

March 1, 2021

To: Members of the House Committee on Health Care

RE: HB 2359 - "6) A health care provider *shall ensure* that a health care interpreter who works with the provider and a patient in person has *received all vaccines and testing recommended* by the Centers for Disease Control and Prevention for health care workers. The provider shall administer any vaccines or provide the testing that a health care interpreter lacks at no cost to the health care interpreter."

I am submitting testimony today to oppose HB 2359 out of concern for the above-mentioned section. I have italicized the most concerning wording.

The words "recommended" and "required" mean two different things. The CDC can make recommendations for whole populations, but the individual, with their practitioner, needs to make medical decisions based on their personal health history, risk factors, and health needs, along with their religious and personal convictions. The CDC recommendations were never meant to usurp the doctor/patient relationship. The wording "shall ensure" in this bill seems to imply that the CDC "recommendations" would be "required."

I have concerns that this bill will coerce individuals to accept pharmaceutical intervention that may not be in their personal best interest in fear of losing their job/career. This is especially concerning as health care interpreters often are from already marginalized communities. We should not be creating artificial barriers of employment for these communities, nor should we be coercing them to accept "all vaccines and testing" that the CDC recommends. Just like the general population, they should have the right to make these healthcare decisions in the privacy of their doctor's office without undue coercion. Keep in mind that CDC recommendations change as our knowledge develops. What the CDC recommends today, it may discourage tomorrow. For that reason, recommendations should remain RECOMMENDATIONS, not REQUIREMENTS.

It is already challenging for hospitals, especially those in rural areas, to find healthcare interpreters for less common languages. Adding an additional barrier to employment will make it even more difficult for these positions to be filled, which can result in patients not having access to the interpretation services they need. Even more than the health care interpreters themselves, these patients tend to be the MOST MARGINALIZED members of our society – new immigrants who do not speak English or another commonly known language. This bill will create a barrier to their healthcare access, which could result in poorer health outcomes.

Please oppose this bill, or remove this portion of the bill.

Sincerely,
Sonja Grabel