

February 6, 2015

Rep. Mitch Greenlick  
Chair  
House Committee on Health Care  
Salem, Oregon

Dear Mr. Greenlick,

I am a Spanish Certified Healthcare Interpreter, certified both by Oregon and by the National Board of Certification for Medical Interpreters interpreter working in Washington County. I am also an Oregon Certified Court Interpreter, Spanish.

Besides, I am a Medical Interpreter Trainer, and my training program is one of the programs approved by the Oregon Health Authority as prerequisite for Certification in Oregon. Because of my involvement with interpreters on the track to Certification and Qualification, I have had many discussions with them about the barriers to Qualification.

Besides this, I am the President of the Oregon Society of Translators and Interpreters, at [www.ostiweb.org](http://www.ostiweb.org).

I am thankful for the improvements that have been made to HB 2419. I am in support of the general direction of these changes though I do have some concerns.

The Oregon Health Authority (OHA) has submitted amendments to the bill, which deal with some of the issues we, as interpreters, were concerned about.

- The requirement for an internship is removed. This will reduce the barriers to qualification and certification, since it will have an effect on the 40 and 80 hours of experience requirement. Without the requirement for an internship in the law, there is no justification for these hours of experience in the application form. This will simplify the application process for languages of limited diffusion, and we support this change. Particularly, I remember a Sinhalese student I had. He interpreted maybe once a month. Fulfilling this 40 hour requirement was unsurmountable.
- In the listing of training requirements it previously listed "medical ethics". It now lists "medical interpreting ethics." We appreciate this clarification, since this is, in fact, what medical interpreters study. We appreciate this clarification in the language.
- In the listing of training requirements, it now lists interpreting skills. This is very important, since interpreting skills are essential and are a very specialized skill. As an interpreter trainer, I see that though mistakes happen because of terminology, the lack interpreting skills leads to far more significant problems, since accuracy and completeness are essential.
- It also includes sign language. We support this addition.

However, there is still one additional change that should be made for the sake of clarity.

Where it says	Location in document	We suggest
Certified Healthcare Interpreter	Section 1 ORS 413.550 (1) page 1, line 20, and Section 5 (7) page 5, line 19	<b>Oregon</b> Certified Healthcare Interpreter (1)

I believe it should follow the Court model: "**Oregon** Certified Court Interpreter."

<http://courts.oregon.gov/OJD/OSCA/cpsd/InterpreterServices/pages/iamacourtinterpreter.aspx>

Using "Certified Healthcare Interpreter," creates confusion since CCHI (the Certification Commission for Healthcare Interpreters) is already using this title as a trademarked name. See

<http://www.cchicertification.org/benefits-of-certification/benefits-of-certification>.

Besides, Oregon's healthcare interpreter certification is unique, in that it has additional requirements beyond those sought by the national organizations.

To avoid this confusion, I recommend "**Oregon** Certified Healthcare Interpreter."

I look forward to your careful consideration of this bill, and am ready to answer any questions you might have.

Yours,

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