



NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 950
OREGON HEALTH AUTHORITY
OFFICE OF EQUITY AND INCLUSION

FILED

05/25/2023 9:13 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Clarifying healthcare interpreter requirements to reduce harm to sign language interpreter professionals and communities

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 06/23/2023 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Colleen Needham
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 06/20/2023

TIME: 9:00 AM - 9:30 AM

OFFICER: Colleen Needham

REMOTE MEETING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 1-669-254-5252

CONFERENCE ID: 1603652186

SPECIAL INSTRUCTIONS:

The meeting is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Edna Nyamu at 971-673-3378 or by email at Hci.program@odhsoha.oregon.gov

NEED FOR THE RULE(S)

The Health Care Interpreter Program does not anticipate fiscal impact. The proposed rule change clarifies the health care interpreter requirements to reduce harm to sign language interpreter professionals and communities.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

None

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The Equity and Inclusion Division (E&I) Health Care Interpreter program strives to promote equitable health care for communities of limited English proficiency (LEP), through the requirements proposed in this rule to employ professional

and credentialed health care interpreters from the Registry. Communities of LEP encounter language, economic and cultural barriers. LEP Individuals are at risk of receiving inaccurate health care information and having worse health outcomes if interpreting is provided by interpreters who are not credentialed. In addition, patients who are of the Deaf or Hard of Hearing communities, are at risk of poor health outcomes without appropriately trained and credentialed sign language health care interpreters to provide interpretation. The E&I HCI staff welcomes and encourages comments from those impacted by these rules.

FISCAL AND ECONOMIC IMPACT:

None

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) OHA, HCI program, estimates that with the clarification in rule, there is no direct cost savings or burden on Health Care Interpreters, including sign language health care interpreters, health care providers, communities of limited English proficiency, state agencies or local governments, or language service providers. (2)(a) Approximately 1300 credentialed health care interpreters are listed in the Oregon Health Care Interpreter Registry (Registry). This includes sign language interpreters, freelancers, and individuals who contract with language service providers. (2)(b) OHA HCI does not anticipate the proposed rule clarification to have a cost on reporting, recordkeeping, or administrative activities. (2)(c) OHA HCI does not anticipate the proposed rule clarification to have a cost on professional services, labor and administration, or equipment supplies.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

The Council representing the community is comprised of language service providers, healthcare representatives, health care interpreters, representatives of the Deaf community, community-based organizations and health care interpreter associations. They brought to light the harmful way in which the rule misidentified the required qualifications for sign language interpreters, prompting a joint decision on the language clarification of the rules and a letter to the Authority. With the requirement update, patients can be confident their sign language health care interpreter from the Registry is qualified or certified to provide accurate interpretation.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

AMEND: 950-050-0040

RULE SUMMARY: The rule change makes it mandatory to have RID certification AND language proficiency test, rather than making either of those qualifications optional. Both are mandatory.

CHANGES TO RULE:

950-050-0040

Eligibility Standards for Central Registry Enrollment, Qualification and Certification ¶¶

(1) Individuals enrolled in the Health Care Interpreter (HCI) central registry shall: ¶¶

(a) Be at least 18 years of age. ¶¶

(b) Have at least a high school diploma from an accredited school in the United States of America, or pass the General Educational Development Test (GED), or have an equivalent education from another country. ¶¶

(A) Individuals from other countries may apply to the Authority for an exception to this requirement when

documentation to prove education is not available.¶¶

(B) Exceptions are at the sole discretion of the Authority.¶¶

(c) Not be on the Medicaid Exclusion list.¶¶

(d) Abide by a nationally recognized code of ethics and standards of practice such as the National Code of Ethics for Interpreters in Health Care, the National Standards of Practice for Interpreters in Health Care, and the Registry of Interpreters for the Deaf (RID) Code of Professional Conduct, as applicable.¶¶

(e) Submit the required forms and documentation to become a certified or qualified health care interpreter as defined by these rules.¶¶

(2) Applicants seeking to become a qualified health care interpreter for a spoken language or languages shall:¶¶

(a) Comply with the requirements set out in section (1) of this rule;¶¶

(b) Provide written verification of:¶¶

(A) At least 60 hours of formal training as defined in OAR ~~333-002950-050~~-0060, with a certificate of completion dated no more than one year prior to the date of the written application to the HCI central registry; or¶¶

(B) At least 60 hours of formal training as defined in OAR ~~333-002950-050~~-0060, with a certificate of completion dated more than one year prior to the date of the written HCI central registry application along with documentation that shows the applicant has been performing HCI work since completing. Documentation shall include a letter of proof, on letterhead from the supervisor or the client, if applicable; or¶¶

(C) Meeting the requirements outlined in section 3 of this rule.¶¶

(c) Demonstrate health care interpreting knowledge by passing a skill evaluation offered by an Authority-approved language proficiency testing center provided for in OAR ~~333-002950-050~~-0070, or meet equivalent language proficiency requirements set by the Authority. Equivalent standards include having an organization or community that represents limited English proficiency members provide language proficiency testing for languages that do not have a test available.¶¶

(3) Educators and trainers of health care interpreters or ASL interpreters who have worked in the field for two consecutive years within the 4 years prior to the date of application may receive credit for 40 hours of the 60 hour requirement by providing valid documentation from an established registry or institution for time spent training health care interpreters. The remaining 20 hours shall meet Authority-approved requirements.¶¶

(4) Applicants seeking to become a qualified health care interpreter for American Sign Language shall:¶¶

(a) Comply with the requirements set out in section (1) of this rule;¶¶

(b) Provide written verification of certification in American Sign Language interpreting from the Registry of Interpreters for the Deaf (RID) or other Authority-approved signed language certification and testing bodies;¶¶

(5) Applicants seeking to become a certified health care interpreter in a spoken language or languages shall:¶¶

(a) Comply with the requirements set out in section (1) and (2) of this rule; and¶¶

(b) Pass an approved certification test at an interpreter certification testing center on the list provided for in OAR ~~333-002950-050~~-0070.¶¶

(6) Applicants seeking to become a certified health care interpreter in American Sign Language shall:¶¶

(a) Comply with the requirements set out in section (1) and (4) of this rule;¶¶

(b) Provide written verification of at least 60 hours of formal training from an Authority-approved training center as defined in OAR ~~333-002950-050~~-0060.¶¶

(7) Signed language interpreters may apply to be on the central registry ~~without having, and must:~~ ¶¶

~~(a) Have a Registry of Interpreters for the Deaf (RID) certification by proving proficiency through; and ¶¶~~

~~(b) Take a proficiency exam approved by the Authority such as the American Sign Language Proficiency Interview (ASLPI); or the Sign Language Proficiency Interview (SLPI; ASL) with a minimum proficiency level of 4 or advanced. ¶¶~~

(8) The Authority may accept formal training from entities outside of Oregon that demonstrate their criteria are equal to or exceed Oregon's criteria as established by these rules.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: 413.558, ORS 413.556