

OFFICE OF THE SECRETARY OF STATE

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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED

02/25/2022 10:48 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Updates Health Care Interpreter rules based on legislation and recommendations of the oversight council.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 03/21/2022 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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Portland, OR 97204

Filed By:
Public Health Division
Rules Coordinator

HEARING(S)

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

DATE: 03/21/2022

TIME: 1:00 PM

OFFICER: Keely West

ADDRESS: All public hearings are currently held virtually.

Remotely via Zoom

Portland, OR 97232

SPECIAL INSTRUCTIONS:

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1616927979?pwd=LzFxEUEwYINJUnFnc2Vtd0FVazZJUT09>

Meeting ID: 161 692 7979

Passcode: 289584

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161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 161 692 7979

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This virtual meeting is accessible to all. Requests for alternate language interpreters, spoken or signed, real-time captioning (CART) or for other accommodations should be made not later than 5 p.m. on March 16, 2022. Requests for accommodation and requests for a copy of the hearing link can be submitted to Edna Nyamu at 503-381-0710 or by email at Edna.Nyamu@dhsosha.state.or.us.

NEED FOR THE RULE(S)

The new rules bring OHA into alignment with HB 2359 (OL 2021, Chapter 453) and provide for changes recommended by the Oregon Council on Health Care Interpreters to increase access and decrease barriers to registration.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

HB 2359 (2021): <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2359/Enrolled>

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

OHA anticipates that eliminating the registration fee for the Healthcare Interpreter Registry will reduce barriers for individuals who want to provide services by decreasing costs. The agency hopes that providing for increased standardization for health care interpreters, and standards for working with interpreters not certified or registered with OHA, will increase the quality of care for individuals who don't speak English as a preferred language. There is some concern about the impact of the rules on access to interpreters where languages are only spoken by individuals in small numbers or closed communities. However, improving access to certified or qualified healthcare interpreters is designed to create better health outcomes and reduce health disparities for those with limited-English proficiency, an outcome that increases racial equity.

FISCAL AND ECONOMIC IMPACT:

OHA anticipates that eliminating the registration fee for the Health Care Interpreter Registry will reduce barriers for individuals who want to provide services by decreasing costs to participate in the registry. For interpreters that qualify as small businesses, self-employed, this is a positive impact.

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 anticipates the agency will incur some costs to make the required improvements to the healthcare interpreter registry and making it more easily accessible to providers.

OHA could have increased administrative and operating costs if the agency receives a major influx of applications or renewals due to the reduced cost to become a certified or qualified healthcare interpreter. Healthcare interpreters can anticipate a minor fiscal impact to the positive as the current rulemaking eliminates fees charged by OHA.

(2)(a) OHA anticipates that eliminating the registration fee for the Healthcare Interpreter Registry will reduce barriers for individuals who want to provide services by decreasing costs to participate in the registry. For interpreters that qualify as small businesses, this is a positive impact. Those most impacted by the administrative requirements created by the rules include CCO's, hospitals, and medical providers. At least some medical providers qualify as small businesses.

(b) There is no mandated reporting however there is additional mandated recordkeeping that will have a financial impact. Electronic Health Records systems and language interpreting services recordkeeping systems will have to be updated to maintain records required by the legislation. OHA currently has no way to estimate this cost impact.

(c) There will be some increased administration and labor cost to complying with these rule changes. Healthcare providers may have to take additional steps to secure healthcare interpreters and will have to document the steps taken as well as information about the healthcare interpreter ultimately used to provide services. OHA currently has no way to estimate how many healthcare providers qualify as small businesses under the statute or the amount of time that will be required administratively.

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

Interpreters were invited on the RAC as well as interpreting companies/agencies, health care interpreter training organizations, and those affiliated with healthcare providers, including a representative of the Oregon Medical Association representing many providers large and small, a CCO that contracts with providers of all sizes, and an individual who, as an Adult Foster Home provider, is a small health care provider.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

333-002-0000, 333-002-0010, 333-002-0030, 333-002-0035, 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, 333-002-0120, 333-002-0140, 333-002-0150, 333-002-0170, 333-002-0190, 333-002-0230, 333-002-0250, 333-002-0270, 333-002-0290

AMEND: 333-002-0000

RULE SUMMARY: Updates purpose to improve alignment with statutory intent and update to align with statutory changes.

