



Oregon Council on Health Care Interpreters

AGENDA

Monday, January 13, 2014 | 12:00 PM – 2:00 PM
 Office of Equity and Inclusion, Lincoln Building
 421 SW Oak Street Suite 750 Portland, OR 97204
 Conference Call Line: (877)-873-8017
 Host Code (April): 315446
 Participant Code: 441654

| # | Time | Topic | Content |
|---|------------------------|---|--|
| 1 | 30 min 12-12:30 | Introductions/ Agenda Review | <ul style="list-style-type: none"> • Welcome • Name/Affiliation Introductions • Agenda Review • Refreshments! |
| 2 | 45 min 12:30 – 1:15 | Recruitment, Engagement, and Structure | <ul style="list-style-type: none"> • Open discussion about the recruitment and engagement of current and new members going forward • Attendance Assessment • Council Seat Recruitment • Goal setting 3, 6,9 12 month goals |
| 3 | 15 min. 1:15 – 1:30 | Updates | <ul style="list-style-type: none"> • Strategic Planning • Hiring of consultant |
| 4 | 15 min 1:30 –1:45 | Public Comment | |
| 5 | 15 min 1:45 – 2:00 | Next Steps | |

Attached Materials

- December Minutes
- OCHCI Composition and Open Seats
- OCHCI Appointment Interest Form
- OCHCI Member Roster and Staff
- OCHCI Bylaws
- Health Care Interpreter Program Statute and Rules

Contact

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Oregon Council on Health Care Interpreters

Minutes

Monday, December 9, 2013 | 2:00 PM – 4:00 PM
Portland State Office Building, Room 1B-80

Attendees:

Council Members: Valoeun Lao Ping, Erin Neff, Morad Noury, Miriam Volpin, Mitchell Yoder

Members of the Public: Noel Rodriguez, Monica Serrano

Staff: David Cardona, Omar Carrillo, Carol Cheney, April Johnson

| # | Topic | Content | Outcome |
|---|---|--|---|
| 1 | Introductions/ Agenda Review | <ul style="list-style-type: none"> Welcome Name/Affiliation Introductions OEI Staff Transition Agenda Review | <ul style="list-style-type: none"> David introduces April Johnson, Health Equity Workforce Manager as the new OEI staff support to Council. Notes that he will still be involved and available as the Subject Matter Expert. David summarizes accomplishments of the committee since he joined in 2009. These include updating the program rules and contracting with NBCMI to develop Certification Exams and updating the Health Care Interpreter program Rules. David provides the context of the Health Care Interpreters within the Health Care Transformation and the Coordinated Care Organizations (CCOs) All attendees introduce themselves and note their relationship to and with the Council |
| 2 | Recruitment, Engagement, and Structure | <ul style="list-style-type: none"> Open discussion about the recruitment, engagement, and structure of the board | <ul style="list-style-type: none"> Council discusses its focus and charge Carol notes that one of the Council’s charges is to enhance the workforce and raise the level of awareness and importance of Health Care Interpreters. Of course, it is ultimately about patient safety, but to do this, also have to raise the profile of the workforce One of the short-term focuses of the Council is recruitment of Council members and solidification of membership and commitment Omar will provide Council Members with list of open seats on Council It is not necessary to fill all the seats to have a quorum because quorum is based on the number of members at a meeting from the number of currently appointed members Questions for Council to Consider: |

| | | | |
|---|-----------------------|--|--|
| | | | <ul style="list-style-type: none"> ○ Is the structure working? ○ Is there a Council format that would be more engaging? ○ Environmental factors that can shift and change the focus of the Council (Association, National-level initiatives, etc) ● Morad notes that in order to make legislative changes to the Health Care Interpreter law, group needs to have proposed changes ready in a few months. Proposes a workgroup to begin this process. ● Need to create a process to collaborate with CCOs and the Association and other groups ● Need to ensure Council is not replicating efforts of the Association, but instead working in partnership with them ● Association has chosen training of HCIs as main focus at the moment |
| 3 | Updates | <ul style="list-style-type: none"> ● Status of Scholarships | <ul style="list-style-type: none"> ● Due to negotiations with our funder, the Center for Medicare and Medicaid Innovation (CMMI), the Office of Equity and Inclusion (OEI) needs to postpone the award process until further notice. ● Though OEI had been very clear that we would use these funds to provide Scholarships from the very beginning, CMMI said it was not appropriate use of funds after OEI had announced and received applications for Scholarships ● Carol is working hard to make sure that we can find a way to award funding somehow ● We hope to be able to award funding to selected applicants in the near future; Carol is meeting with Transformation Center and others to figure out how to make this happen |
| 4 | Public Comment | | <ul style="list-style-type: none"> ● Public Commenter 1: Would like to see interpreting jobs stay in the country and specifically, the state of Oregon. If the state can get gas companies to keep employees, we can keep interpreters here. Would like to see rule to ensure jobs stay in county and not be outsourced. Believes there is an undercurrent that there will be an organization to advocate for interpreters and believes it is of utmost importance to get people on the registry because it is a powerful tool for providers and for HCIs. Launching a registration campaign would be a great role for the Council. ● Public Comment 2: Hopes that Council can keep the focus on patients to ensure the quality of |

| | | | |
|---|-------------------|--|---|
| | | | service, especially to a population that faces many challenges and is already so marginalized. Also believes it is important for everyone to be clear about the HCI role and to set high standards. |
| 5 | Next Steps | | <ul style="list-style-type: none">• Council to meet in January to discuss Recruitment and Strategic Planning• Omar to provide Council with Council openings |

**Oregon Council on Health Care Interpreters
Composition**

A. The Governor shall appoint 2 members from each of the following groups:

| GROUP DEFINED IN ORS | COUNCIL MEMBER CURRENTLY APPOINTED UNDER RESPECTIVE GROUP |
|--|--|
| 1. Consumers of medical services who are persons with limited English Proficiency and who use health care interpreters | 1) (Vacant) 2) (Vacant) |
| 2. Educators who either teach interpreters or persons in related educational fields, or who train recent immigrants and persons with limited English proficiency | 1) Pat Wetzel (PSU) 2) Samuel Pino (Salem Hospital) |
| 3. Persons with expertise and experience in administration or policymaking related to the development and operation of policies, programs or services related to interpreters, and who have familiarity with the rulings of the federal Office for Civil Rights concerning interpreter services for various institutions | 1) Morad Noury (CIO) 2) Pierre Morin (Lutheran Community Services NW) |
| 4. Health care providers, consisting of one physician and one registered nurse, who utilize interpreter services regularly in their practice | 1) (Vacant) 2) Miriam Volpin (Linfield College School of Nursing) |
| 5. Representatives of safety net clinics that predominantly serve persons with limited English proficiency | 1) Christitine Lau (AH & SC) 2) Roxana Ocaranza-Ermisch (AHEC) |
| 6. Representatives of hospitals, health systems, and health plans predominantly serving persons with limited English proficiency | 1) Erin K Neff (Legacy Health) 2) Mitchell S Yoder (Providence) |

