

February 9, 2024

To: The Honorable Members of Oregon State Senate Committee on Health Care  
Subject: Opposition to SB 1578

Dear Senate Health Care Committee,

My name is Tatiana Cestari and I am writing to express my opposition to SB 1578. I currently serve as the Director of Language Service Advocacy at Martti by UpHealth, a remote interpreting company that provides video and audio interpreting services to patients and healthcare providers in the United States, including the state of Oregon, through a team of fully qualified healthcare interpreters. My role involves identifying opportunities to enhance language access services in health care as well as identifying any actions that may jeopardize access to language services.

I am a pharmacist and a pharmacologist, and I have served the U.S. healthcare interpreting industry as an interpreter, manager of interpreter training programs, and instructor for 12 years, 11 of which as a nationally certified healthcare interpreter. I am a current member of the National Council on Interpreting in Health Care's Policy, Education, and Research Committee and former member of its board of directors. I am a co-author of *The Remote Interpreter, Volume 1: Foundations in Remote Interpreting*, a resource to almost any interpreting specialization, including health care.

Allow me to explain what I stated above, I oppose SB 1578 in its current form, given that it is not conducive to providing language access services through out-of-state, remote interpreters like me in the state of Oregon. While I support the improvement of working conditions and pay for onsite interpreters, the bill, as it is written, antagonizes language access because remote interpreting covers the majority of the interpreting services in Oregon (and all of the U.S.) in health care.

Several laws and regulations, including Title VI of the 1964 Civil Rights Act and Section 1557 of the Patient Protection and Affordable Care Act, mandate and enforce language access in health care. Currently, at least 130 languages are represented in the mix of language needs across the state of Oregon but the ~1700 Oregon certified healthcare interpreters *only* cover fewer than 25 of these languages. This gap negatively impacts patient outcomes, patient and healthcare provider experience, and compliance with federal regulations, where the responsibility for providing such access lies with the healthcare providers and organizations. The Oregon Health Authority (OHA) registry and online portal may impose a restriction in language access for Oregonians, which increases the risk of civil rights liabilities. For these reasons, urgent reconsideration is needed to avoid such unintended consequences.

Thank you for considering my point of view, which represents that of a remote interpreter who has humbly served many healthcare facilities in the state of Oregon for the last decade and whose interpreting modality covers the majority of the needs in Oregon.

I look forward to finding solutions that serve the best interests of both patients, interpreters and healthcare providers.

Respectfully,

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