HB 2359 Report:

Health Care Interpreter Services

Sight Translation

July 2022

Oregon Health Authority

Contents

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Executive Summary

Background

Governor Brown signed House Bill 2359 (HB 2359) into law on August 6, 2021. The new law requires the Oregon Health Authority to explore and make a number of improvements and enhancements to the current Health Care Interpreter (HCI) program and HCI registry system in consultation with the Oregon Council on Health Care Interpreters (OCHCI). This work includes conducting a study to identify national standards and best practices for sight translation.

This report on sight translation within Oregon's HCI Program explores the history of sight translation requirements of the program, evaluates the new requirements outlined within HB 2359, looks at practices and requirements of sight translation from other programs, reviews recommendations and best practices within the field, and makes recommendations for Oregon's HCI Program moving forward.

There are a number of common themes running throughout nearly all of the published sight translation papers and articles reviewed for this report. Few definitive conclusions about specific trainings, testing, scope of practice, or limitations and restrictions that should be in place for sight translation were identified at the time of publication of many of these articles. That continues to be true today. There is however broad agreement on a number of areas regarding sight translation:

1. Health care interpreters should be well trained for any sight translation services they provide;
2. Sight translation should be limited to signage, documents, instructions, and other patient-specific materials that are neither too complex nor too long in length;
3. Sight translation cannot and should not replace health care providers' obligations to translate documents as required by Title VI of the Civil Rights Act of 1964; and
4. Health care interpreters and health care providers should collaborate on assuring that any sight translation services provided meet the requirements outlined above.

The Oregon Health Authority (OHA) has completed its rulemaking process outlining and updating specific requirements for health care interpreters, health care providers, interpreting service companies, and coordinated care organizations. Most provisions of the finalized HCI Program rules are set to go into effect on July 1, 2022, and the rules provide a good foundation for the program requirements of sight translation. Given the comments OHA received from Oregon partners and stakeholders during the rule

development process, the rules provide additional clarification beyond the statutory language that sight translation is only appropriate for simple written documents.

However, the rules do not define “simple” and therefore there may still be a need for additional development of guidance regarding what constitutes a “simple written document,” any training expectations and continuing education requirements for HCIs providing services in Oregon, and informational materials to help health care providers and others gain an improved understanding of sight translation expectations and limitations. OHA’s HCI Program, in consultation with the OCHCI, should consider developing and sharing this additional guidance and recommendations with health care interpreters and other partners in the coming months and years.

Ultimately, HCIs themselves should be prepared to evaluate and respond to requests for sight translation. They should also be empowered to define appropriate boundaries and limitations based on the specific situation and their own training, experience, and expertise.

Summary of Recommendations

As OHA’s HCI Program begins to implement changes as required by HB 2359, they should pay particular attention to the newly clarified sight translation requirements in the HCI administrative rules. There are a number of opportunities to develop additional guidance and support related to sight translation for both health care interpreters and health care providers. OHA, working with the OCHCI and other partners, whenever possible, should consider the following:

1. Develop, identify, or fund low or no cost sight translation training opportunities for Oregon health care interpreters.
2. Make sight translation training a specific requirement for HCI continuing education.
3. Evaluate the OHA-approved 60-hour health care interpreter training sequences to assure that newly qualified or certified HCIs are receiving sufficient instruction on sight translation.
4. Develop additional guidance that provides examples on what constitutes “simple written documents” or “simple written instructions” for sight translation as described in the rule.
5. Develop presentations, training modules, and written materials that provide information on health care interpreting and sight translation with health care providers as the primary audience.
6. Outline appropriate resources and contact information that HCIs can use to escalate concerns about a health care provider who routinely asks for sight translation that goes beyond the scope of interpreting services.

