

March 2, 2021

To: House Committee on Health Care

Re: Letter in support of HB 2359

Chair Prusak, Vice Chairs Salinas and Hayden, and members of the committee,

My name is Amanda Wheeler-Kay. I am a Certified Health Care Interpreter in English and Spanish and am also a member of the Oregon Council on Health Care Interpreters. I have worked as a freelance interpreter since 2007, prior to a process for certification/qualification for health care interpreters in Oregon.

I have been involved in efforts to improve working conditions for interpreters and the end results for limited English proficient individuals for years and have spent hundreds of hours invested in crafting this legislation, talking it up, and educating stakeholders on the need for this kind of legislation.

I would like to thank Rep. Salinas and her staff for their efforts to engage health care interpreters in the process of creating this bill.

First, a brief overview of the landscape for interpreters: most health care interpreters who work in the state of Oregon are freelance interpreters. Our interpreter assignments come from language agencies: we sign contracts with one or more of these agencies and they offer jobs based on with which CCOs, clinics and other entities they have contracts. We interpreters are not privy to the details of those contracts. Since we are not employees, interpreters do not have access to guaranteed number of hours of work, sick time, paid time off, or much control over which patients/appointments we go to. We currently do not have a means for submitting complaints when we are paid differently from what we invoice, or don't get paid at all! Current legislation explicitly excludes us from being eligible to receive workers compensation, and yet I do not know of one interpreter who has access to health insurance through interpreting as a freelance interpreter.

I am writing to urge your support of HB 2359. There are numerous federal state laws that codify the right of LEP individuals and individuals with disabilities access to competent interpreters at no cost to the individual. Unfortunately, laws on the books to protect that right is not enough to ensure meaningful access to trained interpreters.

This is the main reason for HB 2359 – to hold accountable those stakeholders who violate these laws. It is important to recognize that interpreters AND service providers bear certain responsibilities to ensure equitable and meaningful language access, this bill addresses the responsibility of entities other than individual interpreters. This bill addresses the fact that in order to ensure meaningful language access, it cannot rest solely on the shoulders of individual interpreters.

HB 2359 would allow enforcement of current laws, with accountability for CCOs, providers, and language agencies. In the same way that motorists are not deterred from speeding without the threat of sanctions (i.e. speeding tickets, license revocation), we are asking that entities with the power to make decisions and impact access to interpreters have consequences if they violate current laws.

Many of my colleagues have given eloquent testimony detailing the importance of various aspects of this bill. Today I would like to highlight one important area of concern, that of choice.

Do you have a preference for a male or female provider? Do you have a favorite dental hygienist? Would you request not to be scheduled again with a health care provider who you felt treated you poorly? You have a right of choice in providers, and as an English speaker, you have the privilege of knowing that right, and being able to communicate your concerns and preferences directly.

This bill addresses this issue because there is no current consistent way in which patient choice regarding interpreters is documented or honored. More than once I have been to an appointment with a female patient who expressed her relief to me that the interpreter (me) was female because she hadn't felt comfortable with the male interpreter(s) that had been sent to her previous appointment(s) and therefore hadn't told the provider what was really bothering her. This clearly impacts the patient's health and well-being, and her health outcomes.

Even if a limited-English proficient individual is aware of this right, they still have to rely on a chain of people to express concerns/preferences: interpreter, clinic, language agency. This is an equity issue that involves two parts: 1) valuing patient choice of interpreters at the same level as patient choice for other providers; and 2) implementing equitable practices for honoring those choices. As illustrated by my example of the woman who was reluctant to discuss her health concerns through a male interpreter, this is much more than a consideration of preference.

If you disagree with portions of the bill, or are unsure why they are important, I urge to you reach out to myself or any of the other interpreters who have submitted written or oral testimony. We welcome the opportunity to clarify questions related out to our beloved, little-understood profession.

Please vote "yes!" on HB 2359.

Thank you for your time.

Sincerely,
Amanda Wheeler-Kay