

Requested by Representative SALINAS

**PROPOSED AMENDMENTS TO  
HOUSE BILL 4115**

1 On page 1 of the printed bill, line 3, delete “, 656.027 and 657.046” and  
2 insert “and 656.027”.

3 In line 4, delete “health care providers and”.

4 In line 7, delete “health care providers and”.

5 Delete lines 12 through 14.

6 In line 19, delete “, coordinated care organizations and other health care  
7 providers”.

8 In line 20, delete “wages and reimbursement” and insert “payment  
9 rates”.

10 On page 2, delete lines 3 through 45 and delete pages 3 to 5.

11 On page 6, delete lines 1 through 16 and insert:

12 **“SECTION 1. No later than September 15, 2020, the Oregon Health  
13 Authority shall report to the interim committee of the House of Rep-  
14 resentatives related to health on the costs to implement the amend-  
15 ments to ORS 413.556 and 413.558 by sections 5 and 6 of this 2020 Act.**

16 **“SECTION 2. (1) As used in this section:**

17 **“(a) ‘Health care interpreter’ has the meaning given that term in  
18 ORS 413.550.**

19 **“(b) ‘Interpretation service company’ means an entity to the extent  
20 that it is engaged in the business of furnishing health care interpreters  
21 to health care providers.**

1       **“(2) Except as provided in subsection (3) of this section, an inter-**  
2 **pretation service company may not employ or contract with a health**  
3 **care interpreter who is not listed on the health care interpreter reg-**  
4 **istry established under ORS 413.558.**

5       **“(3) An interpretation service company may employ or contract**  
6 **with a health care interpreter who is not listed on the health care in-**  
7 **terpreter registry only if the company verifies that the company has**  
8 **taken all steps, in accordance with rules adopted by the Oregon Health**  
9 **Authority under ORS 413.558 (8)(c), to obtain a health care interpreter**  
10 **who is listed on the health care registry.**

11       **“(4) The Commissioner of the Bureau of Labor and Industries shall**  
12 **establish by rule standards, policies and processes to hold accountable**  
13 **interpretation service companies for contracting with or employing as**  
14 **health care interpreters only health care interpreters listed on the**  
15 **health care interpreter registry in accordance with subsections (2) and**  
16 **(3) of this section.**

17       **“(5) The standards, policies and processes established under sub-**  
18 **section (4) of this section must include, at a minimum:**

19       **“(a) A requirement for an interpretation service company to:**

20       **“(A) Notify a health care provider if a health care interpreter fur-**  
21 **nished by the company is not a qualified or certified health care in-**  
22 **terpreter listed on the health care interpreter registry;**

23       **“(B) Report to the commissioner, in the form and manner specified**  
24 **by the commissioner, every case in which the company furnishes a**  
25 **health care interpreter who is not listed on the health care interpreter**  
26 **registry; and**

27       **“(C) Provide, upon the request of a health care interpreter, the**  
28 **terms of the contract between the company and the health care in-**  
29 **terpreters that the company provides.**

30       **“(b) A standard prohibiting an interpretation service company from**

1 **representing to a health care provider that a contracted or employed**  
2 **health care interpreter furnished by the company is a certified health**  
3 **care interpreter unless the interpreter has met the requirements for**  
4 **certification under ORS 413.558 and has been issued a valid certifica-**  
5 **tion by the authority.**

6 **“(c) A process for investigating and resolving complaints, in the**  
7 **manner provided in ORS 659A.820, about:**

8 **“(A) The failure of an interpretation service company to contract**  
9 **with or employ health care interpreters who are listed on the health**  
10 **care interpreter registry in accordance with subsections (2) and (3) of**  
11 **this section; and**

12 **“(B) An interpretation service company’s unfair labor or contract-**  
13 **ing practices, discrimination, violation of consumer protections, risks**  
14 **to the health or safety of patients, conflicts of interest or compliance**  
15 **with law.**

16 **“(6) Subsection (5)(c)(B) of this section may not be construed to**  
17 **impair, extinguish or infringe on any existing rights, claims or reme-**  
18 **dies under state or federal law.**

19 **“SECTION 3. ORS 413.550 is amended to read:**

20 **“413.550. As used in ORS 413.550 to 413.558:**

21 **“(1) ‘Certified health care interpreter’ means an individual who has been**  
22 **approved and certified by the Oregon Health Authority **under ORS 413.558.****

23 **“(2) ‘Health care’ means medical, surgical or hospital care or any other**  
24 **remedial care recognized by state law, including physical and behavioral**  
25 **health care.**

26 **“(3) ‘Health care interpreter’ means an individual who is readily able to:**

27 **“(a) Communicate with a person with limited English proficiency;**

28 **“(b) Accurately interpret the oral statements of a person with limited**  
29 **English proficiency, or the statements of a person who communicates in sign**  
30 **language, into English; **and****

1       “[(c) *Sight translate documents from a person with limited English profi-*  
2 *ciency;*]

3       “[(d)] (c) Interpret the oral statements of other persons into the language  
4 of the person with limited English proficiency or into sign language[; *and*].