B. The Governor shall appoint one representative from each of the following agencies and organizations after consideration of nominations by the executive authority of each:

| AGENCY | REPRESENTATIVE COUNCIL MEMBER |
|---|-------------------------------|
| 1. The Commission on Asian Affairs | (Vacant) |
| 2. The Commission on Black Affairs | (Vacant) |
| 3. The Commission on Hispanic Affairs | (Vacant) |
| 4. The Commission on Indian Services | (Vacant) |
| 5. The International Refugee Center of Oregon | Vanloeuun Ping Lao |
| 6. The Oregon Judicial Department's Certified Court Interpreter Program | Melanie DeLeon-Benham |
| 7. The Commission for Women | Megan L.Harris-Jacquot |
| 8. The Institute for Health Professionals of Portland Community College | (Vacant) |

C. The Director of the Oregon Health Authority shall appoint three members including:

| OHA APPOINTMENT | COUNCIL MEMBER |
|---|----------------|
| 1. One member with responsibility for administering mental health programs | (Vacant) |
| 2. One member with responsibility for administering medical assistance programs | (Vacant) |
| 3. One member with responsibility for administering public health programs | (Vacant) |

D. The Director of Human Services shall appoint:

| DHS APPOINTMENT | COUNCIL MEMBER |
|--|----------------|
| 1. One member with responsibility for administering developmental disabilities programs | (Vacant) |
| 2. One member with responsibility for administering programs for seniors and persons with disabilities | (Vacant) |

OREGON COUNCIL ON HEALTH CARE INTERPRETERS

| DEFINED POSITION | FIRST NAME | LAST NAME | ORGANIZATION | PHONE | EMAIL |
|--|------------|------------------|--|--------------------------|---------------------------------------|
| OR Judicial Dpt. Court Interpreter Program | Melanie | DeLeon-Benham | OR Judicial Dept., Certified Court Interpreter Program | 503.851.2992 | Melanie.DeLeon-Benham@ojd.state.or.us |
| The Commission for Women | Megan | Harris-Jacquot | Law Office of Megan Jacquot | 971.267.2214 | meganjacquot@hotmail.com |
| IRCO | Vanloeun | Lao Ping | Immigrant and Refugee Community Organization | 971.271.6480 | vanloeun@irc.org |
| Safety Net Clinic | Christine | Lau | Asian Health and Services Center | 503.872.8822 ext. 201 | clau@ahscpx.org |
| Interpreter Policy/Administration Experience | Pierre | Morin | Lutheran Community Services Northwest | 503.231.7480 ext. 662 | pmorin@lcsnw.org |
| Health Systems Representative | Erin | Neff | Legacy Health | 503.413.6197 | eneff@lhs.org |
| Interpreter Policy/Administration Experience | Morad | Noury | Center for Intercultural Organizing (CIO) | 503.757.6821 | nuryagdiev@gmail.com |
| Safety Net Clinic | Roxana | Ocaranza-Ermisch | Cascades East AHEC | 541.280.8033 | roermisch@cascadehealthcare.org |
| Educator | Fausto | Pino | | 503.561.1651 | Samuel.Pino@salemhealth.org |
| Health Care Provider (Nurse) | Miriam | Volpin | Linfield College School of Nursing | 503.413.8096 | mvolpin@linfield.edu |
| Educator | Patricia | Wetzel | Portland State University | 503.725.5277 | wetzelp@pdx.edu |
| Health Systems Representative | Mitchell | Yoder | Providence Medical Group | 503.893.6633 | mitch.yoder@providence.org |

OFFICE OF EQUITY AND INCLUSION STAFF

| FIRST NAME | LAST NAME | POSITION | EMAIL | PHONE |
|------------|-----------|---|------------------------------------|--------------|
| David | Cardona | Language Access Coordinator | david.cardona@state.or.us | 971.673.1286 |
| Omar | Carrillo | Health Equity Workforce and Language Access Assistant | omar.carrillo-tinajero@state.or.us | 971.673.3359 |
| Carol | Cheney | Equity Manager | carol.i.cheney@state.or.us | 971.673.2960 |
| April | Johnson | Health Equity Workforce Manager | april.r.johnson@state.or.us | 971-673-3383 |
| Tricia | Tillman | Director | tricia.tillman@state.or.us | 971-673-3383 |

**Oregon Council on Health Care Interpreters
Proposed By-Laws
8/13/10 Internal Discussion Draft**

ARTICLE I

Oregon Council on Health Care Interpreters

The Oregon Council on Health Care Interpreters (the Council) was created pursuant to ORS 409.615 through ORS 409.625. The Council works in cooperation with the Oregon Health Authority to:

- A. Develop testing, qualification and certification standards for health care interpreters for persons with limited English proficiency.
- B. Coordinate with other states to develop and implement educational and testing programs for health care interpreters.
- C. Examine operational and funding issues, including but not limited to the feasibility of developing a central registry and annual subscription mechanism for health care interpreters.
- D. Do all other acts as shall be necessary or appropriate under the provisions of ORS 409.615 to 409.623.

The Council works to implement the following findings and policies:

- A. Persons with limited English proficiency are often unable to interact effectively with health care providers. Because of language differences, persons with limited English proficiency are often excluded from health care services, experience delays or denials of health care services, or receive health care services based on inaccurate or incomplete information.
- B. The lack of competent health care interpreters among health care providers impedes the free flow of communication between the health care provider and patient, preventing clear and accurate communication and the development of empathy, confidence, and mutual trust that is essential for an effective relationship between health care provider and patient.
- C. Health care for persons with limited English proficiency is to be provided according to the guidelines established under the policy statement issued August 30, 2000, by the U.S. Department of Health and Human Services, Office for Civil Rights, entitled, "Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency," and the 1978 Patient's Bill of Rights.

- D. The council may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, for purposes consistent with the purposes of the council. All moneys received by the Oregon Council on Health Care Interpreters under ORS 409.615 to 409.625 shall be paid into the Oregon Health Authority Fund and credited to an account designated by the authority. Such moneys shall be used only for the administration and enforcement of the provisions of ORS 409.615 to 409.625.

ARTICLE II

Council Support

The Oregon Health Authority shall provide the Council with such services and employees as the Council requires to carry out its duties.

