be reviewed to understand what the language needs of Limited English Speakers are. If healthcare systems cannot provide bilingual providers that address these needs, they must address the gap by working with Traditional Health Workers and Certified and Qualified Health Care Interpreters.

The health care interpreter (HCI) is an essential part of the medical team. Interpreters offer a language and cultural bridge between a health care professional (like a doctor, nurse, dentist, etc.), and a limited English proficient (LEP) patient. This ensures the proper communication that allows for the LEP patient to receive quality medical care.

Volumes of research support that addressing Cultural and Linguistic needs of individuals meets the Triple Aim. Until the providers speak or sign the language of individuals is adequate for community needs, Interpreters bridge that gap.

The COVID-19 pandemic has drastically impacted the Spoken and Signed Language Health Care Interpreter workforce. Many Healthcare Interpreters were laid off immediately, those that invested to transition to remote work were, unutilized by health systems that shifted to cheaper, lower quality Interpreter Agencies that do not employ Oregon Certified and Qualified Interpreters.

Spanish-HB 2359 the Health Care Interpretation Accountability Act moves Oregon in the direction of Recognizing, Rectifying, and Reconciling historical and contemporary injustices for the Limited English-Speaking population.

Respectfully,

Certified Healthcare Interpreter

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