Health Care Interpreter Services: Sight Translation

Governor Brown signed House Bill 2359 (HB 2359) into law on August 6, 2021. The new law requires the Oregon Health Authority to explore and make a number of improvements and enhancements to the current Health Care Interpreter (HCI) Program in consultation with the Oregon Council on Health Care Interpreters (OCHCI). This work includes conducting studies to determine the best model for an online HCI scheduling platform and national standards and best practices for sight translation. Specifically, HB 2359 directs:

> *(2) The Oregon Health Authority shall, in collaboration with the Oregon Council on Health Care Interpreters and health care interpreters, conduct a study:*
>
> *(a) Of the best model for an online platform for patients and health care providers to contract with health care interpreters and on how to use state and federal funds to finance the platform, to be completed no later than July 1, 2022; and*
>
> *(b) Regarding sight translation as it pertains to the definition of "health care interpreter" in ORS 413.550 and related best practices.*
>
> *(3) No later than January 1, 2022, the authority shall report to the interim committees of the Legislative Assembly related to health the results of the studies described in subsection (2) of this section and recommendations for legislative changes, if necessary, to implement the findings of the studies.*[1]

This report on sight translation within Oregon's Health Care Interpreter Program will explore the history of sight translation requirements of the program, evaluate the new requirements outlined within HB 2359, look at practices and requirements of sight translation from other programs, review recommendations and best practices within the field, and make recommendations for Oregon's HCI Program moving forward.

[1] HB 2359 (2021) https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2359.

Oregon Background

The National Council on Interpreting in Health Care (NCIHC) provides the following definition for sight translation:

> Sight translation is the oral rendition of text written in one language into another language and is usually done in the moment.[2]

In comparison, the existing Oregon HCI Program Administrative Rules[3] provide the following definitions for health care interpreting services, interpreting knowledge, and interpreting skills and ability:

> 333-002-0010
>
> Definitions
>
> (*effective through June 30, 2022)*
>
> (6) "Health care interpreting services" means the provision of services to limited English proficient individuals through the process of fully understanding and analyzing a spoken or signed message, then faithfully rendering the message into another spoken or signed language in order to ensure access to any medical, surgical or hospital intervention including physical, oral or behavioral health treatment.
>
> (7) "Interpreting knowledge" means an entry-level range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics,

[2] Working Papers Series; Sight Translation and Written Translation: Guidelines for Healthcare Interpreters, National Council on Interpreting in Health Care, April 2009.
[3] OAR Chapter 333, Division 2: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1218; accessed February 18, 2022.

> cultural competency, terminology, integrated interpreting skills and translation of simple instructions.
>
> (8) "Interpreting skills and ability" means the demonstrated capacity to perform interpreting modes and apply medical interpreting ethics, cultural competency, terminology, integrated interpreting skills, and translation of simple instructions.

While there is no specific use of the term “sight translation” in the existing administrative rule chapter for Oregon’s HCI Program, it could be understood that the mention of “translation of simple instructions” within the existing rule definitions for “Interpreting knowledge” and “Interpreting skills and ability” are inclusive of the term sight translation. However, that understanding is further complicated because the rule chapter also provides a definition of translation. Translation is defined in the chapter as:

> (12) "Translation" means the conversion of written text into a corresponding written text in a different language.

Taken together, the phrase “translation of simple instructions” that is included in the definitions of interpreting knowledge and interpreting skills and ability could also be understood to mean that simple written instructions in one language are translated into simple *written* instructions in a different language[4]. Needless to say, the rule as it is written has led to different understandings among health care interpreters, health care providers, language service companies, and others about what is required or even what is within the scope of practice for qualified or certified health care interpreters working in Oregon.

This confusion is consistent with reports shared by members of the Oregon Council on Health Care Interpreters (OCHCI). The OCHCI is a 15-member council established in Oregon statute at ORS 413.554 that advises the Oregon Health Authority on

[4] It should be noted that this paper is not suggesting that “translation” is within the scope of practice for health care interpreters (unless they are also credentialed in written translation) or that sight translation and written translation are the same. Instead, these various definitions in the current rule are highlighted to acknowledge the different understandings around sight translation and identify the need for improved rule language, guidance documents, and training.

administrative rules and policy standards for the Health Care Interpreter Program.[5] Members reported that they and their HCI colleagues often feel pressure to do sight translations during health care interpreting sessions.[6] Examples shared include being asked to translate a variety of medical documents and forms including:[7]

- Intake forms that provide general information on how the facility or clinic functions. For example, HIPAA information, patient rights, patient responsibilities.
- Legal documents such as informed consent documents, financial agreements or policies, or advanced directives.
- Educational materials providing general details about the patient's medical conditions.
- Documents that provide specific, post-visit instructions such as prescription information, preparation for procedures, or discharge instructions.