ARTICLE III

Council Composition

The Council shall consist of 25 members appointed as follows:

- A. The Governor shall appoint two members from each of the following groups:
1. Consumers of medical services who are persons with limited English proficiency and who use health care interpreters;
 2. Educators who either teach interpreters or persons in related educational fields, or who train recent immigrants and persons with limited English proficiency;
 3. Persons with expertise and experience in administration or policymaking related to the development and operation of policies, programs or services related to interpreters, and who have familiarity with the rulings of the federal Office for Civil Rights concerning interpreter services for various institutions;
 4. Health care providers, consisting of one physician and one registered nurse, who utilize interpreter services regularly in their practice;
 5. Representatives of safety net clinics that predominantly serve persons with limited English proficiency; and
 6. Representatives of hospitals, health systems, and health plans predominantly serving persons with limited English proficiency.
- B. The Governor shall appoint one representative from each of the following agencies and organizations after consideration of nominations by the executive authority of each:
1. The Commission on Asian Affairs;
 2. The Commission on Black Affairs;
 3. The Commission on Hispanic Affairs;
 4. The Commission on Indian Services;
 5. The International Refugee Center of Oregon;
 6. The Oregon Judicial Department's Certified Court Interpreter program;

7. The Commission for Women; and
 8. The Institute for Health Professionals of Portland Community College.
- C. The Director of the Oregon Health Authority shall appoint three members including:
1. One member with responsibility for administering mental health programs;
 2. One member with responsibility for administering medical assistance programs; and
 3. One member with responsibility for administering public health programs.
- D. The Director of Human Services shall appoint:
1. One member with responsibility for administering developmental disabilities programs; and
 2. One member with responsibility for administering programs for seniors and persons with disabilities.
- E. The membership of the Council shall be representative of the racial, ethnic, cultural, social, and economic diversity of the people of this state.
- F. The term of a member shall be three years. A member may be reappointed.
- G. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term. The appointing authority may appoint a replacement for any member of the Council who misses more than two consecutive meetings of the Council. The newly appointed member shall represent the same group as the vacating member.
- H. The Health Care Interpreter Program Manager shall attend and participate in Council meetings but is not a voting member of the Council.

ARTICLE IV

Council Compensation

Members of the Council are not entitled to compensation, but, at the discretion of the Director of the Oregon Health Authority, may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495.

ARTICLE V

Officers of the Council

Section 1: Officers

The Council shall select one member as chair and one member as vice chair for such terms and with duties and powers as the Council determines necessary for the performance of the functions of such offices.

Section 2: Duties of Officers

- A. The Council Chair shall preside at all meetings of the Council and shall perform such other duties as may be assigned by the Council. The Chair will:
 - 1. Coordinate meeting agendas in consultation with the Health Care Interpreters Program Manager,
 - 2. Review all draft Council meeting minutes prior to the meeting at which they are to be approved, and
 - 3. Make Committee Chair assignments.
- B. In the absence of the Council Chair or in the event of the Chairperson's inability or refusal to act, the Vice Chair shall perform the duties of the Chair, and when so acting, shall have all the powers of and be subject to all the restrictions upon the Chair. The Vice Chair shall perform such other duties as from time to time may be assigned by the Council Chair.

Section 3: Officer Vacancies

- A. If a vacancy occurs in the office of the Council Chair, the Vice Chair shall carry out the functions of the Chair until the Council selects a new Chair.
- B. If a vacancy occurs in the office of the Vice Chair, the office shall remain vacant until the Council selects a new Vice Chair.
- C. If a vacancy occurs in the office of the Chair when the office of the Vice Chair is vacant, the Council shall designate one of its Council Members to serve as chairperson pro tem over meetings until the Council selects a Chair or a Vice Chair.

Section 4: Absence of Officers from Meetings

If neither the Chair nor the Vice Chair is able to attend any duly called Council meeting, the Chair of the Council shall designate a Council Member to serve as chairperson pro tem for that meeting.

ARTICLE VI

Council Meetings

Section 1: Regular and Special Meetings

- A. The Council shall meet at least once every three months at a place, day, and hour determined by the Council and the Health Care Interpreter Program Manager.
- B. After prior approval from the Health Care Interpreters Program Manager, the Council may meet at other times and places specified by the call of the Chair or a majority of the Members of the Council, or as specified in these Bylaws.
- C. Council meetings will be held within the geographic boundaries of the state.

Section 2: Meetings by Telecommunication

- A. A regular or special meeting of the Council may be held by telephone, video conferencing, or other electronic means in which all Council Members may hear each other so long as it complies with the Oregon Public Meetings Law.
- B. If a Council Member is unable to attend any meeting in person, the Member may participate via telephone, video conferencing or other electronic means, providing that all participants can hear each other and members of the public attending the meeting can hear any Council Member who speaks during the meeting. Council Members attending through such electronic means shall be included in constituting a quorum.

Section 3: Attendance

Regular attendance at meetings is expected of each Council Member. A Member should notify the Chair, facilitator, or the Oregon Health Authority staff assisting the Council, at least 24 hours in advance of a meeting if the Member is unable to attend. In an emergency, the Member shall contact them as soon as reasonably possible.

Section 4: Notice of Meetings, Minutes, and Records

- A. Meetings of the Council are subject to the Oregon Public Meetings Law.
- B. There will be no electronic recording or filming of Council meetings without giving notice to the meeting participants.
- C. Notice of scheduled meetings, together with an agenda and minutes of the previous meeting will be made available to all Council members and to the public at least ten (10) business days prior to such meetings, or if ten days' notice is not practicable, then such lesser notice as is practicable.
- D. Typed draft minutes of all meetings of the Council shall be distributed to all Council Members and made available to the public no later than thirty (30) days after the meeting and are subject to amendment and approval of the next meeting of the Council.
- E. The Council shall maintain all records in accordance with the Oregon Public Records Law. Council records, such as formal documents, discussion drafts, transcripts, meeting

summaries, and exhibits are public records. Council communications (oral, written, electronic, etc.) are not confidential and may be disclosed. However, private documents unrelated to Council business held by individual Council members and not shared with the State are not considered public records and are not subject to disclosure under public records laws.

