

## **HB 2359: Health Care Interpreters Are Essential**

Imagine your employer transfers your family to a foreign country, one whose language is significantly different from yours, one you'd rarely heard spoken before you arrived. Now suppose, as you're settling in, your child starts having seizures. You rush to the emergency department, where most of the signs, hand-outs, and patient directives are in this language you're just starting to learn. You're smart, you're educated, your employer provides health insurance, but none of that helps; you can't communicate with the trained experts talking about performing brain surgery on your child! The pediatric neurosurgeon needs your Informed Consent to operate. She needs to know that you understand what's wrong with your child, what the options are, the risks; what do you want her to do? You don't understand her. She can't understand you.

Imagine your relief when a Health Care Interpreter arrives! In Oregon, HCIs are trained and certified. They bring a wide range of skills to a scenario like this: They are fluent in the doctor's language, the family's language, and the language of medicine. They have received advanced training in anatomy, physiology, and pharmacology. They are prepared to quickly engage the family, hear what the practitioner is saying, and convey that in another language, which may not even have such words or concepts. The HCI will remain involved as needed, until discharge prescriptions are filled, and aftercare directives are understood.

Medical providers who receive federal healthcare dollars, hospitals or private offices, are required to provide HCIs for their English-learning patients, and most health systems do so routinely. Including a Qualified Health Care Interpreter makes so much more sense than suggesting the patient bring along their child to interpret; a common, cheaper alternative. (In addition to their didactic training, HCIs are specially trained to remain impartial, and ethically bound to maintain confidentiality.)

While HCIs are trained, qualified, and required, their working conditions, and terms of employment have never been formalized. The purpose of HB 2359 is to create basic standards, expectations, and obligations for the employment of HCIs. Fortunately, there are a number of working models to borrow from: Geographically, the State of Washington recognizes medical interpreting as a profession. Closer to home, there are clear guidelines and standards for Sign Language Interpreters and Court Interpreters.

Being an HCI should be a viable career option for newcomers who master their new language, and for young people growing up in bilingual households. But it's not; the current lack of structure and accountability make this career choice too uncertain to build a life around.

And there's another thing. By its very nature, health care interpreting is work largely performed by immigrants and refugees, for people who look like them; whether they're patients or HCIs, newcomers and people of color are disproportionately

impacted by the lack of accountability and predictable compensation which currently characterize the profession in Oregon.

The beauty of this Bill is that it presents an opportunity to improve difficult situations for three groups of people: Patients and their families, Doctors, nurses, and other medical providers, and Qualified Health Care Interpreters.

Recognizing Qualified Health Care Interpreters as essential contributors to the medical team, and compensating them fairly, will cost more than *not* doing so. But as Washington's data show, it won't cost anywhere near as much as the medical mistakes it prevents.

Respectfully Submitted,

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For over 20 years, Dr. Grandin has worked to increase access to health care for immigrants, refugees, and other low-income people in the Metro Area. She helped to create Project Access NOW, Project Access Washington County, and several low fee clinics.