Subgroup members acknowledged that some of these requests may be appropriate, depending on the specific situation and the experience of the HCI. However, they also emphasized that there is not a shared understanding across health care providers and the interpreting community regarding when sight translation is appropriate.

The Oregon legislature, through HB 2359, sought to provide additional clarity to these questions surrounding sight translation: when it is appropriate, what are the qualifications for providing it, and what limitations should be placed on it by updating the statute and directing the Oregon Health Authority to conduct this additional study. Oregon statute (ORS 413.550) provides a definition for sight translation and clarity that it is part of the minimum requirements of providing health care interpreter services as defined in Oregon law:

[5] More information about the OCHCI available at: https://www.oregon.gov/oha/oei/Pages/hci-council.aspx.
[6] A subgroup of the OCHCI was formed in March 2022 to help inform and guide this report.
[7] These examples shared by the OCHCI subgroup are very similar to those outlined in the NCIHC working paper and confirm that the sight translation requests that Oregon interpreters experience is consistent with requests of interpreters nationally.

"Sight translate" means to translate a written document into spoken or signed language.[8]

And,

"Health care interpreter" means an individual who is readily able to:

(A) Communicate in English and communicate with a person with limited English proficiency or who communicates in signed language;

(B) Accurately interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in signed language, into English;

(C) Accurately interpret oral statements in English to a person with limited English proficiency or who communicates in signed language;

(D) Sight translate documents from a person with limited English proficiency; and

(E) Interpret the oral statements of other persons into the language of the person with limited English proficiency or into signed language.[9]

In order to implement significant changes to the requirements for health care interpreting services in Oregon as mandated by the Oregon legislature through HB 2359, the Oregon Health Authority initiated formal rulemaking to update its HCI Program rules. The rulemaking process included three meetings with a Rules Advisory Committee, a public hearing, and two public comment periods.

Throughout the rulemaking process, OHA received numerous recommendations related to sight translation. Nearly all of these recommendations provided an expectation that HCIs need to be prepared to provide at least a minimal level of sight translation in health care environments. Some talked about how critical it was for individuals with limited English proficiency to have access to appropriate sight translation services during their health care visits. Commentors also emphasized that

[8] ORS 413.550 (11).

[9] ORS 413.550 (4)(a), emphasis added.

each sight translation request needed to be individually evaluated by the interpreter and agreed to only when the written information being requested for sight translation was short, simple, and would not be considered a legal document. A best practice is for the health care provider to share any documents they believe will require sight translation with the HCI prior to the health care appointment so the HCI may evaluate the request and, as appropriate, prepare for sight translation of the documents. There was also significant agreement across commentors that sight translation must not replace the obligation of health care providers to have vital documents translated in advance as required by Title VI of the Civil Rights Act of 1964.

While it may not always be clear what constitutes a "vital document" for a particular health care office or a specific individual with limited English proficiency, the Office for Civil Rights within the Department of Health and Human Services has provided policy guidance that helps to address this question. In that guidance they state:

> Translation of Written Materials – An effective language assistance program ensures that written materials that are routinely provided in English to applicants, clients and the public are available in regularly encountered languages other than English. It is particularly important to ensure that vital documents, such as applications, consent forms, letters containing important information regarding participation in a program (such as a cover letter outlining conditions of participation in a Medicaid managed care program), notices pertaining to the reduction, denial or termination of services or benefits, of the right to appeal such actions or that require a response from beneficiaries, notices advising LEP persons of the availability of free language assistance, and other outreach materials be translated into the non-English language of each regularly encountered LEP group eligible to be served or likely to be directly affected by the recipient/covered entity's program.[10]

In addition, individuals with limited English proficiency (LEP) who do not have consistent and reliable access to appropriate interpreting, translation, and sight translation services are at a distinct disadvantage in obtaining quality health care services as compared to individuals who are English proficient. Not only would this

[10] Office for Civil Rights, HHS; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency, August 2000. Available here: https://www.govinfo.gov/content/pkg/FR-2000-08-30/pdf/00-22140.pdf.