Section 5: Rules of Order

- A. Procedures - The Council will conduct its business through discussion, consensus-building, and informal meeting procedures. The officers and facilitator may, from time to time, establish specific procedural rules of order to assure the orderly, timely, and fair conduct of business. They may refer to the most recent edition of Robert's Rules of Order for guidance.
- B. Public Comment - The officers or the facilitator will provide periodic public comment opportunities for non-Council members during meetings before the Council makes a decision. Comments from the public will be limited in time to allow sufficient opportunity to conduct the other portions of the Council agenda. Typically, comments will be limited to a maximum of three minutes per person. The public is encouraged to submit written comments to staff for circulation to the full Council.
- C. Council Member Commitments to Each Other - The members, project staff and participants will participate in good faith, which means to:
1. Prepare for and set aside time for the meetings and the whole process,
 2. Participate fully, honestly and fairly, commenting constructively and specifically,
 3. Speak respectfully, briefly and non-repetitively; not speaking again on a subject until all other members desiring to speak have had the opportunity to speak,
 4. Allow people to say what is true for them without fear of reprisal from Council members, sponsors, or others,
 5. Avoid side conversations during meetings,
 6. Provide information as much in advance as possible of the meeting in which such information is to be used and share all relevant information to the maximum extent possible,
 7. Generate and explore all options on the merits with an open mind, listening to different points of view with a goal of understanding the underlying interests of other Council members,
 8. Agree to work toward fair, practical and durable recommendations that reflect the diverse interests of the entire Council and the public,
 9. When communicating with others, accurately summarize the Council process, discussion and meetings, presenting a full, fair and balanced view of the issues and arguments out of respect for the process and other members,
 10. Not attempt to effect a different outcome outside of the Council process once the Council has reached a decision,
 11. Strive vigorously for consensus and closure on issues, and
 12. Self-regulate and help other members abide by these commitments.

Section 6: Decision-Making Process

- A. Quorum – A majority (13) of the members of the Council shall constitute a quorum for the transaction of business. The continued presence of a quorum is required for any official vote or action of the Council throughout an official meeting. Less than a quorum of the Council may receive testimony.
- B. Voting – All official actions of the Council must be taken by a public vote. On all motions or other matters, “voice” vote may be used. At the discretion of the Chairperson or at the request of a Council Member, a show of hands or “roll-call” vote may be conducted. Proxy votes are not permitted. The results of all votes and the vote of each member by name must be recorded. When there is a quorum present at a meeting, a majority of the Council Members present is necessary to pass motions or take other action during a meeting. Abstaining votes shall be recorded as abstention.
- C. Consensus - The Council will endeavor to make decisions by consensus. Consensus decision-making is a process that allows Council members to distinguish underlying values, interests, and concerns with a goal of developing widely accepted solutions. Consensus does not mean 100% agreement on each part of every issue, but rather support for a decision, “taken as a whole.” This means that a member may vote to support a consensus proposal even though they would prefer to have it modified in some manner in order to give it their full support. Consensus is a process of “give and take,” of finding common ground and developing creative solutions in a way that all interests can support. Consensus is reached if all members at the table support an idea or can say, “I can live with that.”

Section 8: Committees

- A. Advisory and Technical Committees:
 - 1. The Council may establish such advisory and technical committees as it considers necessary to aid and advise the Council in the performance of its functions. The committees may be continuing or temporary committees. The Council shall determine the representation, membership, terms, leadership, and organization of the committees and shall appoint committee members.
- B. Committee Procedures, Recommendations and Reports to the Council
 - 1. Meetings of the Committees are subject to the Public Meetings Law. Each Committee Chairperson shall work with Oregon Health Authority staff to provide for the distribution of an agenda and for the recording of meetings, and shall be responsible for the order and conduct of the meeting.
 - 2. A recommendation from a Committee to the Council requires an affirmative vote of a majority of the Committee members using the same Decision-making Process, noted above.
 - 3. The work of the Committees must be arranged to permit the timely completion of tasks requested by the Council or included within the Committee’s mandate. The

Committees will work cooperatively with the Council and staff to provide requested information.

ARTICLE VII

Conflict of Interest

Council members are appointed, in part, because of their diverse experiences in their professional and civic lives. They bring valued histories of service to varied populations or stakeholder groups. By accepting membership on the Council, members agree to serve the broader goals of establishing health care interpreter policy for the State of Oregon.

Voting members of the Council should identify situations that present possible conflicts of interest and describe appropriate procedures if a possible conflict of interest arises. Members seek to promote transparency and integrity of the Council's decision-making process by abiding by this policy. Questions about this policy should be directed to the Director of the Oregon Health Authority.

An **actual** conflict of interest means "any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which would be to the private pecuniary benefit or detriment of the person or the person's relative or any business with which the person or a relative of the person is associated unless the pecuniary benefit or detriment arises out of circumstances described in [ORS 244.020(12)]."

A **potential** conflict of interest means:

Any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which could be to the private pecuniary benefit or detriment of the person or the person's relative, or a business with which the person or the person's relative is associated, unless the pecuniary benefit or detriment arises out of the following:

- (a) An interest or membership in a particular business, industry, occupation or other class required by law as a prerequisite to the holding by the person of the office or position.
- (b) Any action in the person's official capacity which would affect to the same degree a class consisting of all inhabitants of the state, or a smaller class consisting of an industry, occupation or other group including one of which or in which the person, or the person's relative or business with which the person or the person's relative is associated, is a member or is engaged.
- (c) Membership in or membership on the board of directors of a nonprofit corporation that is tax-exempt under section 501(c) of the Internal Revenue Code.

ORS 244.020.

The Council members recognize that the standards that govern their conduct are fully set forth in ORS Chapter 244. All Council members, upon confirmation of appointment, and periodically

thereafter, should maintain knowledge of the requirements of this law and subsequent versions thereof. The statutory requirements are binding on members, as are these guidance policies.

Council members are encouraged to examine prospective issues at the earliest opportunity for the potential of a conflict of interest and are reminded that compliance with the statutory requirements often require sensitivity to avoiding the appearance of impropriety. Members are to consult with the Director of the Oregon Health Authority for guidance where appropriate.

Council members should disclose to the Council Chairperson as soon as the Council member is aware of the actual or potential conflict of interest.

Council members must publicly announce the nature of the conflict of interest before participating in any official action (discussion or voting) on the issue giving rise to the conflict of interest.

- A. Potential conflict of interest: Following the public announcement, the Council member may participate in official action on the issue that gave rise to the conflict of interest.
- B. Actual conflict of interest: Following the public announcement, the Council member must refrain from further participation in official action on the issue that gave rise to the conflict of interest.

If a Council member has an actual conflict of interest and the Council member's vote is necessary to meet the minimum number of votes required for official action, the Council member may vote. In this situation, the Council member must make the required announcement and refrain from any discussion, but may participate in the vote required for official action by the Council. These circumstances are rare.

The Council shall keep a record of disclosures of conflict of interest and the nature of the conflict in the public record.