CHANGES TO RULE:

333-002-0000

Purpose ¶

(1) These rules establish the Health Care Interpreter (HCI) program, a central registry, and a process for certification and qualification of health care interpreters for persons with limited English proficiency and those who prefer to communicate in a language other than English, including American Sign Language and other signed languages. The rules set standards for health care providers and coordinated care organizations working with health care interpreters and interpretation service companies in Oregon.¶

(2) These rules help the Oregon Health Authority comply with Title VI of the Civil Rights Act of 1964 which mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, denied the benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance.¶

(3) ~~Any individual providing health care interpreting services, either on-site or remotely may elect to participate in~~

~~the Health Care Interpreter program~~ Nothing in these rules is meant to prevent an Emergency Medical Services provider from providing prehospital care as that term is defined in ORS 682.025 to an individual who has limited English proficiency, who communicates in signed language, or who prefers to communicate in a language other than English.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 419.558, OL 2021, Ch. 453

RULE SUMMARY: Updates definitions to better align with industry standards and statute.

CHANGES TO RULE:

333-002-0010

Definitions ¶¶

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

- (1) "Applicant" means any individual who applies for qualification or certification as a health care interpreter under OAR 333-002-0050.¶¶
- (2) "Authority" means the Oregon Health Authority.¶¶
- (3) "Central registry" means the record maintained by the Authority of enrolled individuals recognized as approved certified or qualified health care interpreters.¶¶
- (4) "Certified health care interpreter" means an individual who has been approved by the Oregon Health Authority and issued a valid letter of certification by the Authority under these rules to perform health care interpreting services.¶¶
- ~~(5) "Formal training" means instruction obtained in an academic setting, seminars, in-service instruction, or by other means of substantive distance learning.¶¶~~
- ~~(6) as outlined under ORS 413.558.¶¶~~
- (5) "Coordinated Care Organization (CCO)" means a corporation, governmental agency, public corporation, or other legal entity that is certified as meeting the criteria adopted by the Authority under ORS 414.625 to be accountable for care management and to provide integrated and coordinated health care for each of the organization's members.¶¶
- ~~(6) "Formal training" means instruction obtained in an academic setting, seminars, in-service instruction, or by other means of substantive learning.¶¶~~
- (7) "Health care" means medical, oral, vision, surgical or hospital care or any other remedial care recognized by state law, including physical and behavioral health care.¶¶
- (8) "Health care interpreter" means an individual 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;¶¶
 - (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;¶¶
 - (c) Interpret oral statements in English to a person with limited English proficiency or who communicates in signed language;¶¶
 - (d) Sight translate documents for a person with limited English proficiency; and¶¶
 - (e) Provide interpretive services using relay or indirect interpretation.¶¶
- (9) "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, vision or behavioral health treatment.¶¶
- ~~(710) "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.¶¶~~
- ~~(8) "Interpreting skills and ability" means the demonstrated capacity to perform interpreting modes and apply~~
- ~~Health care provider" means any of the following that are reimbursed with public funds, in whole or in part:¶¶~~
 - ~~(a) An individual licensed or certified by the:¶¶~~
 - ~~(A) State Board of Examiners for Speech-Language Pathology and Audiology;¶¶~~
 - ~~(B) State Board of Chiropractic Examiners;¶¶~~
 - ~~(C) State Board of Licensed Social Workers;¶¶~~
 - ~~(D) Oregon Board of Licensed Professional Counselors and Therapists;¶¶~~
 - ~~(E) Oregon Board of Dentistry;¶¶~~
 - ~~(F) State Board of Massage Therapists;¶¶~~
 - ~~(G) Oregon Board of Naturopathic Medicine;¶¶~~
 - ~~(H) Oregon State Board of Nursing;¶¶~~
 - ~~(I) Oregon Board of Optometry;¶¶~~
 - ~~(J) State Board of Pharmacy;¶¶~~
 - ~~(K) Oregon Medical Board;¶¶~~

(L) Occupational Therapy Licensing Board;

(M) Oregon Board of Physical Therapy;

(N) Oregon Board of Psychology;

(O) Board of Medical Imaging;

(P) State Board of Direct Entry Midwifery;

(Q) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

(R) Board of Registered Polysomnographic Technologists;

(S) Board of Licensed Dietitians; and

(T) State Mortuary and Cemetery Board;

(b) An emergency medical services provider licensed by the Oregon Health Authority under ORS 682.216;

(c) A clinical laboratory licensed under ORS 438.110;

(d) A health care facility as defined in ORS 442.015;

(e) A home health agency licensed under ORS 443.015;

(f) A hospice program licensed under ORS 443.860; or

(g) Any other person that provides health care, or that bills for or is compensated for providing health care, in the normal course of business.