violate Oregon's commitment to assure health equity among all who receive services in the state, it would not meet the meaningful access requirement outlined in the 2012 US Department of Justice Language Access Plan. That Language Access Plan states:

> Meaningful Access – Language assistance that results in accurate, timely, and effective communication at no cost to the LEP individual. For LEP individuals, meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or activities provided to English proficient individuals.[11]

The Oregon Health Authority (OHA), taking all of these recommendations into consideration, including OHA's strategic goal to eliminate health inequity by the year 2030, completed its rulemaking process outlining and updating specific requirements for health care interpreters, health care providers, interpreting service companies, and coordinated care organizations. The updated rules go into effect on July 1, 2022 and can be viewed in the May edition of the Oregon Bulletin.[12] In these updated rules, OHA now includes specific references to sight translation and its requirements.

In general, the HCI Program rules follow the statutory language closely. However, given the comments OHA received from Oregon partners and stakeholders, the rules do provide additional clarification that sight translation is only appropriate for simple written documents. The updated HCI Program rules now provide the following definitions for a health care interpreter, interpreting knowledge, and sight translation:

> 333-002-0010
>
> Definitions
>
> (*effective beginning July 1, 2022)*

[11] Department of Justice Language Access Plan, March 2012. Available here: https://www.justice.gov/sites/default/files/open/legacy/2012/05/07/language-access-plan.pdf.
[12] HCI Program permanent rules, https://secure.sos.state.or.us/oard/viewReceiptPDF.action?filingRsn=50912.

(8) “Health care interpreter” means an individual who has proficiency in English and at least one other spoken or signed language and who is readily able to accurately:

(a) Communicate in English and communicate with a person who has limited English proficiency or who communicates in signed language. Under limited circumstances beginning September 1, 2022, the Authority may qualify an individual who has proficiency in a language of lesser diffusion and at least one other spoken or signed language other than English, as a health care interpreter;

(b) Interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in signed language, into English or another language if relay interpreting;

(c) Interpret oral statements in English, or another language if relay interpreting, to a person with limited English proficiency or who communicates in signed language;

(d) ***Sight translate simple written documents for a person with limited English proficiency;*** and

(e) Effective September 1, 2022, provide interpretive services using relay or indirect interpretation.[13]

And:

(13) "Interpreting knowledge" means an entry-level range of knowledge, skills, and abilities that includes but is not limited to demonstrated capacity in:

[13] HCI Program permanent rules, page 3, (emphasis added), https://secure.sos.state.or.us/oard/viewReceiptPDF.action?filingRsn=50912.

(a) Language proficiency;

(b) Medical interpreting ethics;

(c) Cultural competency;

(d) Medical terminology;

(e) Integrated interpreting skills; and

(f) ***Sight translation of simple written instructions.***[14]

And:

(18) ***"Sight translate" means to translate a simple written document into spoken or signed language.***[15]

The statute, as developed by the legislature, along with these final administrative rules from OHA, set the minimum expectation that sight translation is within the purview and scope of practice of Oregon qualified and certified HCIs providing interpreting services. The rules also provide the limitation that materials that may be considered for sight translation must be restricted to only simple documents. The term "simple" is not defined in the rule and therefore additional guidance from OHA, in consultation with the OCHCI, should be considered.

[14] HCI Program permanent rules, page 4, (emphasis added), https://secure.sos.state.or.us/oard/viewReceiptPDF.action?filingRsn=50912.
[15] HCI Program permanent rules, page 5, (emphasis added), https://secure.sos.state.or.us/oard/viewReceiptPDF.action?filingRsn=50912.

Ultimately, HCIs themselves should be prepared to evaluate and respond to requests for sight translation. They should also be empowered to define appropriate boundaries and limitations based on the specific situation and their own training, experience, and expertise. The next section of this paper will provide a review of published guidance on sight translation expectations, best practices, and areas for development that may be useful in developing Oregon-specific guidance and identifying next steps for Oregon's HCI Program.