ARTICLE VIII

Rules of Construction and Amendments to Bylaws

- A. All references in these Bylaws to "mail" or "mailing" shall also include electronic mail to a Member or an addressee who has an email address on file with the Council.
- B. All procedures in these Bylaws shall be construed in accordance with the intent and purpose of applicable state laws and regulations.
- C. These Bylaws may be amended or repealed and new bylaws adopted, by the Council at any regular or special meeting of the Council provided that twenty (20) days written notice of the proposed amendment shall be given to each Member of the Council prior to any regular or special meeting of the Council at which the proposed amendment is to be

considered and acted upon. Amendment of the Bylaws requires an affirmative vote of a majority of the Council Members.

- D. Nothing contained in these Bylaws shall be deemed to limit or restrict the general authority vested in the Council or the Oregon Health Authority by law.

DRAFT

STANDARDS FOR REGISTRY ENROLLMENT, QUALIFICATION AND CERTIFICATION OF HEALTH CARE INTERPRETERS

333-002-0000

Purpose

(1) Title VI of the Civil Rights Act of 1964 mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The purpose of these rules is to establish a central registry and procedures for the qualification or certification of health care interpreters for persons with Limited English Proficiency (LEP).

(2) Any individual providing interpreting services, either in-person or remotely, and using the techniques of consecutive interpreting, sight translation, or simultaneous interpreting may elect to participate in the Health Care Interpreter program.

Stat. Auth.: ORS 413.558

s Stats. Implemented: ORS 413.556 & 419.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0010

Definitions

As used in chapter 333, division 2 the following definitions apply:

(1) "Applicant" means any individual who has applied under OAR 333-002-0050 for registry enrollment, qualification, or certification as a health care interpreter for any of the following languages: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. The state reserves the right to encompass additional languages at a later date.

(2) "Authority" means the Oregon Health Authority.

(3) "Central Registry" means a registry of individuals recognized as health care interpreters maintained by the Authority in accordance with OAR 333-002-0030.

(4) "Certified Health Care Interpreter" means an individual who has been issued an approved certificate by the Authority under the provisions of OAR 333-002-0150.

(5) "Consecutive Interpreting" means the conversion of a speaker's message into another language after the speaker pauses.

(6) "Formal Training" means training obtained in a formal academic setting, seminars, in-service trainings, or other substantive distance learning.

(7) "Fluency" means the ability to effectively communicate between the patient and the medical provider including, but not limited to, the ability to interpret the dialect, slang, or specialized vocabulary of a language to ensure the provision of high quality care.

(8) "Health Care" means medical, surgical or hospital care, or any other remedial care recognized by state law, including mental health care.

(9) "Health Care Interpreter" (HCI) means an individual who is readily able to communicate with an individual with limited English proficiency and to accurately translate the written and interpret the oral statements of the individual with limited English proficiency into English, and who is readily able to translate the written and interpret the oral statements of other individuals into the language of the individual with limited English proficiency.

(10) "Interpreting" means the process of understanding and analyzing a spoken message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social context into account.

(11) "Interpreting Knowledge" means an entry-level range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.

(12) "Interpreting Proficiency" means a wide range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and ability to translate the necessary information between the medical provider and the patient.

(13) "Limited English Proficient" or (LEP) means a legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.

(14) "Office of Multicultural Health and Services" (OMHS) means a central administrative support office of the Authority.

(15) "Oregon Council on Health Care Interpreters" means the advisory body of experts in the areas of language and health care interpreting, industry professionals, educators and community representatives.

(16) "Qualified Health Care Interpreter" means an individual who has been issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140.

(17) "Remote Interpreting" means interpreting services provided via telephone, video, online or any other electronic means where at least one of the principal participants is physically present in Oregon.

(18) "Sight Translation" means translation of a written document into spoken language.

(19) "Simultaneous Interpreting" means converting a speaker's message into another language while the speaker continues to speak.

(20) "Translation" means the conversion of written text into a corresponding written text in a different language.

(21) "Verifiable Evidence" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include employer endorsement, pay statement, services contract, remittance advice, student practicum, or intern time log.

(22) "Written verification" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0020

Health Care Interpreter Services

Any individual providing Consecutive Interpreting, Interpreting Services, Remote Interpreting, Sight Translation or Simultaneous Interpreting as defined in this division may:

(1) Voluntarily meet the eligibility standards for registry enrollment established in OAR 333-002-0040 and be added to the central registry under the provisions of OAR 333-002-0130; or

(2) Voluntarily meet the requirements of qualification established in OAR 333-002-0040 and be issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140; or

(3) Voluntarily meet the requirements of certification established in OAR 333-002-0040 and be issued a valid letter of certification by the Authority under the provisions of OAR 333-002-0150.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0030

Central Registry

The Authority will maintain a central registry of individuals who are registered, qualified, and certified to provide health care interpreter services as defined in OAR 333-002-0020.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0035

Fees

The Authority establishes the following Health Care Interpreter program fees:

- (1) An HCI Registry Enrollment Application shall require a fee of \$25 per application.
- (2) An HCI Registry Renewal Application shall require a fee of \$25 per application.
- (3) An HCI Qualification Application and Request for Evaluation shall require a fee of \$25 per application.
- (4) An HCI Certification Application and Request for Evaluation shall require a fee of \$30 per application.
- (5) An HCI Interpreting Assessment for a subspecialty shall require a fee of \$400 per attempt.
- (6) An HCI Certification Renewal Application shall require a fee of \$30 per application.
- (7) An HCI External Transcript Review Request shall require a fee of \$125 per request.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0040

Eligibility Standards for Registry Enrollment, Qualification and Certification

(1) Applicants seeking enrollment in the HCI registry must:

(a) Be at least 18 years of age;

(b) Submit applicable forms and fees;

(c) Successfully complete the HCI orientation session set by the Authority. Information presented shall include but is not limited to the following topics:

(A) Presentation of ORS 413.550 through 413.558 and OAR chapter 333, division 2;

(B) Review of Authority, health care interpreter, provider and patient roles and responsibilities; and

(C) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.

(d) Abide by the National Code of Ethics for Interpreters in Health Care as established by OAR 333-002-0100;

(e) Abide by the National Standards of Practice for Interpreters in Health Care as established by OAR 333-002-0110; and

(f) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.

(2) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking qualification must be able to:

(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;

(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.

(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.

(b) Provide verifiable evidence of 40 hours of experience; and

(c) Demonstrate health care interpreting knowledge by passing a qualification skill evaluation offered by an Authority approved language proficiency testing center as defined in OAR 333-002-0070 or to meet equivalent language proficiency requirements set by the Authority.

(3) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking certification must be able to:

(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;

(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.

(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.

(b) Provide verifiable evidence of 80 hours of work experience as an HCI; and

(c) Demonstrate health care interpreting proficiency by passing an approved national certification test as defined in OAR 333-002-0070.

