

Legislative and Policy Advisory Committee Meeting Minutes

3/11/14, 10am-12pm

In attendance: Kalen Beck (SME), David Cardona (SME, by phone), Helen Eby (SME), Lois Feuerle (SME), Erin Neff (Council), Morad Noury (Council, by phone)

Discussion of definition for “sight translation”

- David Cardona shared the following definitions
 - National Council on Health Care Interpreters (NCIHC): "Sight translation is the oral rendition of text written in one language into another language and is usually done in the moment."
 - David's recommendation: "Sight translation is an action which requires a health care interpreter to be ready to do a verbal translation of a written document during a patient/provider interaction from English to another language or from another language into English."
- Kalen Beck shared the existing definition in OAR 333-002-0010(18): "Sight Translation means translation of a written document into spoken language."
- Lois Feuerle shared the US DOJ definition from its toolkit: "Sight Translation - The reading of text written in one language by a competent interpreter who orally translates it into another language."
- Helen Eby shared her suggestion to modify the NCIHC definition: "Sight translation is the oral or signed rendition of text written in one language into another language and is usually done in the moment."

Discussion points

- Whether or not to add a definition of “sight translation” to the ORS
- Whether or not and how to include the scope of what sight translation entails:
 - Should it be defined in the OARs?
 - Should medical facilities be in charge of defining the scope of sight translation?
 - If medical facilities are left to defining the scope of sight translation, how will contract interpreters know what that is for each location?
- David said OHA is being asked to write standards of practice for the state so this discussion of scope may be able to be defined through those standards that OHA writes

SME final recommendation

- Add the existing definition of “sight translation” from the OAR to ORS 413.550
Definitions for ORS 413.550 to 413.448: (4) Sight translation means the translation of a written document into spoken language.

Discussion of whether to use “institution” or “entity”

Morad researched these two terms and found “entity” to be more appropriate

SME final recommendation

- Wording for ORS 413.554(1): (H) An educational entity involved in training health care interpreters in Oregon.

Discussion of proposed changes to other ORS

- Helen proposed changing ORS 413.556(2) to include the words “other national professional organizations”. SMEs suggested changing it to “federal, state, or other professional organizations”.
- Helen proposed correcting the language in ORS 413.558(3) to match with proposed changes in ORS 413.556(2) to include “federal, state or other professional organizations”.
- Helen proposed deleting ORS 413.558 (4c): Has had practical experience as an intern with a practicing health care interpreter.
 - Discussion about whether or not to delete this sentence (4c):
 - (Helen) No internship opportunities currently exist for interpreters in Oregon;
 - (Lois) In many professions, organizations are having trouble setting up interns and internships and working out the details;
 - (Kalen) Catch 22: In order to become a qualified interpreter, you must have 40 hours of experience, but CCOs cannot have an interpreter work in their facility unless they are qualified or certified and most places where an interpreter will intern are CCOs;
 - (David) We can’t do anything in the rules if it isn’t in the law. He suggests leaving (4c) alone and not removing it so it leaves the door open for this option in the future.
- Helen proposed removing the words “or translate” from ORS 413.558(4a) to be in line with proposed changes from before to remove “translate” from ORS 413.550(1)
- Regarding ORS 413.558(7) Kalen questioned whether ASL interpreters who hold national certification are still required to do 60 hours of training to be certified in Oregon. David replied yes.
- Helen proposed adding “Oregon” to ORS 413.558(7) and before all iterations of “certified health care interpreter” so it was clear this was for Oregon.
 - (Morad) Since this is Oregon law and in ORS 413.558(1) refers to the Oregon Council and the Oregon Health Authority, it is clear certification applies to those in Oregon.
 - (Erin) If we are going to add “Oregon” to ORS 413.558(7), we should also add it to ORS 413.558(5)
 - (Kalen) Rather than add it to all iterations, just add to where it mentions using the title of qualified/certified health care interpreter.
 - (Kalen) Do Oregon certified interpreters actually get a certificate and qualified interpreters get letters? David responded yes.

- Morad proposed adding the OAR 333-002-0010 (4) and (16) definitions for “qualified health care interpreter” and “certified health care interpreter” into the ORS 413.550 Definitions for ORS 413.550 to 413.448
- Morad and David proposed using the word "to require" instead "to encourage" in the amendment proposed by Megan Harris-Jacqout at the previous committee meeting on 3/6/14 and approved by the committee to be added as an additional finding to ORS 413.552 as paragraph (3). Current paragraph (3) turns paragraph (4) accordingly: (3) It is the policy of the Legislative Assembly to require the use of qualified and certified health care interpreters whenever possible to ensure accurate and adequate health care provision to persons with limited English Proficiency. They suggested eliminating the words "whenever possible" to avoid possible incompatibility with the meaning of "to require".
 - Discussion about whether or not to eliminate “whenever possible”
 - (David) The ORS are voluntary and CCO law is mandatory. Adding this language would make ORS mandatory to be in line with CCO law.
 - (Kalen) If we leave in “whenever possible” there is contradiction with “require” and may not pass. However, she supports leaving it in for those cases when a qualified or certified interpreter isn’t possible or doesn’t exist.
 - (Erin, Lois, Helen) Why create a law that can’t be followed?
 - (Lois) What about languages of lesser diffusion who work once a month and don’t find it worthwhile to get qualified?
 - (David) We can be flexible in the rules, but the ORS set the standard
 - (Morad) The goal is to sync the CCO law and the ORS
 - SMEs were divided on this issue and could not come up with a final recommendation

SME final recommendations

- ORS 413.556(2): Coordinate with ~~other federal, state, or other professional organizations states~~ to develop and implement educational and testing programs for health care interpreters.
- ORS 413.558(3): The authority shall work with ~~other federal, state or other professional organizations states~~ to develop educational and testing programs and procedures for the qualification and certification of health care interpreters.
- ORS 413.558(4a): Is able to fluently interpret ~~or translate~~ the dialect, slang or specialized vocabulary of the non-English language for which qualification is sought
- Keep ORS 413.558 (4c): Has had practical experience as an intern with a practicing health care interpreter.
- ORS 413.558(5): A person may not use the title of Oregon qualified health care interpreter unless the person has met the requirements for qualification established under subsections (1) and (4) of this section and has been issued a valid ~~certificate letter~~ of qualification by the authority.
- ORS 413.558(7): A person may not use the title of Oregon certified health care interpreter unless the person has met the requirements for certification established

under subsections (1) and (6) of this section and has been issued a valid certification by the authority.

- ORS 413.550 Definitions for ORS 413.550 to 413.448: (2) Qualified Health Care Interpreter means an individual who has been issues a valid letter of qualification by the Oregon Health Authority.(3) Certified Health Care Interpreter means an individual who has been issues a an approved certificate by the Oregon Health Authority. The current paragraphs (2) and (3) of this subsection become (4) and (5) accordingly.

Further comments after the meeting

David Cardona shared additional suggestions by email:

- I'd like to recommend adding a representative from the language service provider industry (LSP) to the roster. They play an important role in the industry by hiring independent contractors to serve our communities. (Please disregard my recommendation if you already discussed it).
- After further consideration, I'd like to support removing the representatives from DHS and OHA from the roster. They haven't been actively participating in the Council for the last 3 years. The other members should continue being appointed by the Governor's office to ensure autonomy and for proper representation. OHA, Office of Equity and Inclusion will staff the council.
- Helen Eby agreed to the suggestion and added it should be someone headquartered in Oregon who understands the local situation here.