Submitter: Zachary Guastadisegni

On Behalf Of:

Committee: Senate Committee On Health Care

Measure: SB584

Dear Senator Patterson and Senator Hayden,

As a resident of Beaverton, Oregon, and an employee of a translation business in Portland, I write to oppose Oregon Senate Bill 584. This bill would require the Oregon Health Authority (OHA) to develop a web-based platform to support the scheduling of interpreters for Oregonian health care patients. Unfortunately, the bill as written would have the unintended consequence of delaying access to care for limited English proficient (LEP) and Deaf and Hard of Hearing patients in Oregon, impacting the quality and timeliness of care for some of Oregon's must vulnerable patients.

The language industry in the United States provides federally-mandated language access in health care under Sec. 1557 of the Patient Protection and Affordable Care Act, as implemented by 45 CFR 92.101. Language access is a civil right, deriving from the requirements of the 14th Amendment and Title VI of the Civil Rights Act of 1964. Moreover, a deep body of research on language access in health care conclusively demonstrates that the provision of high-quality language access to patients who are unable to communicate in English with health care providers, results in better patient outcomes, better patient adherence to discharge and prescription instructions, lower hospital readmission rates, and lower rates of malpractice filings.

At present, there are approximately 1,000 Oregon-qualified health care interpreters, in less than 25 languages. The interpreters in the Oregon Health Care Interpreter Registry provide primarily on-site interpreting in the greater Portland area. Simply put, there are not enough interpreters in Oregon to provide all of the health care interpreting that is required - and Federal law gives the same right to language access to all limited English proficient patients, regardless of language or location.

Interpreter rates are determined by a highly-regulated market, and as I note above, the requirement for language access is essentially an unfunded mandate, which then means that health care providers have significant incentives to minimize the cost of language access. While this bill takes some positive steps to address this, it is worth keeping in mind that there are several critical functions in language access which must be resourced, including the sourcing and qualification of interpreters, the tracking and reporting of the provision of language access, scheduling, and more. This bill would appropriate a small amount of money to OHA to support some, but not all, of these functions – a fraction of what health care providers and language companies spend on these essential functions.

I oppose S. 584 as it would have the unintended consequence of exacerbating disparities as opposed to reducing them.

Thank you.