(4) Each HCI applicant seeking certification must first have completed all required documentation to become an Oregon Qualified HCI. Each HCI applicant seeking certification must show proof of national certification.

(5) The Authority shall accept formal training from entities outside of Oregon that can demonstrate that their criteria are equal to or exceed Oregon criteria as established by these rules. The Authority shall maintain a list of Authority approved training centers where applicants may receive the required education.

(6) An applicant who has taken and passed a health care interpreter or medical interpreter certification test from an Authority approved testing center prior to March 1, 2011 is not required to comply with subsection (3)(c) of this rule.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0050

Application Procedure

(1) Upon request, the Authority shall provide an application packet or a link to the HCI webpage where the applicant may complete an online application, download an application, or obtain a printable paper application, to any individual seeking registry enrollment for qualification or certification as an HCI.

- (2) Applicants must submit standard forms along with required documentation and applicable fees to the Authority.
- (3) All application materials submitted in a language other than English must be accompanied by:
- (a) An accurate translation of those documents into English; and
 - (b) A translator's certificate certifying that the documents that have been translated are true and accurate, by an independent translator other than the applicant.
- (4) The applicant shall pay for any translation costs for documents required by the Authority.
- (5) If the Authority determines that the application is not complete or that the required documentation is not acceptable, the Authority shall notify the applicant within 30 days of receipt. An incomplete application includes, but is not limited to, an application that lacks:
- (a) Required information or original signatures; or
 - (b) Required forms, documentation or fees.
- (6) Applicants may withdraw from the process at any time by submitting written notification to the Authority; however the Authority shall not refund any fees that are paid.
- (7) Applicants must submit a request for qualification testing directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.
- (8) Applicants must submit a request for certification directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once the testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0060

Training and Work Experience Requirement

(1) Applicants seeking HCI qualification or certification must provide written verification of the successful completion of formal training at an Authority approved training center. Required subjects include Medical Terminology, Anatomy, Physiology, Concepts and Modes of Health Care Interpreting, and Health Care Interpreting Ethics. Applicants must meet or exceed the minimum training requirement for the credential being sought.

(2) Each HCI applicant seeking qualification or certification must complete at least 60 hours of Authority approved training, including a minimum of:

(a) Fifty-two hours of integrated Medical Terminology, Anatomy and Physiology, Introductory Health Care Interpreting Concepts and Modes; and

(b) Eight hours of Health Care Interpreting Ethics.

(3) Each HCI applicant seeking qualification must show proof of 40 working professional hours as a health care interpreter, which may include practical experience as an intern with a practicing health care interpreter, by providing verifiable evidence from an employer where the applicant has previously worked.

(4) Each HCI applicant seeking certification must show proof of 80 working professional hours as a health care interpreter by providing verifiable evidence from a previous employer.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0070

Approval of Testing Centers, Skill Evaluation and Assessment

(1) The Authority shall enter into a Memorandum of Agreement with health care interpreter or medical interpreter testing centers and language proficiency testing centers that are approved for testing. The Agreement shall establish the manner and means for testing Oregon applicants for health care interpreter testing, and shall include a process for sharing testing information with the Authority and the applicant.

(2) The Authority shall maintain a list of approved health care interpreter or medical interpreter certification testing centers. This list shall be made readily available to the public at all times.

(3) The Authority may proctor testing and may determine testing locations, unless the approved testing centers have their own testing centers available and can verify the applicant's identity before testing.

(4) Government issued photo identification showing the name and address of the applicant must be presented to enter an evaluation or assessment. This identification could be a valid driver's license, state identification card, military identification, current passport, or immigration or naturalization documents.

(5) An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluations and assessments. Such conduct includes but is not limited to the following behaviors:

(a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process;

(b) Failure to follow written or oral instructions relative to conducting the evaluation or assessment, including termination times and procedures;

(c) Introducing unauthorized materials during any portion of the evaluation or assessment;

(d) Attempting to remove evaluation or assessment materials or notations from the testing site; or

(e) Violating the credentialing process by:

(A) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment;

(B) Having an impersonator take the evaluation or assessment on one's behalf; or

(C) Impersonating an applicant.

(6) Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under ORS 192.410 through 192.505.

(7) The Authority may release statistical information regarding evaluation or assessment pass/fail rates by group, evaluation or assessment type, and subject area to any interested party.

(8) Applicants needing accommodation because of a disability may apply to the testing center for accommodations to complete an evaluation or assessment.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0080

Skill Evaluation or Assessment Appeal

Applicants who fail to pass a test at an Authority approved testing center may appeal the results with the testing center directly and pay any fees associated with the request. The testing center's determination is final. Applicants have no further appeal rights with the Authority.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0100

Code of Ethics and Standards of Practice for Interpreters in Health Care

(1) Health care interpreters must adhere to the National Code of Ethics for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.

(2) Health care interpreters must adhere to the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0120

Continuing Education

(1) Upon application for renewal of certification, an HCI must:

(a) Have completed 30 hours of continuing education; and

(b) Sign and submit an Authority supplied continuing education form and written verification indicating they have completed the required number of hours of continuing education.

(2) Continuing education must be completed within the renewal period. Continuing education hours taken in excess of the total number required may only be carried over to the next subsequent renewal period.

(3) Continuing education records must be maintained by the HCI for a minimum of three years.

(4) If the Authority finds indications of fraud or falsification of records, investigative action will be instituted. Findings may result in disciplinary action including revocation of the certificate.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0130

Registry Enrollment

(1) If the Authority determines that the applicant has met all requirements of these rules or meets all eligibility standards, the applicant shall be added to the central registry of health care interpreters.

(2) Registry enrollment is valid for 12 months from the date of enrollment and is renewable.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0140

Letter of Qualification

(1) If the Authority determines that OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090 have been met, a letter of qualification shall be issued.

(2) Letters of Qualification are valid for 36 months from the date of issue and are not renewable for languages for which certification is available. For other languages, qualification may be renewed every 36 months.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0150

Certificate

(1) If the Authority determines that OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090 have been met, a certificate shall be issued.

(2) Certificates are valid for 36 months from the date of issue and are renewable.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0160

Registry Enrollment Renewal

(1) Applicants for registry enrollment renewal must provide the Authority with:

(a) The completed renewal form provided by the Authority;

(b) Applicable fees;

(c) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and

(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.

(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the enrollment expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0170

Certification Renewal

(1) A certified HCI must renew certification every 36 months and provide the Authority with:

(a) The completed renewal form provided by the Authority;

(b) All applicable fees;

(c) Written verification of a minimum of 30 hours of continuing education as defined in OAR 333-002-0120 during the preceding three years;

(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and

(e) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.

