

## Nubia Martinez

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**From:** Nubia Martinez  
**Sent:** Friday, February 2, 2024 4:51 PM  
**To:** Sen.DebPatterson@oregonlegislature.gov  
**Cc:** Nubia Martinez  
**Subject:** SB 1578 Oregon Scheduling Portal Update

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

Dear Senator Patterson,

On behalf of AMN Healthcare, I write to oppose Oregon Senate Bill 1578. 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.

While the ostensible aims of the bill are laudable, especially in terms of improving the rates paid to Oregon's health care interpreters, and improving the quality of patient care, the bill as written would trigger several unintended consequences for Oregonian patients due to the OHA's lack of funding, insufficient language coverage, and lack of remote interpretation capabilities.

First and foremost, the proposal does not put the LEP patient first and hurts language access for vulnerable people. The portal will limit language access for LEP patients. SB 1578 is the first step in creating a state-run interpreter scheduling platform. In doing so, the State of Oregon would be taking on the federal liability for providing language access. The portal is not good for health care providers because it handicaps their ability to find "on demand" remote interpreter services (most interpreter services are provided remotely, not in person)

- **Insufficient Language Coverage** - In 2021, more than 2 million health care interpreting encounters occurred for Oregonian patients, in more than 150 languages, in every county of the State. At present the Oregon registry of interpreters covers fewer than 40 languages. Simply put, there are not enough interpreters in Oregon to provide all the health care interpreting that is required by federal law.
- **Longer Average Length of Hospital Stay and Higher Readmission Rates** – current evidence<sup>1,2</sup> has found that patients with limited English proficiency (LEP) who do not have adequate access to language interpretation have longer length of stays by 1.5 days on average. Recent evidence also found that those same patients were 1.6x more likely to be readmitted within 30 days.
- **Incapacity to Handle Emergent Interpretation Needs** – Over reliance on on-site interpretation, which requires medical encounters to be planned and scheduled ahead of time, will leave the health systems without the ability to respond to emergency medical encounters with LEP patients, that by nature, are unplanned and unscheduled. Conversely, many of the Language Service Providers (LSPs) (which would be rendered essentially inaccessible to health systems by bill 584) provide medically qualified remote interpreters within 30 seconds of activation.
- **Loss of Privacy** – Insufficient language coverage and lack of remote interpretation services results in a reliance of a select few "local" interpreters. In small or rural communities, this gives rise to potential conflicts of interest and privacy issues. A patient may be reticent to speak freely in front of a known community member working as an interpreter, and this phenomenon has been repeatedly noted in health care settings nationwide.

- **Inability to scale services with rising language access needs** – In the last decade alone, the number of Oregonians that speak a foreign language at home rose 22 percent<sup>3</sup>. The unpredictable nature of the geopolitical and economic landscape that drive relocation and immigration make it nearly impossible for any single entity to sufficiently predict language access needs and thus be able to employ, train, and deploy enough interpreters for every language.

Bill 1578 violates an LEP patient’s federal civil rights as it limits the ability to access qualified interpreter services and places them in potential harm. It also places the burden of fulfilling the essentially unfunded federal mandate of language access squarely on the shoulders of the OHA. The bill will leave the OHA without the recourse of sharing this burden with other LSPs, who have the decades of experience and the national interpreter base necessary to consistently meet the ever-fluctuating language access needs across the state.

For these reasons, we ask you to oppose Senate Bill 1578 and its amendments.

Sincerely,

**Jacobia Solomon**  
President, Language Services



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### Sources

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- 2 - Hickey, S. (2019, August 28). Healthcare Interpreting: Impact on Lengths of Stay and Readmission Rate. Nimdzi.  
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- 3 - Zeigler, K., & Camarota, S. (2019, October). 67.3 Million in the United States Spoke a Foreign Language at Home in 2018. CIS.org. <https://cis.org/Report/673-Million-United-States-Spoke-Foreign-Language-Home-2018>