From: Jessica Dover
To: HHC Exhibits
Subject: Comments for HB 4115
Date: Wednesday, February 5, 2020 6:54:24 AM

To Whom it May Concern,

I am a Spanish-language Certified Medical Interpreter (NBCMI), a Certified Court Interpreter (OR and WA), and a Certified Health Care Interpreter in Oregon.

While I applaud the efforts made by my colleagues and the state of Oregon in attempting to fix a system of predatory actors who regularly exploit medical interpreters in our state, HB 4115 in its current iteration has several sections that are of grave concern. Namely:

- Section 2: While this bill purports to address "...a loophole for health care providers and interpretation service companies to justify using untrained health care interpreters despite the availability of health care interpreters who are qualified or certified by the Oregon Health Authority," Section 2 (3) includes **that exact loophole** when it allows for interpretation service companies to contract with **"**health care interpreters who are enrolled in a health care interpreter training program approved by the Oregon Council on Health Care Interpreters." **Trainees are neither qualified nor certified**. **This will allow for the exact same practices by interpreting agencies tomorrow as today.** I realize that the state may be facing a lack of certified and qualified interpreters on the roster, but providing an exception for trainees is unacceptable. This provision as written allows for no standard to show why a trainee would be any better than an ad hoc interpreter (such as a bilingual medical assistant, for example), which is the current problem. **This language should be removed.**

- Section 4 states "(1) A person may not operate an interpretation service company in this state unless the company is registered with the Oregon Health Authority." **This language is too broad and must be changed to address companies that deal with medical appointments specifically.** Why should companies that in no way interact with the OHA or ever perform or attempt to fill medical appointments be required to be registered with the OHA? As written, an agency that hires ASL interpreters strictly for theater performances would have to register, which hardly seems appropriate. In my own case and in the case of many of my colleagues, while the lion's share of my income comes as an independent contractor, I have a direct contract with a local government to provide interpretation at meetings, none of which are related to health care. In the rare instance that I am unavailable to cover an appointment, I subcontract a trusted colleague to do so because I want to ensure that my client has a quality experience. Again, this is the exception to my workflow, not the rule, and yet under this provision it would seem that I would have to register with the OHA. Myself and my

colleagues who are in this same situation throughout the state are *not* huge companies filling multiple medical appointments a day, which I suspect was the target of this section. **A business should not have to register with the OHA if they have no interaction with medical or health care situations.** Furthermore, requiring businesses in this situation to pay MORE fees (Section 4 ((2)), is financially prohibitive and, in combination with what is overly broad language, makes this provision seem financially motivated on behalf of the state.

- Section 5 (1): The definitions referred to in this section are **incredibly broad. Furthermore, the OHA's own definition of "health care interpreter" in ORS 413.550 (3) does not even list requirements for medical terminology or any other factor that would differentiate a health care interpreter from any other kind of interpreter**. I would argue that all the definitions in ORS 413.550 need to be further fine-tuned to actually define what a *health care* interpreter is.

- Section 5 (2): Is the state proposing that the certification programs that currently exist (NBCMI and CCHI) are insufficient? Is subsection (b) suggesting that the state take on the work and cost of creating and administering a brand new exam? Designing quality tests can require hundreds of thousands of dollars and years of time, and in this case it seems wholly unnecessary, as two certification exams already exist. One of the markers of the exact predatory agencies the state is looking to prohibit from exploitative practices is that they often have their own "certification" exams, and those exams are of dubious quality (but then those same bad actors get to say they have "certified" interpreters). I would hate to see the state do the exact same thing. And if the state *did* go to the expense and trouble of creating a new exam, would that void the certifications of all the interpreters in the state who currently hold an NBCMI or CCHI certification? This language does not seem well thought out.

I applaud the state's efforts to hold dishonest agencies accountable for not using certified or qualified (for languages of lesser diffusion) interpreters and I wholeheartedly agree that agencies who pay lip service to certification and then turn around and send what is essentially a warm body with no training should be investigated by the state for endangering patients' health. However, the above points **must** be addressed if contracted interpreters are going to see actual improvements to their working conditions and rates of pay.

Please feel free to contact me if you have any questions.

Sincerely,

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