Esteemed Chair and Members of the Committee,

I am writing to voice my support for SB 584. My fellow Oregonians depend on language access services when they are seeking health care. They deserve access to interpreters who have met state requirements whenever possible in accordance with state law. The Oregon government has recognized that languages other than english are an important for the health of the Oregon community.

Language minority patients experience health disparities in **access to health care** (Clark et al 2022, Gallagher et al 2013, Flores 2005, Karliner et al 2007, Lau et al 2012, Njeru et al 2015, Njeru et al 2017, Coker et al 2009, Ohtani et al 2015, Ponce et al 2006, Ramirez et al 2008, Roy et al 2021), **quality of health care** (Yeo 2004, Divi et al 2007, Gandhi et al 2000, AHRQ 2012, Lindholm et al 2012, Clark et al 2022, Divi et al 2007, Flores 2005, Kravitz et al 2000, Ramirez et al 2008, Yeheskel and Rawal 2019, Youdelman 2007), and **cost of care** (Gallagher et al 2013, Hampers and McNulty 2002, Graham et al 2008, Ramirez et al 2008, Karliner et al 2007, Njeru et al 2015, Office of Minority Health 2005), contributing to **disparate health outcomes** (Njeru et al 2017, Kim et al 2017, Njeru et al 2015, Carvajal Bedoya et al 2020, Clark et al 2022, Divi et al 2007, Gandhi et al 2000, Feinberg et al 2020, Kim et al 2017, Flores 2005, Lau et al 2012, Levas et al 2012). Access to professional interpreters mitigates these disparities, resulting in better access, quality and cost outcomes when compared to untrained interpreters or communication without an interpreter. Studies also suggest that interpreter training and professional credentials are associated with fewer interpreting errors of clinical consequence.

Access to trained interpreters with demonstrated language proficiency and interpreting skills is associated with **better access to care** (Office of Minority Health 2005, Kravitz et al 2000, Jacobs et al 2001, Jacobs et al 2004, Karliner et al 2007, Kravitz et al 2000, Ramirez et al 2008), **improved quality of care** (Flores et al 2012, Boylen et al 2020) and reduced cost of care (Jacobs et al 2004, Jacobs et al 2007, Diamond et al 2008, Green and Nze 2017, Lindholm et al 2012, Ramirez et al 2008) in this population, **reducing or even eliminating disparities** (Ryan et al 2017, Karliner et al 2007, Yeo 2004, Flores 2005, Plocienniczak et al 2021). Conversely, failure to provide access to such services exacerbates health disparities. When such services are unavailable or ineffective, it can result in inappropriate access to care and utilization (Njeru et al 2015, Lindholm et al 2012), decreased quality of care (Yeo 2004, Gandhi et al 2000), and worse health outcomes (Njeru et al 2017, Kim et al 2017, Flores 2005, Njeru et al 2015).

Quality as well as access matters: two systematic reviews of the literature found that access to untrained interpreters was associated with lower levels of satisfaction, more interpreter errors, including clinically significant interpreter errors, and worse comprehension compared to access to trained interpreters (Boylen et al 2020, Karliner et al 2007). Access to interpreters with unspecified levels of training, language proficiency, and interpreting skills failed to alleviate disparities in access to informed consent in one study (Lee et al 2017).

Federal law requires health systems to provide access to qualified interpreters, defined as those who have been trained in ethics and skills of interpreting, have demonstrated language proficiency, and have demonstrated interpreting skills, at all points of contact during all hours of operation. Accordingly, states set criteria for how much training interpreters must go through, how they must demonstrate language proficiency and interpreting skills, and how their services will be made available to patients in order to meet those federal standards. As of 2019, every US state had at least two state-level language access laws (Youdelman 2019).

In our state, the Oregon Health Authority (OHA) sets standards for minimum levels of training and language proficiency. Access to interpreters who have met state requirements is ***crucial*** to ensuring the health of language minority patients who depend on effective interpreter services to communicate with health care personnel in their preferred language. Since 2001, state law has required health systems to provide access to interpreters who have met OHA standards, and OR HB 2359 (2021) added additional enforcement mechanisms to ensure compliance with the existing language access requirements. Still, CCO language access reports show that the majority of appointments are not being covered by credentialed interpreters.

This bill would take two important steps forward in ensuring language access.

First, SB 584 would allow patients to seek recourse when they don't have access to interpreters. Section 7 of this bill would also allow damages to be sought for noncompliance with laws regarding interpreting services. No government agency is currently tasked with enforcing statutory requirements for language service companies, and though HB 2359 tasked OHA and DHS with enforcing language access requirements for health care providers, these agencies have not created a complaint process or specified penalties for noncompliance. A clear complaint process and proactive monitoring approach with clearly specified penalties for noncompliance would be more appropriate, especially given low levels of access to interpreters among Medicaid patients reported by Oregon's CCOs, but this is an important first step.

Second, SB 584 would allow credentialed interpreters to be paid directly by the state, rather than through intermediaries. This would support interpreters who invest in obtaining and maintaining their state credentials, and providers in knowing that the interpreters they are booking have met state standards. It would allow credentialed interpreters in Oregon the option to take appointments directly through the state rather than being forced to go through intermediaries, giving interpreters the ability to earn more while saving the state money on administrative costs. While appointments could still go to uncredentialed interpreters when an interpreter on the OHA registry is not available or upon patient request under ORS 413.559, having a system through which providers could book credentialed interpreters directly would make it easier for providers to be sure that their patients have access to an interpreter who has met state requirements. It would also give interpreters an incentive to get and maintain state credentials as they would be first in line for appointments and would be able to earn higher rates.

Currently, health care interpreter turnover is incredibly high. Only about 8% of interpreters renew their credentials with the Oregon Health Authority. It is clear that a change is needed for interpreters to be able to stay in the profession long-term so that patients can have access to skilled, experienced interpreters who have met state requirements. **I urge your support of SB 584 to support improved patient outcomes and work towards the state's goal of health equity by 2030.**

Respectfully,

Matthew Callahan

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