Submitter:	Ricardo Martinez
On Behalf Of:	Linguava
Committee:	Senate Committee On Health Care
Measure:	SB1578

I am writing to vehemently express my opposition to Oregon Senate Bill 1578, primarily focusing on the detrimental impact it would have on language access for Limited English Proficient (LEP) patients and the hindrance it poses to healthcare providers seeking interpreter services.

SB1578 requires the state to either create or purchase a scheduling portal for certified/qualified health care interpreters. A similar portal was created in Washington State and working interpreters refer to it as “The Piranha Pit.” In order to pick up appointments, interpreters are constantly on their mobile devices to get appointments and fill their schedules. Providers have complained about interpreters monitoring their cell phones during appointments with patients, as this is not at all conducive to providing high quality of care for the patients.

The proposed portal under SB1578 raises significant concerns about language access for LEP patients. By limiting language options and not prioritizing the needs of LEP individuals, the bill runs counter to the principles of equitable healthcare, jeopardizing the quality of care for a substantial portion of our community.

The current Oregon Health Authority (OHA) registry, with a small number of represented languages, pales in comparison to the expansive array of languages served by interpreting—more than 130 languages and counting. This discrepancy poses a significant roadblock for healthcare providers seeking certified and qualified interpreters in many foreign languages. The portal's limitations would hinder the timely and accurate communication essential for providing optimal healthcare services.

Moreover, the portal's inadequacies extend beyond patient concerns. Healthcare providers heavily rely on "on-demand" remote interpreter services, which are crucial for effective communication, especially when the majority of interpreting services are provided remotely rather than in-person. SB1578, in its current form, handicaps the ability of healthcare professionals to access the necessary interpreter services promptly.

Furthermore, the bill's limitations on language access raise concerns about potential violations of LEP patients' federal civil rights. Title VI of the 1964 Civil Rights Act states: “No person in the United States shall, on the ground of race, color, or national origin , be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” “National origin” includes individuals with limited English proficiency. Section 1557 of the ACA further defines how to comply with language access mandates. By restricting the ability to access qualified interpreter services, SB1578 may inadvertently infringe upon the fundamental right to equitable healthcare, disproportionately affecting vulnerable populations.

In light of these pressing concerns, I urge you to reconsider the implications of SB1578 and explore alternative solutions that prioritize comprehensive language access for all patients and support healthcare providers in delivering the best possible care. Collaborative efforts involving all stakeholders are essential to crafting policies that strike a balance between efficiency and the protection of individual rights.

Thank you for considering my concerns and those of countless others who share similar apprehensions. I trust that you will carefully evaluate the potential repercussions of SB1578 on our community's health and well-being.