

March 2nd, 2021

To: House Committee on Health Care

Re: Testimony in support of HB 2359

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

Good afternoon and thank you for serving on this important committee to improve health equity through interpreting services in Oregon. My name is Piyawee Ruenjinda. I am a qualified health care interpreter and have been interpreting since the autumn of 2018. My working languages are Thai and English. Before locating to the United States in 2016, I was in senior management for several private companies, specializing in business operations, quality assurance, and customer services. I worked with people from diverse countries and backgrounds.

I support HB 2359, and I am asking you to vote yes on HB 2359. This bill will close a current loophole that currently allows unqualified and non-certified health care interpreters to perform medical interpretation services; the bill also directs the Bureau of Labor and Industries to hold language agencies accountable for their actions. Further, it ensures that the workforce is professionalized by directing the Oregon Health Authority to work with the Oregon Council on Health Care Interpreters to create a free or low-cost training program. Additionally, HB 2359 classifies health care interpreters as subject workers (according to ORS 656.027) for the purposes of workers compensation, employment related benefits and working conditions.

Today, I will share a few of my encounters with quality issues in health care interpreting. I hope they demonstrate why this bill needs to get passed. In the story, I use non-binary pronouns, they/them, to deidentify genders.

I took the required 64-hour medical interpreter training in summer 2018. Due to my lack of exposure to health care settings in the United States, I asked a Thai interpreter if I could accompany them on a doctor visit to observe. I was interested in the process, especially the interpreting session, and the layout of the facility. I began to see that some interpreters were not following normal protocols. The interpreter, who was not qualified, had inserted inappropriate questions which the doctor did not ask. When I brought it up to the owner of the language company that had provided that interpreter, not only they did

not take it seriously, but also considered it hilarious. They showed a lack of concern about essential issues. I was disgusted and hoped that it was a one-off, and not the industry-norm.

Unfortunately, I was wrong. Other professional interpreters have told me about similar bad experiences with language agencies such as consistent incorrect payments or unfair return and cancellation periods. Some sent me their blacklists which suggest that if I took these complaints seriously, I might not find any company to work with. I also heard several stories from limited-English proficiency (LEP) persons about problems they had seen in the past, for example, the lack of proficiency in working languages, or being rude to the patients.

In 2007 the Joint Commission identified the "**triple threats**" to effective health communication—low health literacy, cultural barriers, and limited English proficiency. Paul M. Schyve, M.D., senior vice president of the Joint Commission wrote, "*[c]ommunication problems are the most frequent root cause of serious adverse events reported to the Joint Commission's Sentinel Event Database, and a Joint Commission study found that when patients suffer adverse outcomes from medical errors, the outcomes are more serious in limited English proficiency patients than in English-speaking patients.*"¹ Further, "*In an increasingly multilingual, multicultural society, providing safe, high-quality health care requires overcoming these 3 barriers to effective communication with patients and their families.*"²

It seems to me that the issue of language access in health care has already been recognized at every level, a long time ago. I was told by several colleagues that the situation of medical interpreting in Oregon has improved tremendously in the last ten years. On the one hand, while I am glad to hear that we have made some progress, it seems we are still an awfully long way away from where we want to be. We all need to work together to achieve health equity. HB 2359 will help address some pressing issues. Please vote yes on HB 2359, and thank you for your time.

Piyawee Ruenjinda
OHA Qualified Health Care Interpreter
piyawee.ruenjinda@gmail.com

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2078554/>

² Ibid