National Perspectives

There has not been a lot of information published on sight interpretation in health care settings. Much of what has been published focuses on how sight interpretation is used in training interpreters to become qualified or certified interpreters or on using sight translation as a method of testing proficiency of interpreting skills.[16]

In 2009, the National Council on Interpreting in Health Care (NCIHC), as part of their Working Papers Series, published, "Sight Translation and Written Translation: Guidelines for Healthcare Interpreters." As context for the article, NCIHC provided definitions for each of the relevant terms; interpreting, written translation, and sight translation. In order to provide a similar collective understanding for this paper, those definitions are reproduced here:

> **Interpreting**: Interpreting is the oral rendering of spoken or signed communication from one language into another. Central to spoken or signed language interpreting are the following skills: the ability to comprehend the intended message of oral communications in two languages (listening skills), and the ability to produce an accurate and complete conversion from one language into another (speaking or speech productions skills). Interpreting requires listening and speaking skills in the two languages being used. Depending on the context, interpreters are often called upon to provide bidirectional conversions – that is, from language 1 into language 2 and from language 2 into language 1 – in the moment.
>
> **Written Translation**: Often referred to only by the term "translation," written translation is the rendering of a written text in one language in a comparable written text in another language. Central to written translation are the following skills: the ability to comprehend written text in one language (reading skills), and the ability to produce a comparable rendition in written form in a second language (writing skills) into another. Most professional translators provide only unidirectional translations, as a rule working into their dominant language. Unlike spoken or signed language interpreters, translators often have the luxury of time

[16] Working Papers Series; Sight Translation and Written Translation: Guidelines for Healthcare Interpreters, National Council on Interpreting in Health Care, April 2009.

and other resources to come up with the best way to capture the nuances of meaning in the original text.

Sight Translation: Sight translation is the oral rendition of text written in one language into another language and is usually done in the moment. Central to sight translation are the following skills: the ability to comprehend written text in one language (reading skills) and the ability to produce an oral or signed rendition in another language (speaking or speech production skills). Sight translation is often requested of an interpreter during an interpreting assignment.

While most interpreters will have had some exposure to sight translation through their training programs, certification exams, if applicable, and continuing education requirements, many health care interpreter programs are silent on what level of sight translation services are required of health care interpreters. Most language service companies do not provide information on their websites about interpreters' fluency with sight interpretation and health care providers are often not aware, prior to a health care appointment, whether or not a particular health care interpreter is confident in providing sight translation services.[1718] That is not always the case for other types of interpreters; for example, court interpreters in Oregon[19], along with most other states, are required to demonstrate their competency and provide interpreting services in three modes: simultaneous interpreting, consecutive interpreting, and sight translation.[20]

The literature on sight translation shows broad agreement that the skills required for sight translation are different than those skills required for simultaneous or consecutive oral interpretation and that not all interpreters possess the skills required for successful sight translation. Studies and interpreting guides also often note that reading comprehension is a critical element for sight translation and that many interpreters find sight translation to be a more challenging task than other interpreting modes.

[17] Chen, Wallace, "Sight Translation" in *The Routledge Handbook of Interpreting*, March 2015.
[18] OCHCI HB 2359 subgroup.
[19] Oregon Justice Department, Best Practices for Working with Interpreters, available at: https://www.courts.oregon.gov/programs/interpreters/policies/Documents/OJD%20Best%20Practices%20for%20Working%20With%20Interpreters.pdf.
[20] Working Papers Series; Sight Translation and Written Translation: Guidelines for Healthcare Interpreters, National Council on Interpreting in Health Care, April 2009.

Interpreters often report they have more trouble focusing on meaning rather than specific words when the message is written in black and white on a piece of paper.[2122]

The International Medical Interpreters Association (IMIA) published the IMIA Guide on Medical Translation in 2009. In addition to discussion about written translation, they also provide guidance on sight translation. They note in the article, that while not all interpreters are qualified to translate, interpreters are often among the first people called upon to perform either written or sight translation even though they may not be qualified to do so. The article also notes that sight translation is useful, especially when time is of the essence, to verbally communicate the contents of a document or other critical written materials. Given these considerations and the urgency present in some medical situations, the IMIA recommends that all medical interpreters "should be appropriately trained and required to acquire basic sight translation and written translation skills for non-publishable text."[23]

The National Council on Interpreting in Health Care does not go quite as far as the IMIA in recommending that all health care interpreters have the training required to provide sight translation.[24] Instead, they acknowledge that while the ability to provide sight translation is an asset for any interpreter, the skills required to do so are different and therefore interpreters must limit their services to only those they are specifically trained and qualified to provide. That could mean, according to NCIHC, that some health care interpreters would not be providing any sight translation services.

