

Submission instructions:

<https://olis.oregonlegislature.gov/liz/2023R1/Testimony/SHC/SB/584?area=Measures>

**DEADLINE: FRIDAY 2-10, 1 PM PST**

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

February 10, 2023

Dear Senator Patterson and Senator Hayden,

On behalf of the Association of Language Companies (ALC), 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 and payment of interpreters for language access for Oregonian health care patients. The ALC represents the language industry in the United States, which generates more than \$25 billion in annual revenue, and which provides meaningful, professional work for more than 250,000 translators, interpreters, localizers, captioners, and other personnel.

Simply put, the nature of S 584 and the proposed amendment make clear that parties in Oregon wish to replace language service companies with the state government. In fact, some of the written testimony calls for “eradicating” language companies - some of which are Oregon-based, and all of which have offices, employees, and pay taxes in Oregon.

We assist health care providers in complying with federally-mandated language access as required under Sec. 1557 of the Patient Protection and Affordable Care Act, and implemented by 45 CFR 92.101. Uniquely to the United States, language access is a civil right, deriving from the requirements of the 14th Amendment and Title VI of the Civil Rights Act of 1964. No other country protects language access, regardless of country of origin or language used, to the degree that we do. High-quality language access makes patients healthier and safer, and saves healthcare systems money on readmissions and malpractice.

But providing this access is actually a complex, 24/7/365 endeavor. In 2022, more than 2 million remote health care interpreting encounters occurred for Oregonian patients, in more than 150 languages, in every county of the State. More than 10,000 encounters occurred in Somali, for example, with roughly 35% on-site, and 65% remote (over the phone or via video). The only way we can ensure that Oregonian patients receive timely, qualified language access is to draw on a national base of interpreters. There are not enough interpreters in Oregon, nor enough potential interpreters, nor enough interpreters willing to work remotely, to provide the level of language access required. Importantly, emergent situations require on-demand language

access, which is invariably provided through remote interpreting, unless a staff interpreter is present. Few healthcare systems have interpreters on staff outside of Spanish, and then only in large institutions in urban areas. Moreover, Federal law makes no distinction with regard to the language spoken, or the location of the patient - a Zapoteco patient in rural eastern Oregon has the same rights to language access as a Spanish speaking patient in Portland. The only way that all patients can be served in a timely fashion is through a combination of on-site and remote interpreting, provided by a national base of interpreters. Finally, the COVID-19 crisis made on-site interpreting impossible. The language industry was able to pivot quickly to fill this vital need, as we had the scheduling and payment platforms as well as the virtual interpreting platforms already in use.

As you know, health care providers assume significant federal civil rights liability in the provision of language access, and our industry has the vital function of ensuring language access. This bill would not relieve health care providers of this civil rights liability – in fact, it would make OHA liable for language access, regardless of the intent of the Legislature, and it would deprive patients and healthcare providers of decades of expertise and infrastructure. The national investments in language access infrastructure, and the annual “back-office” costs of supporting language access, dwarf the proposed investment by the Oregon legislature.

A final work on equity and social justice for interpreters: many interpreters have testified that they cannot earn enough to make a living as interpreters, and that travel time and cancellations go unpaid. I must stress that interpreter rates are determined within the highly-regulated medical services market, and that the federal requirement for language access is essentially an unfunded mandate. Unfortunately, this means that health care providers have significant incentives to minimize the cost of language access. While this bill takes positive steps to address this by strengthening state funding for language access for certain patients, the bill does not set a minimum rate, nor does it guarantee a certain number of assignments for interpreters. Removing us from the market makes OHA the middleman, and saddles a small state agency with all of the operational challenges I note above. It does not put more money into health care for language access for all patients - something the State of Oregon could choose to do without upending an entire market.

Respectfully,

Susan Amarino  
President