

**HB 2696 STAFF MEASURE SUMMARY**

**House Committee On Behavioral Health and Health Care**

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**Action Date:** 03/07/23

**Action:** Do pass and be referred to Ways and Means by prior reference

**Vote:** 10-1-0-0

**Yeas:** 10 - Bowman, Conrad, Dexter, Goodwin, Javadi, Morgan, Nelson, Nosse, Pham H, Tran

**Nays:** 1 - Diehl

**Fiscal:** Fiscal impact issued

**Revenue:** No revenue impact

**Prepared By:** Brian Nieubuurt, LPRO Analyst

**Meeting Dates:** 2/6, 3/7

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**WHAT THE MEASURE DOES:**

Authorizes Health Licensing Office (HLO) to issue sign language interpreter licenses, including supervisory, provisional, educational, medical, and legal. Specifies qualifications for sign language interpreter applicants. Establishes practice standards for sign language interpreter licensees. Establishes State Board of Sign Language Interpreters in HLO. Imposes civil penalty for violation of licensure requirements. Becomes operative January 1, 2024. Declares emergency, effective on passage.

**ISSUES DISCUSSED:**

- Risks of unqualified interpreters providing interpretation services

**EFFECT OF AMENDMENT:**

No amendment.

**BACKGROUND:**

The Americans with Disabilities Act (ADA) requires that covered entities (State and local governments, and businesses and nonprofit organizations that serve the public) communicate effectively with people who have communication disabilities, with the goal of ensuring that communication with people with these disabilities is equally as effective as communication with people without disabilities. For people who are deaf, have hearing loss, or are deaf-blind, the ADA aids and services requirements include providing a qualified notetaker; a qualified sign language interpreter, oral interpreter, cued-speech interpreter, or tactile interpreter; real-time captioning; written materials; or a printed script of a stock speech (such as given on a museum or historic house tour). According to the ADA, a “qualified” interpreter means someone who is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed to convey information back to that person) using any necessary specialized vocabulary. Within this context, states are faced with the task of regulating the interpreting profession and practice within their state.

In 2015, the Legislative Assembly passed House Bill 2419 establishing the intent that health care interpreters be required "whenever possible to ensure the accurate and adequate provision of health care to persons with limited English proficiency and to persons who communicate in sign language." The measure also created two levels of credentialing for health care interpreters (qualification and certification), with certification requiring an additional 60 hours of training approved by the Oregon Health Authority. Oregon Administrative Rules 333-002-0040 further specifies the qualifications for qualified and certified sign language health care interpreters, which include required certification by the Registry of Interpreters for the Deaf (RID).

**HB 2696 STAFF MEASURE SUMMARY**

House Bill 2696 authorizes the Health Licensing Office to issue specified sign language interpreter license types and establishes the State Board of Sign Language Interpreters.