The NCIHC looks to the American Society for Testing and Materials' (ASTM) Standard Guide for Language Interpretation Services as it relates to the types of documents or materials that health care interpreters may be asked to sight translate. Those ASTM guidelines include that "[t]he interpreter may also be responsible for sight translation of patient instructions, consent forms, or health-care records" and that interpreters may also be called upon to do "on-the-spot" written translations stating that interpreters, "should not be expected to do written translations other than very brief texts specific to a patient. Translations produced on-the-spot by interpreters cannot be held to the same

[21] Mikkelson, Holly, The Interpreters Edge, ACEBO, 1995.
[22] Chen, Wallace, "Sight Translation" in *The Routledge Handbook of Interpreting*, March 2015.
[23] IMIA Guide on Medical Translation, January 2009.
[24] Working Papers Series; Sight Translation and Written Translation: Guidelines for Healthcare Interpreters, National Council on Interpreting in Health Care, April 2009.

standards as formally translated texts."[25] The NCIHC also notes that while this portion of the ASTM Standard Guide identifies consent forms as potentially appropriate for sight translation, the ASTM Standard Guide states elsewhere that providers should have consent forms translated in advance. This leads NCIHC to conclude, "the limitations on what an interpreter may reasonably be expected to sight translate remain unclear in the ASTM Standard Guide."[26]

From all of this information, NCIHC concludes that when health care interpreters do sight translation they must be fully qualified to do so and must limit their sight translation services to documents or other materials that are generally brief and non-technical. In addition, they recommend that the health care provider is present during the sight translation so that any questions from the patient can be answered by the provider rather than the interpreter.

Regarding the recommendation to have the health care provider present along with the interpreter and the patient, like many of the other NCIHC recommendations, they do provide a caveat acknowledging that busy health care clinics may often find it difficult to have clinic personnel sit with the patient and the interpreter to fill out forms. Instead, NCHIC states:

> "Because interpreters are considered part of the healthcare team, there is often an expectation that the interpreter will assist the patient with filling out forms. Where interpreters are well trained with strong bilingual language skills, including reading and writing in English, this is a reasonable expectation."[27]

The NCIHC working paper goes on to provide detailed analysis and recommendations of the types of documents and other materials that could be considered for sight translation as well as those that should never be sight translated. All of the NCIHC sight translation recommendations and guidelines need not be repeated in this paper. Instead, policy and program staff working in health care interpreter programs should be well versed in these recommendations and should consider using the NCIHC guidelines in developing their own policies and requirements for health care interpreters.

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[25] Working Papers Series; Sight Translation and Written Translation: Guidelines for Healthcare Interpreters, National Council on Interpreting in Health Care, April 2009.
[26] Ibid.
[27] Ibid.

Conclusions

There are a number of common themes running throughout nearly all of the published sight translation papers and articles reviewed for this report. Few definitive conclusions about specific trainings, testing, scope of practice, or limitations and restrictions that should be in place for sight translation were identified at the time of publication of many of these articles. That continues to be true today. There is however broad agreement on a number of areas regarding sight translation:

1. Health care interpreters should be well trained for any sight translation services they provide;

2. Sight translation should be limited to signage, documents, instructions, and other patient-specific materials that are neither too complex nor too long in length;

3. Sight translation cannot and should not replace health care providers' obligations to translate documents as required by Title VI of the Civil Rights Act of 1964; and

4. Health care interpreters and health care providers should collaborate on assuring that any sight translation services provided meet the requirements outlined above.[28]

The administrative rules that the Oregon Health Authority has finalized for its HCI Program, and are set to go into effect on July 1, 2022, describe sight translation as a minimum requirement that all Oregon qualified and certified HCIs are expected to be readily able to provide. These rules also provide a limitation on the provision of sight translation requiring that they be limited to simple written documents and instructions. These updates are consistent with the existing Oregon statute, comments received during the administrative rulemaking process, OHA's strategic goal of eliminating health inequities by the year 2030, and many of the recommendations in the literature reviewed for this report.