5       “[(e) *Sight translate documents in English into the language of the person*  
6 *with limited English proficiency.*]

7       “(4) **‘Health care interpreter registry’ means the registry established**  
8 **under ORS 413.558.**

9       “[(4)] (5) ‘Person with limited English proficiency’ means a person who,  
10 by reason of place of birth or culture, speaks a language other than English  
11 and does not speak English with adequate ability to communicate effectively  
12 with a health care provider.

13       “[(5)] (6) ‘Qualified health care interpreter’ means an individual who has  
14 received a valid letter of qualification from the authority **under ORS**  
15 **413.558.**

16       “[(6) ‘*Sight translate*’ means to translate a written document into spoken  
17 *or sign language.*]

18       “**SECTION 4.** ORS 413.552 is amended to read:

19       “413.552. (1) The Legislative Assembly finds that persons with limited  
20 English proficiency, or who communicate in sign language, are often unable  
21 to interact effectively with health care providers. Because of language dif-  
22 ferences, persons with limited English proficiency, or who communicate in  
23 sign language, are often excluded from health care services, experience de-  
24 lays or denials of health care services or receive health care services based  
25 on inaccurate or incomplete information.

26       “(2) The Legislative Assembly further finds that the lack of competent  
27 health care interpreters among health care providers impedes the free flow  
28 of communication between the health care provider and patient, preventing  
29 clear and accurate communication and the development of empathy, confi-  
30 dence and mutual trust that is essential for an effective relationship between

1 health care provider and patient.

2 “(3) It is the policy of the Legislative Assembly to require the use of  
3 certified health care interpreters or qualified health care interpreters  
4 [*whenever possible*] **to the greatest extent practicable** to ensure the accu-  
5 rate and adequate provision of health care to persons with limited English  
6 proficiency and to persons who communicate in sign language.

7 “(4) It is the policy of the Legislative Assembly that health care for per-  
8 sons with limited English proficiency be provided according to the guidelines  
9 established under the policy statement issued August 30, 2000, by the U.S.  
10 Department of Health and Human Services, Office for Civil Rights, entitled,  
11 ‘Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition  
12 Against National Origin Discrimination As It Affects Persons With Limited  
13 English Proficiency,’ and the 1978 Patient’s Bill of Rights.

14 **SECTION 5.** ORS 413.556 is amended to read:

15 413.556. The Oregon [*Council on Health Care Interpreters*] **Health Au-**  
16 **thority** shall work in cooperation with the Oregon [*Health Authority*]  
17 **Council on Health Care Interpreters** to[:]

18 [*(1) Develop testing, qualification and certification standards for health*  
19 *care interpreters for persons with limited English proficiency and for persons*  
20 *who communicate in sign language.*]

21 [*(2) Coordinate with other states, the federal government or professional*  
22 *organizations to develop and implement educational and testing programs for*  
23 *health care interpreters.*]

24 [*(3) Examine operational and funding issues, including but not limited to*  
25 *the feasibility of developing a central registry and annual subscription mech-*  
26 *anism for health care interpreters.*]

27 [*(4) Do all other acts as shall be necessary or appropriate under the pro-*  
28 *visions of ORS 413.550 to 413.558.*] **provide all health care interpreter**  
29 **training in this state to professionalize the health care interpreter**  
30 **workforce and ensure the use of qualified or certified health care in-**

1 **interpreters throughout this state. The training must be free or provided**  
2 **at a cost that is affordable.**

3 **“SECTION 6.** ORS 413.558 is amended to read:

4 “413.558. (1) In consultation with the Oregon Council on Health Care In-  
5 terpreters, the Oregon Health Authority shall by rule establish procedures  
6 for testing, qualification and certification of health care interpreters for  
7 persons with limited English proficiency or for persons who communicate in  
8 sign language, including but not limited to:

9 “(a) Minimum standards for qualification and certification as a health  
10 care interpreter, **which may be modified as necessary**, including:

11 “(A) Oral and written language skills in English and in the language for  
12 which health care interpreter qualification or certification is granted; and

13 “(B) Formal education or training in medical terminology, anatomy and  
14 physiology, medical interpreting ethics and interpreting skills;

15 “(b) Categories of expertise of health care interpreters based on the Eng-  
16 lish and non-English skills, or interpreting skills, and the medical terminol-  
17 ogy skills of the person seeking qualification or certification;

18 “(c) Procedures for receiving applications and for examining applicants  
19 for qualification or certification;

20 “(d) The content and administration of required examinations;

21 “(e) The requirements and procedures for reciprocity of qualification and  
22 certification for health care interpreters qualified or certified in another  
23 state or territory of the United States or by another certifying body in the  
24 United States; and

25 “(f) Fees for application, examination, initial issuance, renewal and re-  
26 ciprocal acceptance of qualification or certification as a health care inter-  
27 preter if deemed necessary by the authority.

