

The Honorable Rev. Dr. Deb Patterson  
Chair, Oregon State Senate Committee on Health Care

The Honorable Cedric Hayden  
Vice Chair, Oregon State Senate Committee on Health Care

Dear Senator Patterson and Senator Hayden,

As a manager of interpreters for AMN Language Services, I am writing to oppose Oregon Senate Bill 584. While we agree that Oregon's healthcare interpreters should be paid fair and reasonable wages, and we are passionate about improving the quality of patient care for all, we believe this bill will unintentionally cause harm to limited English proficient and Deaf and Hard of Hearing patients needing care. Language access is a civil right and is federally mandated. (*Although not federally funded*)

- Sec. 1557 of the Patient Protection and Affordable Care Act
- 14<sup>th</sup> Amendment
- Title VI of the Civil Rights Act of 1964
- Federal law gives the same right to language access to all Limited English Proficient patients, *regardless of language or location*.

Please consider the following:

- There are 7151 languages spoken in the world, and any medical facility could receive a patient speaking any of these at any given time. The 1000 Oregon-qualified healthcare interpreters can only cover less than 25 languages. Who is going to interpret for the rest of them?
- When there are multiple encounters taking place at the same time in the same area, and only 1 interpreter is available, the interpreter cannot provide services for all encounters at the same time. This will cause a delay in care, rescheduling, interpreting services being denied, promoting the use of ad-hoc, non-qualified interpreters, family members, children being used as interpreters, and even providers practicing their beginner's language skills, placing patients' lives at risk.
- The recent pandemic taught us the importance of also using LSPs to help onsite interpreters meet the demand, especially in areas in which the onsite interpreters have no easy access.
- Remote interpreters are often onsite interpreters making them equally valuable and needed, regardless of the modality in which they provide services.
- Wanting to remove LSPs demonstrates that the individuals in favor of this Bill don't care for the well-being of the patients in need of language access.
- Some onsite interpreters will not travel to remote locations claiming that to them it is not worth the travel expenses and time. LSPs allow qualified interpreters who may not be able to work onsite due to illness, family dynamics, accessibility, etc., to be part of this wonderful profession, to help provide language services to everyone whether they are interpreting for their local clinic or a remote facility anywhere in the country.

Our interpreters and support personnel are a dedicated and committed group of professionals who have made it their life's work to see that all LEP and Deaf and Hard of Hearing patients have full autonomy in their healthcare encounters and have their civil rights met regardless of their location or unique language needs.

Language services companies are relied upon in all states and across the world for a wide range of vital functions:

- Procuring qualified medical interpreters in multiple languages regardless of location
- Staffing for on-demand, 24/7 service delivery (on-site and virtually)
- Logging session data for auditing and fiscal compliance
- End-to-end interpretation platform development and maintenance
- National recruiting, training, vetting, and quality assurance of interpreting workforce
- Enhancing the professionalism and ethical decision-making of interpreters by enforcing the use of the codes of professional conduct for medical interpreters
- Employment and benefits packages for interpreting workforce to assure retention and access to services when needed.
- Assisting healthcare organizations in meeting their mandate regulatory responsibilities.

The proposed small amount of money given to OHA to support some of these functions will not be sufficient to meet what language services providers and health care providers spend on these foundational activities.

In summary, research shows that providing high-quality language access to patients who are unable to communicate in English with their healthcare providers, results in better patient outcomes, better adherence to aftercare instructions, lower readmission rates, lower malpractice filings, and lawsuits regarding deprivation of language access rights. Please do not inadvertently place further barriers to their care by sponsoring this short-sighted bill.

Thank you for your thoughtful consideration and attention to serving the best interests of ALL Oregonians.

Sincerely,

**Betlem Nogue-Bonet, CMI**