

Dear Members of the Oregon Senate Committee on Health Care,

On behalf of the Association of Language Companies and its 180 members, I write to express our opposition to Oregon SB 1578, which requires the Oregon Health Authority to stand up an interpreter scheduling and payment system, whether by purchasing such a system or entering into a contract with a non-profit entity create such a system.

We question the efficacy of any such system, in particular with regard to providing 24/7/365 coverage to every location in the State of Oregon, in more than 130 languages. In 2023, we estimate that more than 2 million remote healthcare interpreting events occurred with Oregonian patients. A significant percentage of these encounters were in emergent situations, rather than scheduled healthcare appointments. In either situation, the requirements of the Joint Commission for connecting remote interpreters are stringent, with the standard being 30 seconds for Spanish, 60 seconds for other common languages, and 90 seconds for all other languages.

The language services industry has, for more than 20 years, assisted Oregon's health care providers in successfully meeting their language access requirements. Our member companies provide 24/7/365 coverage throughout Oregon, and indeed the US, in more than 250 languages. We meet the service level obligations for connection time, on average, more than 500,000 times per day nationally, and more than 5,500 times per day in the State of Oregon. We do this at no direct cost to the Oregon taxpayers, as the cost of language access is borne primarily by the healthcare providers.

At present, the Oregon Health Care Interpreter Registry has approximately 1000 members, the vast majority of whom are Spanish or ASL interpreters; furthermore, the registry has very few interpreters in languages other than Spanish or ASL, typically fewer than 5. The interpreters in the registry are insufficient to meet the language access rights of Oregonian patients, especially in areas outside of the Portland metro area, and in languages of lesser diffusion. Considering that *healthcare providers*, and not the OHA, are required to provide such access under §1557 of the Patient Protection and Affordable Care Act, the use of the registry and an online portal developed by OHA or a contractor could inadvertently deprive Oregonian patients of language access, and incur civil rights liability for healthcare providers.

Left unanswered in SB 1578 are several questions: what entity is liable for failures to provide meaningful language access, should the OHA's system be implemented – OHA, any contractor operating the portal, or Oregon's healthcare providers? How will the OHA guarantee the round-the-clock coverage required, or the languages required, or the connection times required? Will OHA support remote interpreting, which requires significant and expensive additional technologies beyond a scheduling and payment portal? How will the OHA convince interpreters in languages of lesser diffusion, or outside the state of Oregon, to undergo the required training to join the registry and be eligible for the platform? An interpreter in another state may simply forgo revenue from Oregon healthcare interpreting, as Oregon represents approximately 1.5% of the US population and GDP. An interpreter outside of Oregon, especially in a language of lesser diffusion, would likely be able to make up the loss from Oregon rather easily. The same may obtain for remote interpreters living in Oregon.

Finally, I would politely note that the technological infrastructure used by remote interpreting providers, were it to be developed from scratch, would cost far more than the amount contemplated by the State Senate for this effort.

The ALC supports the broader goal of improving language access for Oregon's LEP patients, and we would be delighted to share our ideas on how the State Senate might make meaningful improvements.

Sincerely,

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