(11) "Integrated interpreting skills" means the ability to perform as required for employment, demonstrated by interpreting a simulated cross-linguistic interview with acceptable accuracy and completeness while monitoring and helping to manage the interaction in the interest of better communication and understanding.

(12) "Interpretation service company" means an entity, or a person acting on behalf of an entity, that is in the business of arranging for health care interpreters to work with health care providers in Oregon.

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

(a) Language proficiency;

(b) Medical interpreting ethics;e;

(c) Cultural competency;;

(d) Medical terminology;+;

(e) Integrated interpreting skills;; and

(f) Sight translation of simple written instructions.

~~(9)~~14) "Limited English proficient" means the legal concept referring to or "LEP" means a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.

~~(10)~~5) "Person with limited English proficiency" means a person individual who, by reason of place of birth or, culture, speaks or being deaf or hard of hearing, communicates in a language other than English and does not speak communicate in English with adequate ability to communicate effectively with a health care provider to arrange for and receive health care or health related services or an individual who prefers to communicate in a language other than English.

~~(14)~~6) "Qualified health care interpreter" means an individual who has been approved by the Authority and issued a valid letter of qualification by the Authority under these rules.

~~(12)~~"Translation" means the conversion of to perform health care interpreting services as outline under ORS 413.558.

~~(17)~~"Relay interpretation" is the practice of interpreting from one language to another through a third language. It is necessary when no single interpreter commands the required language pair.

~~(18)~~"Sight translate" means to translate a written text into a correspond document into spoken or signed language.

~~(19)~~"Translation" means the process of creating a written text in a different language.

~~(13)~~arget text based on a source text, in such a way that the content and in many cases the form of the two texts, can be considered to be equivalent.

~~(20)~~"Written verification" means providing proof in a way that establishes the authenticity of submitted documents in a reasonably reliable manner and may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0030

RULE SUMMARY: Provides for return of provider, under certain circumstances, to the central registry after an individual has withdrawn.

CHANGES TO RULE:

333-002-0030

Central Registry ¶¶

- (1) The Authority shall maintain a central registry of individuals who are certified or qualified to provide health care interpreting services as provided in OAR 333-002-0020.¶¶
- (2) The Oregon Health Authority shall maintain a list of languages for which health care interpreter certification or qualification is available.¶¶
- (3) The Authority shall maintain and publish a list of Authority--approved training centers where applicants may receive the education required for certification or qualification.¶¶
- (4) Certified or qualified health care interpreters may withdraw from the central registry by providing written notification to the Authority.¶¶
- (5) If a certified or qualified health care interpreter has provided written notification of withdrawal but the qualification or certification has not yet expired, the certified or qualified health care interpreter who has requested to withdraw may be reinstated to the central registry by submitting a request for reinstatement to the Authority in writing.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

REPEAL: 333-002-0035

RULE SUMMARY: Program fees retracted to decrease barriers to enrollment of interpreters and increase access to interpreters by clients.

CHANGES TO RULE:

~~333-002-0035~~

~~Fees~~

~~Applicants for enrollment or renewal shall submit a processing fee in the amount of \$25 with the required application or renewal materials.~~

~~Statutory/Other Authority: ORS 413.558~~

~~Statutes/Other Implemented: ORS 413.556, 413.558~~

AMEND: 333-002-0040

RULE SUMMARY: Updates requirements for qualification and certification of healthcare interpreters to simplify access and support alignment with national standards.

CHANGES TO RULE:

333-002-0040

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 a high school diploma or a GED from an accredited school in the United States of America or 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) Pass a background check in accordance with ORS 181A.200, OAR chapter 125-division 7 and OAR chapter 943 Division 007.¶¶

(e) ~~Abide by the National Code of Ethics and 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.~~¶¶

~~(f) Abide by, and~~ the Registry of Interpreters for the Deaf Code of Professional Conduct, if as applicable.¶¶

~~(g) 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 ~~at least 60 hours of formal training as defined in OAR 333-002-0060, unless they meet:~~¶¶

(A) At least 60 hours of formal training as defined in OAR 333-002-0060, 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 333-002-0060, 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; and.~~¶¶

