

Senator Kathleen Taylor
Senate Committee on Workforce

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Letter in Support of HB 2231

I have been involved in the interpreting community in Oregon for the last fifteen years working as a social service and medical interpreter before certification existed, and then as one of the few credentialed medical interpreters in Oregon (Certified through Washington DSHS), and finally as an Oregon State Certified Healthcare Interpreter and Certified Court Interpreter. In addition to my experience as a working interpreter, I train medical interpreters as a part-time faculty member at Linfield College. I hold a Master of Arts in Spanish and have also worked extensively in higher education. I was appointed by Governor Brown to serve on the Oregon Council on Healthcare Interpreting from 2015-2018.

Ten years ago interpreters providing services to Medicaid patients in Washington State created a union. This has been a win-win situation. The State of Washington has saved over \$3 million per year, while steadily increasing interpreter pay. Unnecessary administrative costs were reduced by 30%, and very few interpreter requests go unfilled. The complaint rate is extremely low for interpreters who work within this system, as they are credentialed and receive free continuing education courses offered by the union. I have attached a summary of the Washington State Medicaid Interpreter Services Program which details these successes.

The current system in Oregon is wasteful and seems to benefit only Language Services Providers who do not prioritize the use of credentialed interpreters and seem to have no concern for patient safety. To give you a personal example, I live three blocks away from a hospital but am unable to provide my services there because of low rates offered by LSPs. These rates are so low that I would be unable to stay in business if I accepted them. While pay has steadily increased for medical interpreters in Washington, pay has decreased in Oregon in the last fifteen years. Most Medicaid interpreters who are independent contractors are paid an amount that is equivalent to \$5 per hour in a full-time, year round position. That's half the current minimum wage in Oregon. I still recall several years ago seeing a colleague who contracted with one of these LSPs post a picture of herself homeless, standing on a street

corner in Portland asking for money. The situation is so severe that interpreters cannot even afford to maintain safe vehicles to travel to and from assignments. Change is sorely needed.

In the Portland area, even with a large pool of credentialed interpreters, CCOs are unwilling to work directly with credentialed interpreters, instead choosing to contract exclusively with LSPs which do not allow interpreters to negotiate rates, preferring to work with the cheapest, and often the least qualified “interpreters,” many of whom have not received proper training and do not provide truly meaningful access to services to patients with limited English proficiency. I know this is the case because in the few instances where I have interpreted for Medicaid patients in Oregon in recent years, I have seen patients with repeated ER admissions due to lack of understanding of basic medication instructions for the most common illnesses such as asthma and diabetes.

Over the last fifteen years I have worked to find an easy solution to the dilemma faced by healthcare interpreters in the state of Oregon. I have spoken and attempted to negotiate with CCO representatives, LSPs, hospital staff, and state employees. There has been no significant movement to implement a system that would prioritize the use of credentialed interpreters while reducing the high, unnecessary administrative cost of the current system. Although millions of dollars and lives could be saved, nothing has changed. Because these stakeholders have neglected to take action, healthcare interpreters should be allowed to do so. Please allow us to follow the Washington State model and engage in collective bargaining. The Washington model works so well that patients with Limited English Proficiency in rural Oregon, where the problems with the current model are exacerbated, prefer to visit medical facilities in Washington State. Oregon interpreters often travel to Washington for continuing education offered by the union. Why not implement one here?

The interpreter’s union in Washington is an established, ten year old model that has been proven to work. Please support HB 2231 in order for this successful model to be implemented in Oregon.

Sincerely,

Heidi A. Schmaltz