The finalized HCI Program rules provide a good foundation for the program requirements of sight translation. There may, however, still be a need for additional development of guidance around what constitutes a "simple" document, any training

[28] An option for documents that may not be appropriate for sight translation could include having the provider read the document and then having the HCI interpret what the provider has said.

expectations and continuing education requirements for HCIs working in Oregon, and informational materials to help health care providers and others gain an improved understanding of sight translation expectations and limitations. OHA's HCI Program should consider developing and sharing this additional guidance and recommendations with health care interpreters and other partners in the coming months and years.

Recommendations

As OHA's HCI Program begins to implement changes as required by HB 2359, they should pay particular attention to the newly clarified sight translation requirements in the HCI administrative rules. There are a number of opportunities to develop additional guidance and support related to sight translation for both health care interpreters and health care providers. OHA, working with the Oregon Council on Health Care Interpreters (OCHCI) and other partners, whenever possible, should consider the following:

1. **Develop, identify, or fund low or no cost sight translation training opportunities for Oregon health care interpreters.** Most HCIs have had some exposure to sight translation through their initial or ongoing health care interpreter training, through their certification exam, or by actually providing sight translation as part of their interpreting work. Even so, many interpreters may benefit from, and appreciate, additional training in this area. Assuring that all HCIs in Oregon have the opportunity to receive this additional sight translation training in the next several years will improve interpreting outcomes and meaningful access for individuals with limited English proficiency.

2. **Make sight translation training a specific requirement for HCI continuing education.** OHA's administrative rules currently require HCIs to document at least 24 hours of continuing education during each 48-month central registry period. The rules specify that at least six of those hours must be related to health care interpreter ethics and six hours must be related to interpreting skills. The specific topic areas for the remaining 12 hours are left to the discretion of the HCI. OHA should evaluate these categories to determine where sight translation continuing education would best fit and then provide guidance to HCIs on this requirement.

3. **Evaluate the OHA-approved 60-hour health care interpreter training sequences to assure that newly qualified or certified HCIs are receiving sufficient instruction on sight translation.** Given the clarifications in OHA's updated HCI rules set to go into effect on July 1, 2022, it will be important that all HCIs added to the central registry are prepared to offer sight translation of simple documents or patient instructions.

4. **Develop additional guidance that provides examples on what constitutes "simple written documents" or "simple written instructions" for sight translation as described in the rule.** The updated HCI rules provide a good

foundation for what sight translation services are required of qualified or certified HCIs in Oregon. However, as is often the case with administrative rules, additional operational details may be beneficial for individuals working in the program. The *Sight Translation and Written Translation: Guidelines for Healthcare Interpreters w*orking paper from the National Council on Interpreting in Health Care provides valuable discussion and examples on this topic and would be a good starting point for developing Oregon specific guidance.

5. **Develop presentations, training modules, and written materials that provide information on health care interpreting and sight translation with health care providers as the primary audience.** Health care providers may not always have a good understanding of health care interpreting requirements, approaches, and limitations and may be even less familiar with these areas specific to sight translation. HCIs are typically well versed in providing a brief overview of these elements prior to providing interpreting services but may not always have the time or perceived authority to set appropriate limits on the scope of sight translation services. Information directly from OHA that HCIs could share with providers either electronically or hardcopy materials could go a long way to improve the shared understanding across HCIs, health care providers, and others.

6. **Outline appropriate resources and contact information that HCIs can use to escalate concerns about a health care provider who routinely asks for sight translation that goes beyond the scope of interpreting services.** It is not always apparent to an HCI which licensing board, certification body, office of civil rights, or other oversight authority a particular health care provider type operates under. Even when the HCI has determined the appropriate place to take the concern, they may still have difficulty determining how to make the initial contact. Providing additional information on the HCI Program website, along with contact information on where to go for assistance, will help assure that HCIs are able to get concerns to the appropriate place efficiently and without delay.

Oregon Health Authority

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