(c) Demonstrate health care interpreting knowledge by passing a skill evaluation offered by an Authority-~~approved language proficiency testing center on the Authority maintained list~~ provided for in OAR 333-002-0070, 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 at any time from January 2, 2010 to the present 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 healthcare 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~~ Authority-approved signed language certification and testing bodies;¶¶

(5) Applicants seeking to become a certified healthcare 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 a ~~medical~~ interpreter certification testing center on the ~~Authority maintained~~ list provided for in OAR 333-002-0070.¶¶

(6) Applicants seeking to become a certified healthcare 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 333-002-0060.¶¶

(7) Deaf interpreters may apply to be on the central registry without having a Registry of Interpreters for the

Deaf, Inc. (RID) certification by proving proficiency through 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: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0050

RULE SUMMARY: Updates application procedure, including elimination of application fees in order to improve access to interpreters.

CHANGES TO RULE:

333-002-0050

Application Procedure ¶

- (1) Upon request, the Authority shall provide an application packet or a link to the Health Care Interpreter (HCI) application to any individual seeking certification or qualification as an HCI.¶
- (2) Applicants shall submit required forms and supplemental materials, including proof of formal training; and ~~any required fees~~ copy of any Authority-approved national certification, if applicable, to the Authority.¶
- (3) To meet testing requirements, applicants shall authorize an Authority-approved testing center to provide the Authority with ~~a copy~~ proof of their test results.¶
- (a) Requests for language proficiency testing or certification testing shall be made directly to the approved testing center.¶
- (b) Required testing fees shall be paid directly to the approved testing center.¶
- (c) Test results shall become part of the applicant's permanent record.¶
- (4) Supplemental materials in languages other than English shall be accompanied by:¶
- (a) An accurate translation of those documents into English; and¶
- (b) A signed and dated translator's certificate, from a translator other than the applicant and not related to the applicant by blood or marriage, stating that the documents provided are a true and accurate translation.¶
- ~~(c) 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.¶~~
- ~~(6) and that the translator is not related to the applicant. If there are no other translators available other than those related to the applicant by blood or marriage, then the translator shall provide a written statement of their relationship to the applicant, their translator qualifications, and a statement that there is no conflict of interest created.¶~~
- ~~(c) The applicant shall pay for any translation costs for documents required by the Authority.¶~~
- ~~(5) Upon submission of the application, the applicant will receive an auto-generated email confirming the application has been received. 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.¶~~
- ~~(6) The Authority shall notify the applicant of the Authority's determination on the application no later than 60 days after the date the completed application is received by the Authority.¶~~
- ~~(7) Applicants may withdraw from the process at any time by providing written notification to the Authority.~~
- Statutory/Other Authority: ORS 413.558
Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0060

RULE SUMMARY: Updates application requirements and clarifies standards for materials.

CHANGES TO RULE:

333-002-0060

Formal Training and ~~Work Experience Requirements~~ ¶¶

~~(1) Applicants seeking Health Care Interpreter (HCI) certification or qualification shall provide written verification of the successful completion of at least 60 hours of Authority-approved formal training, including a minimum of:¶¶~~

~~(a) Fifty-two hours of integrated medical terminology, anatomy and physiology, introductory health care interpreting concepts and modes, including supervised practice; and¶¶~~

~~(b) Eight hours of Health Care Interpreting Ethics.¶¶~~

~~(2) HCI applicants shall provide written verification of work experience as an interpreter:¶¶~~

~~(a) 15 hours for qualification; or¶¶~~

~~(b) 30 hours for certification.~~

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0070

RULE SUMMARY: Updates education requirements to provide for more access through equivalency and alignment with national standards.

CHANGES TO RULE:

333-002-0070

Approval of Testing Centers, Skill Evaluation and Assessment ¶¶

(1) The Authority shall enter into a memorandum of agreement with ~~medical~~ interpreter certification testing centers and language proficiency testing centers establishing the manner and means for testing Oregon applicants for health care interpreter certification and qualification, and including a process for sharing testing information with the Authority and the applicant.¶¶

~~(2) Authority approved~~ medical Equivalent standards include having an organization or community that represents limited English proficient members provide language proficiency testing for languages that do not have a test available.¶¶

~~(2) Authority-approved~~ interpreter testing centers shall test interpreting skills and ability performance in at least two interpreting modes.¶¶

(3) The Authority shall maintain and make readily available to the public a list of approved ~~medical~~ interpreter certification testing centers and language proficiency testing centers.¶¶

