

## HB 2538 STAFF MEASURE SUMMARY

### House Committee On Behavioral Health and Health Care

---

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

**Sub-Referral To:** Joint Committee On Ways and Means

**Meeting Dates:** 2/8

---

#### WHAT THE MEASURE DOES:

Requires health insurance coverage of legally mandated health care interpretation services. Takes effect on 91st day following adjournment sine die.

*FISCAL: May have fiscal impact, but no statement yet issued.*

*REVENUE: May have revenue impact, but no statement yet issued.*

#### ISSUES DISCUSSED:

##### 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 to ensure that communication with people with these disabilities is equally 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 also requiring 60 hours of OHA-approved training. In 2021, House Bill 2359 began requiring health care providers to work with a health care interpreter from OHA's health care interpreter registry with specified exceptions.

House Bill 2538 would require health insurance coverage of health care interpretation services when those services are legally mandated.