(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the letter of certificate expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0180

Denial, Revocation, Suspension or Refusal to Renew Registry Enrollment

The Authority shall deny, revoke, suspend or refuse to renew registry enrollment under the following conditions:

(1) Applicant for initial registry enrollment fails to meet the eligibility standards of OAR 333-002-0040;

(2) Applicant for registry enrollment renewal fails to comply with the requirements of OAR 333-002-0160;

(3) Applicant submits information that cannot be verified; or

(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0190

Denial, Revocation, or Suspension of Letters of Qualification

The Authority shall deny, revoke, or suspend a letter of qualification under the following conditions:

(1) Applicant for an initial letter of qualification fails to meet the requirements of OAR 333-002-0040;

(2) Applicant submits information that cannot be verified; or

(3) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0200

Denial, Revocation, Suspension or Refusal to Renew Certification

The Authority shall deny, revoke, suspend or refuse to renew a certificate under the following conditions:

(1) Applicant for an initial certification fails to meet the requirements of OAR 333-002-0040;

(2) Applicant for a certification renewal fails to comply with the requirements of OAR 333-002-0170;

(3) Applicant submits information that cannot be verified; or

(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0210

Complaints

- (1) Any affected party or witness may submit a complaint against an HCI. Complaints must be submitted on the standard form provided by the Authority, signed and dated by the person alleging the complaint. A complaint that does not comply with the requirements of this rule will not be accepted, responded to or acted upon by the Authority.
- (2) The Authority may commence an investigation of an HCI as a result of information received from any party.
- (3) Complaint forms received by the Authority shall be made available to the accused HCI and others involved in the investigation of the allegations.
- (4) The Authority shall conduct a preliminary review of the complaint to ensure there is sufficient cause to justify proceeding and that the allegations against the respondent are such that, if proven, could result in a violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.
- (5) If the complaint is determined to be valid, the Authority shall notify the respondent of the allegations by mail and request written comments. The respondent must submit written comments to the Authority within two weeks after the notification was first mailed, unless an extension is authorized by the Authority under the following circumstances; only one extension may be allowed and the extension may not exceed 30 days. The Authority shall evaluate the complaint using available evidence.
- (6) Complaints and all evidence obtained, including any documents or information received from the complainant, respondent, witnesses, Authority investigators or Authority staff, shall be referred to the Oregon Council on Health Care Interpreters for review and recommendations.
- (7) During the review, the respondent's identity shall remain confidential
- (8) The Authority may not consider oral arguments from the complainant or respondent unless the Authority determines that further information is required.
- (9) If evidence is insufficient to show cause for action, the complainant and respondent shall be notified in writing.

(10) If evidence is sufficient to show cause for action, the Authority shall determine appropriate disciplinary action. The respondent shall be notified in writing and that determination shall become public record.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0220

Discipline

The Authority may refuse to issue or renew, or may suspend or revoke qualification or certification, or impose remedial education or corrective actions if an applicant, registry enrollee, qualified or certified health care interpreter engages in any of the following conduct:

- (1) Represents that he or she is a qualified or certified health care interpreter without having been issued a valid letter of qualification or certificate by the Authority.
- (2) Knowingly gives misinformation or false information to the Authority.
- (3) Violates the credentialing process by:
 - (a) Falsifying or misrepresenting educational credentials or other information required for admission to an evaluation or assessment;
 - (b) Having an impersonator take an evaluation or assessment on one's behalf; or
 - (c) Impersonating an applicant.
- (4) Has had a credential to practice health care interpreting in another state, territory or country suspended or revoked based upon acts by the HCI similar to acts described in this rule.
- (5) Has been convicted of a crime in this state, or any other state, territory or country, or convicted of a federal crime, which demonstrably relates to the practice of health care interpreting.
- (6) Has engaged in false, deceptive or misleading advertising of their qualification or certification credentials, which includes but is not limited to advertising health care interpreting using the titles of qualified or certified health care interpreter in any private or public communication or publication by an individual who is not credentialed by the Authority. For the purposes of this rule, "advertise" includes telephone directory listings, business cards, social media networking, or any other source of advertisement.

- (7) Allows the use of an Authority issued credential by a non-credentialed person.
- (8) Has presented as one's own credential, the credential of another.
- (9) Has practiced health care interpreting services under a false or assumed name without notification to the Authority.
- (10) Has impersonated another HCI.
- (11) Has used or attempted to use an HCI credential that has been revoked, suspended, or lapsed.
- (12) Has practiced or offered to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care.
- (13) Fails to cooperate with the Authority in any credentialing action or disciplinary proceeding. Such acts include but are not limited to:
 - (a) Failure to furnish requested papers or documents;
 - (b) Failure to furnish a written response to a matter contained in any complaint filed with the Authority; or
 - (c) Failure to respond to requests for information issued by the Authority whether or not the recipient is accused in the proceeding.
- (14) Fails to comply with any request issued by the Authority or an assurance of discontinuance entered into with the Authority.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

333-002-0230

Hearings

An individual who wishes to contest the denial, non-renewal, suspension or revocation of their registry enrollment, qualification or certification may request a contested case hearing. The contested case hearing process is conducted in accordance with ORS 183.441 through 183.497 and the Attorney General's Uniform and Model Rules of Procedure for the Office of Administrative Hearings, OAR 137-003-0501 through 137-003-0700.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011,
f. & cert. ef. 3-1-11

HEALTH CARE INTERPRETERS

413.550 Definitions for ORS 413.550 to 413.558. As used in ORS 413.550 to 413.558:

(1) “Health care interpreter” means a person who is readily able to communicate with a person with limited English proficiency and to accurately translate the written or oral statements of the person with limited English proficiency into English, and who is readily able to translate the written or oral statements of other persons into the language of the person with limited English proficiency.

(2) “Health care” means medical, surgical or hospital care or any other remedial care recognized by state law, including mental health care.

(3) “Person with limited English proficiency” means a person who, by reason of place of birth or culture, speaks a language other than English and does not speak English with adequate ability to communicate effectively with a health care provider. [Formerly 409.615]

Note: 413.550 to 413.560 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 413 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

413.552 Legislative findings and policy on health care interpreters. (1) The Legislative Assembly finds that persons with limited English proficiency are often unable to interact effectively with health care providers. Because of language differences, persons with limited English proficiency are often excluded from health care services, experience delays or denials of health care services or receive health care services based on inaccurate or incomplete information.

(2) The Legislative Assembly further finds that the lack of competent health care interpreters among health care providers impedes the free flow of communication between the health care provider and patient, preventing clear and accurate communication and the development of empathy, confidence and mutual trust that is essential for an effective relationship between health care provider and patient.