(4) The Authority may proctor testing and determine testing locations if the approved interpreter testing centers do not have their own testing centers and the ability to verify the applicant's identity before testing.¶¶

(5) The Authority will accept testing of American Sign Language proficiency when an applicant provides documentation of:¶¶

(a) Passing a skill evaluation offered by the American Sign Language Proficiency Interview (ASLPI) at rating of 4 or above; or¶¶

(b) A Signed Language Proficiency Interview conducted in American Sign Language (SLPI:ASL) at a rating of advanced or above; or¶¶

(c) Meeting equivalent language proficiency requirements set by the Authority as outlined in this Section.¶¶

(6) Government issued photo identification showing the name and address of the applicant such as a valid driver's license, state identification card, military identification, current passport, or immigration or naturalization documents shall be presented before an individual enters an evaluation or assessment.¶¶

~~(67)~~ 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) Failing to follow ~~written or oral~~ written instructions related 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.¶¶

(e) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment.¶¶

~~(78)~~ Applicants needing accommodation because of a disability may apply to the testing center for accommodations to complete an evaluation or assessment.¶¶

~~(89)~~ Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under ORS 192.410 through 192.505.¶¶

~~(910)~~ The Authority may release statistical information regarding evaluation or assessment pass or fail rates by group, evaluation or assessment type, and subject area to any interested party.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0120

RULE SUMMARY: Language standardization.

CHANGES TO RULE:

333-002-0120

Continuing Education ¶¶

(1) To qualify for central registry renewal, certified and qualified health care interpreters shall sign and submit to the Authority the designated forms and verification showing the individual has completed the required continuing education.¶¶

(2) To maintain eligibility for central registry renewal, certified and qualified health care interpreters shall complete 24 hours of Authority-approved continuing education during the 48-month central registry period, including:¶¶

(a) Six hours of continuing education on health care interpreter ethics.¶¶

(b) Six hours of continuing education on interpretation skills.¶¶

(c) An additional 12 hours that cover any topics accepted for continuing education by interpreter certification testing centers on the Authority maintained list provided for in OAR 333-002-0070.¶¶

(3) Continuing education records shall be maintained by registered health care interpreters for a minimum of four years.¶¶

(4) Continuing education hours taken in excess of the required number in a renewal period may not be carried over to the next renewal period.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0140

RULE SUMMARY: Eliminates requirement that individual issued a letter of qualification upgrade to certification after 48 months in order to remain on the central registry.

CHANGES TO RULE:

333-002-0140

Letter of Qualification ¶

(1) If the Authority determines that the qualification requirements in OAR 333-002-0040, 333-002-0050, and 333-002-0060 and any applicable renewal requirements have been met, a letter of qualification shall be issued.¶

(2) Letters of qualification are valid for 48 months from the date of issue and are ~~not renewable for languages for which certification is available.~~

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0150

RULE SUMMARY: Punctuation update.

CHANGES TO RULE:

333-002-0150

Letter of Certification ¶

(1) If the Authority determines that the certification requirements in OAR 333-002-0040, 333-002-0050 and 333-002-0060 and any applicable renewal requirements have been met, a letter of certification shall be issued.¶

(2) Letters of certification are valid for 48 months from the date of issue and are renewable.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0170

RULE SUMMARY: Eliminates requirement that individual issued a letter of qualification upgrade to certification after 48 months in order to remain on the central registry. Provides for renewal of expired registry.

CHANGES TO RULE:

333-002-0170

Certification and Qualification Renewal ¶¶

(1) Certified or qualified health care interpreters who intend to maintain enrollment in the central registry shall renew their certification or qualification every 48 months.¶¶

~~(2) To continue participating in the registry, qualified interpreters may not apply for renewal of their qualification if certification is available in the qualified language or languages, they must become certified instead.¶¶~~

~~(3) At least 60 days before the expiration of certification or qualification, an applicant for renewal shall submit:¶¶~~

~~(a) A completed Authority renewal form and background check application.¶¶~~

~~(b) Any applicable fees.¶¶~~

~~(c) A signed copy of the Authority provided commitment form acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care or the Registry of Interpreters for the Deaf Code of Professional Conduct, as applicable.¶¶~~

~~(d) Written verification showing the individual has maintained eligibility for central registry renewal by completing the continuing education required:¶¶~~

~~(A) For qualification, the continuing education required by OAR 333-002-0120.¶¶~~

~~(B) For certification, the continuing education required by OAR 333-002-0120 and any additional hours required by the applicant's national certifying body during the preceding four years. Actual recertification by the national body is not required.¶¶~~

~~(4) The date of submission shall be considered to be the date materials are received by the Authority by fax, mail, electronic mail or hand delivery.¶¶~~

~~(4) If the qualification or certification has not been renewed within 1 year (12 months) of the expiration date, the HCI shall re-apply as a new applicant.~~

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0190

RULE SUMMARY: Language alignment.