28 “(2) Any person seeking qualification or certification as a health care  
29 interpreter must submit an application to the authority. If the applicant  
30 meets the requirements for qualification or certification established by the

1 authority under this section, the authority shall issue a letter of qualifica-  
2 tion or a certification to the health care interpreter. **The authority shall**  
3 **make a determination on an application no later than 60 days after the**  
4 **date the application is received by the authority.**

5 “(3) The authority shall work with other states, the federal government  
6 or professional organizations to develop educational and testing programs  
7 and procedures for the qualification and certification of health care inter-  
8 preters.

9 “(4) In addition to the requirements for qualification established under  
10 subsection (1) of this section, a person may be qualified as a health care in-  
11 terpreter only if the person:

12 “(a) Is able to fluently interpret the dialect, slang or specialized vocabu-  
13 lary of the non-English language for which qualification is sought; and

14 “(b) Has had at least 60 hours of health care interpreter training that  
15 includes anatomy and physiology and concepts of medical interpretation.

16 “(5) A person may not use the title of ‘qualified health care interpreter’  
17 in this state unless the person has met the requirements for qualification  
18 established under subsections (1) and (4) of this section and has been issued  
19 a valid letter of qualification by the authority.

20 “(6) In addition to the requirements for certification established under  
21 subsection (1) of this section, a person may be certified as a health care in-  
22 terpreter only if:

23 “(a) The person has met all the requirements established under subsection  
24 (4) of this section; and

25 “(b) The person has passed written and oral examinations required by the  
26 authority in English, in a non-English language or sign language and in  
27 medical terminology.

28 “(7) A person may not use the title of ‘certified health care interpreter’  
29 in this state unless the person has met the requirements for certification  
30 established under subsections (1) and (6) of this section and has been issued

1 a valid certification by the authority.

2 **“(8) The authority shall:**

3 **“(a) Establish and maintain a central registry for all health care**  
4 **interpreters who are qualified or certified by the authority, establish**  
5 **a four-year subscription mechanism for the registry and adopt by rule**  
6 **fees to cover the reasonable costs of administering the registry.**

7 **“(b) Provide a website or otherwise implement a system, in collab-**  
8 **oration with a labor union or other representative of the health care**  
9 **interpreter workforce, that allows a patient or health care provider to**  
10 **access the health care interpreter registry and schedule appointments**  
11 **with qualified or certified health care interpreters.**

12 **“(c) Adopt by rule the steps that must be taken by an interpretation**  
13 **service company and the verification required to allow the use of a**  
14 **health care interpreter who is not listed on the health care interpreter**  
15 **registry established under this section, in accordance with section 2**  
16 **(3) of this 2020 Act.**

17 **“(d) Track medical assistance expenditures under ORS chapter 414**  
18 **on health care interpretation services and the portion of the expendi-**  
19 **tures that are spent on administrative costs.”.**

20 In line 17, delete “10” and insert “7”.

21 On page 7, line 17, delete “11” and insert “8”.

22 On page 10, line 21, delete “12” and insert “9”.

23 On page 13, line 28, delete “13” and insert “10”.

24 On page 16, restore lines 37 and 38.

25 In line 38, after “broker” insert “other than a qualified or certified health  
26 care interpreter, as defined in ORS 413.550”.

27 In line 39, restore the bracketed material and delete the boldfaced mate-  
28 rial.

29 On page 17, delete lines 14 through 45.

30 On page 18, delete lines 1 through 29 and insert:



1       **“SECTION 11. (1) Section 2 of this 2020 Act and the amendments to**  
2 **ORS 192.630, 413.550, 413.556, 413.558 and 414.572 by sections 3 and 5 to**  
3 **9 of this 2020 Act become operative on July 1, 2022.**

4       **“(2) The Commissioner of the Bureau of Labor and Industries and**  
5 **the Oregon Health Authority shall take all steps necessary before July**  
6 **1, 2022, to carry out the provisions of section 2 of this 2020 Act and the**  
7 **amendments to ORS 192.630, 413.550, 413.556, 413.558 and 414.572 by**  
8 **sections 3 and 5 to 9 of this 2020 Act on and after July 1, 2022.”.**

9       In line 30, delete “17” and insert “12”.

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