(3) It is the policy of the Legislative Assembly that health care for persons with limited English proficiency be provided according to the guidelines established under the policy statement issued August 30, 2000, by the U.S. Department of Health and Human Services, Office for Civil Rights, entitled, “Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency,” and the 1978 Patient’s Bill of Rights.

[Formerly 409.617]

Note: See note under 413.550.

413.554 Oregon Council on Health Care Interpreters. (1) The Oregon Council on Health Care Interpreters is created in the Oregon Health Authority. The council shall consist of 25 members appointed as follows:

(a) The Governor shall appoint two members from each of the following groups:

(A) Consumers of medical services who are persons with limited English proficiency and who use health care interpreters;

(B) Educators who either teach interpreters or persons in related educational fields, or who train recent immigrants and persons with limited English proficiency;

(C) Persons with expertise and experience in administration or policymaking related to the development and operation of policies, programs or services related to interpreters, and who have familiarity with the rulings of the federal Office for Civil Rights concerning interpreter services for various institutions;

(D) Health care providers, consisting of one physician and one registered nurse, who utilize interpreter services regularly in their practice;

(E) Representatives of safety net clinics that predominantly serve persons with limited English proficiency; and

(F) Representatives of hospitals, health systems and health plans predominantly serving persons with limited English proficiency.

(b) The Governor shall appoint one representative from each of the following agencies and organizations after consideration of nominations by the executive authority of each:

(A) The Commission on Asian and Pacific Islander Affairs;

(B) The Commission on Black Affairs;

(C) The Commission on Hispanic Affairs;

(D) The Commission on Indian Services;

(E) The International Refugee Center of Oregon;

(F) The Oregon Judicial Department's Certified Court Interpreter program;

(G) The Commission for Women; and

(H) The Institute for Health Professionals of Portland Community College.

(c) The Director of the Oregon Health Authority shall appoint three members including:

(A) One member with responsibility for administering mental health programs;

(B) One member with responsibility for administering medical assistance programs; and

(C) One member with responsibility for administering public health programs.

(d) The Director of Human Services shall appoint:

(A) One member with responsibility for administering developmental disabilities programs; and

(B) One member with responsibility for administering programs for seniors and persons with disabilities.

(e) The membership of the council shall be appointed so as to be representative of the racial, ethnic, cultural, social and economic diversity of the people of this state.

(2) The term of a member shall be three years. A member may be reappointed.

(3) If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term. The appointing authority may appoint a replacement for any member of the council who misses more than two consecutive meetings of the council. The newly appointed member shall represent the same group as the vacating member.

(4) The council shall select one member as chairperson and one member as vice chairperson, for such terms and with duties and powers as the council determines necessary for the performance of the functions of such offices.

(5) The council may establish such advisory and technical committees as it considers necessary to aid and advise the council in the performance of its functions. The committees may be continuing or temporary committees. The council shall determine the representation, membership, terms and organization of the committees and shall appoint committee members.

(6) A majority of the members of the council shall constitute a quorum for the transaction of business.

(7) Members of the council are not entitled to compensation, but at the discretion of the Director of the Oregon Health Authority may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495.

(8) The council may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, for purposes consistent with the purposes of the council.

(9) The Oregon Health Authority shall provide the council with such services and employees as the council requires to carry out its duties. [Formerly 409.619]

Note: See note under 413.550.

413.556 Testing, qualification and certification standards for health care interpreters. The Oregon Council on Health Care Interpreters shall work in cooperation with the Oregon Health Authority to:

(1) Develop testing, qualification and certification standards for health care interpreters for persons with limited English proficiency.

(2) Coordinate with other states to develop and implement educational and testing programs for health care interpreters.

(3) Examine operational and funding issues, including but not limited to the feasibility of developing a central registry and annual subscription mechanism for health care interpreters.

(4) Do all other acts as shall be necessary or appropriate under the provisions of ORS 413.550 to 413.558. [Formerly 409.621]

Note: See note under 413.550.

413.558 Procedures for testing, qualifications and certification of health care interpreters; rules; fees. (1) In consultation with the Oregon Council on Health Care

Interpreters, the Oregon Health Authority shall by rule establish procedures for testing, qualification and certification of health care interpreters for persons with limited English proficiency, including but not limited to:

(a) Minimum standards for qualification and certification as a health care interpreter, including:

(A) Oral and written language skills in English and in the language for which health care interpreter qualification or certification is granted; and

(B) Formal education or training in medical terminology, anatomy and physiology, and medical ethics;

(b) Categories of expertise of health care interpreters based on the English and non-English skills and the medical terminology skills of the person seeking qualification or certification;

(c) Procedures for receiving applications and for examining applicants for qualification or certification;

(d) The content and administration of required examinations;

(e) The requirements and procedures for reciprocity of qualification and certification for health care interpreters qualified or certified in another state or territory of the United States; and

(f) Fees for application, examination, initial issuance, renewal and reciprocal acceptance of qualification or certification as a health care interpreter and for other fees deemed necessary by the authority.

(2) Any person seeking qualification or certification as a health care interpreter must submit an application to the authority. If the applicant meets the requirements for qualification or certification established by the authority under this section, the authority shall issue an annual certificate of qualification or a certification to the health care interpreter. The authority shall collect a fee for the issuance of the certificate of qualification or the certification and for any required examinations in the amount established pursuant to subsection (1) of this section.

(3) The authority shall work with other states to develop educational and testing programs and procedures for the qualification and certification of health care interpreters.

(4) In addition to the requirements for qualification established under subsection (1) of this section, a person may be qualified as a health care interpreter only if the person:

(a) Is able to fluently interpret or translate the dialect, slang or specialized vocabulary of the non-English language for which qualification is sought;

(b) Has had at least 60 hours of health care interpreter training that includes anatomy and physiology and concepts of medical interpretation; and

(c) Has had practical experience as an intern with a practicing health care interpreter.

(5) A person may not use the title of “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 of qualification by the authority.

(6) In addition to the requirements for certification established under subsection (1) of this section, a person may be certified as a health care interpreter only if:

(a) The person has met all the requirements established under subsection (4) of this section; and

(b) The person has passed written and oral examinations required by the authority in English, in the non-English language the person wishes to translate and in medical terminology.

(7) A person may not use the title of “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. [Formerly 409.623]

Note: See note under 413.550.

413.560 Moneys received credited to account in Oregon Health Authority Fund.

All moneys received by the Oregon Council on Health Care Interpreters under ORS 413.550 to 413.560 shall be paid into the Oregon Health Authority Fund and credited to an account designated by the authority. Such moneys shall be used only for the administration and enforcement of the provisions of ORS 413.550 to 413.560. [Formerly 409.625]

Note: See note under 413.550.