CHANGES TO RULE:

333-002-0190

Denial, Revocation, Suspension or Refusal to Renew Status for Certification and Qualification ¶

(1) The Authority shall deny, revoke, suspend or refuse to renew a letter of certification or qualification if:¶

(a) An applicant for an initial certification or qualification fails to meet the eligibility standards of OAR 333-002-0040.¶

(b) An applicant for certification or qualification renewal fails to comply with the requirements of OAR 333-002-0170.¶

(c) An applicant submits information that cannot be verified.¶

(d) An applicant engages in conduct or practices found by the Authority to be in violation of the National Council on Interpreting in Health Care National Code of Ethics for Interpreters in Health Care, the National Standards of Practice for Interpreters in Health Care, or the Registry of Interpreters for the Deaf Code of Professional Conduct, as applicable.¶

(2) The Authority may deny, revoke, suspend, or refuse to renew a certification or qualification, or impose remedial education or corrective actions on an applicant or central registry enrollee, if the individual engages in any of the following conduct:¶

(a) Representing that the applicant or enrollee is an Oregon certified or qualified health care interpreter without having been issued a valid letter of certification or qualification by the Authority.¶

(b) Knowingly giving false information to the Authority.¶

(c) Violating the credentialing process by:¶

(A) Falsifying or misrepresenting education credentials or other information required for admission to an evaluation or assessment.¶

(B) Having an impersonator take an evaluation or assessment on the applicant or enrollee's behalf.¶

(C) Impersonating an applicant or enrollee.¶

(d) Having a credential to provide health care interpreting services in another state, territory or country, or issued by another certifying entity denied, revoked or suspended based on behavior by the individual similar to acts described in this rule.¶

(e) Being convicted of a state or federal crime which demonstrably relates to the provision of health care interpreting services in this or any other state, territory or country.¶

(f) Allowing the use of an Authority issued credential by a non-credentialed person.¶

(g) Presenting another person's credential as the applicant or enrollee's own credential.¶

(h) Impersonating another Oregon certified or qualified HCI.¶

(i) Practicing health care interpreting services under a false or assumed name.¶

(j) Using or attempting to use a credential that has been revoked, suspended, or lapsed.¶

(k) Practicing or offering to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care, or the Registry of Interpreters for the Deaf Code of Professional Conduct, as applicable.¶

(l) Engaging in false, deceptive or misleading advertising of the applicant or enrollee's certification or qualification credentials.¶

(A) False, deceptive or misleading advertising includes but is not limited to advertising health care interpreting services using the terms "Oregon qualified" or "Oregon certified" health care interpreter in any private or public communication or publication when not credentialed by the Authority.¶

(B) Advertising includes telephone directory listings, business cards, social media networking, or any other source of public communication.¶

(m) Failing to comply or cooperate with an Authority request in any way, including but not limited to a credentialing action or disciplinary proceeding, including:¶

(A) Failing to submit requested papers or documents.¶

(B) Failing to submit a written response to complaints filed with the Authority.¶

(C) Failing to respond to requests for information issued by the Authority whether or not the applicant or enrollee is accused in the proceeding.¶

(n) Failing to comply with an "assurance to desist" the applicant or enrollee entered into with the Authority.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

AMEND: 333-002-0230

RULE SUMMARY: Language alignment.

CHANGES TO RULE:

333-002-0230

Hearings **II**

An individual who wishes to contest the denial, non-renewal, suspension or revocation of their central 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.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, 413.558, OL 2021, Ch. 453

ADOPT: 333-002-0250

RULE SUMMARY: Outlines provider requirements for use of Health Care Interpreters not on the central registry, including good faith effort and documentation requirements.

CHANGES TO RULE:

333-002-0250

Health Care Provider Requirements

(1) Beginning July 1, 2022, health care providers shall utilize qualified or certified health care interpreters from the Authority's health care interpreter central registry when arranging for or providing services to a person with LEP or who prefers to communicate in a language other than English or who communicates in signed language. Exceptions are allowed when the provider:

(a) Is proficient in the preferred language of the person with LEP. The health care provider shall adopt a language services policy, and abide by language proficiency requirements, consistent with nationally recognized professional standards of care as outlined by organizations such as the American Medical Association, the Joint Commission, the National Committee for Quality Assurance or another equivalent national standard; or

(b) Has made a good faith effort to obtain a health care interpreter from the central registry and has found that none are available to provide interpretation. In this circumstance, the health care provider may work with the non-registered interpreter for that visit or episode of care. For each visit or episode of care that a provider works with a non-registered interpreter, the provider shall create and maintain records of the good faith efforts made by the provider to work with an interpreter from the central registry; or

(c) Has maintained records that the person with LEP was offered services of a health care interpreter from the health care interpreter central registry at no cost to the person with LEP and the person with LEP has declined and chosen a different interpreter.

(d) Until January 1, 2023, a health care provider or facility may work with a health care interpreter who is not listed on the central registry when the provider or facility has written policies and procedures in place documenting how they arrange for interpreters who are not listed on the central registry and a detailed plan and process outlining how the provider or facility will meet the requirement to work with health care interpreters listed on the central registry on or before December 31, 2022.

(2) Health care providers shall maintain records of each encounter in which the provider worked with a health care interpreter from the health care interpreter central registry or worked with an interpreter not on the central registry and met one of the exceptions in section (1) of this rule. Records for interpreting services provided on or after September 1, 2022, shall be provided to the Authority upon Authority request. The record shall include:

(a) The full name of the health care interpreter.

(b) The health care interpreter's central registry number, if applicable.

(c) The language interpreted.

(3) Health care providers shall provide personal protective equipment, consistent with established national standards, to health care interpreters providing services on-site at no cost to the interpreter. The health care provider shall not require that the health care interpreter procure the health care interpreter's own personal protective equipment as a condition of working with the health care provider.

(4) Health care providers billing the Medicaid Fee-For-Service program for their services must also comply with Medicaid requirements outlined in OAR Chapter 410, Division 120 when working with a person with LEP.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, ORS 419.558, OL 2021, Ch. 453

ADOPT: 333-002-0270

RULE SUMMARY: Outlines requirements for interpreter services companies to provide for use of registered Health Care Interpreters, and for referral of interpreters not on the central registry, including documentation requirements.

CHANGES TO RULE:

333-002-0270

Interpretation Service Companies

(1) Beginning September 1, 2022, an interpretation service company shall arrange for a health care interpreter to provide interpreting services only when the health care interpreter is listed on the central registry. An interpretation service company may only arrange for a health care interpreter who is not listed on the central registry when:

(a) The health care provider informs the interpretation service company that the health care provider has followed the requirements outlined in OAR 333-002-0250; or

(b) No health care interpreter on the central registry who is available in the requested language is employed or contracted with the interpretation service company.

(c) Until January 1, 2023, an interpretation service company may work with a health care interpreter who is not listed on the central registry when the interpretation service company has written policies and procedures in place documenting how they arrange for interpreters who are not listed on the central registry and a detailed plan and process outlining how the interpretation service company will meet the requirement to work with health care interpreters listed on the central registry on or before December 31, 2022.

(2) An interpretation service company shall maintain records for each referral of a health care interpreter to work with a health care provider. These records shall be provided to the Authority upon Authority request. The record shall include:

(a) The full name of the health care interpreter.

(b) The health care interpreter's central registry number, if applicable.

(c) The language being interpreted.

(3) An interpretation service company shall not represent to a health care provider that a contracted or employed health care interpreter referred by the company is a qualified or certified health care interpreter unless the interpreter has met the requirements for qualification or certification as outlined in OAR 333-002-0150 and has been issued a valid letter and central registry enrollment number.

(4) An interpretation service company shall not require that a health care interpreter procure the health care interpreter's own personal protective equipment as a condition of receiving a referral.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, ORS 419.558, OL 2021, Ch. 453

ADOPT: 333-002-0290

RULE SUMMARY: Outlines requirements for Coordinated Care Organizations to use of Health Care Interpreters on the central registry.

CHANGES TO RULE:

333-002-0290

Coordinated Care Organizations (CCOs)

When interacting with a recipient of Medicaid or a caregiver of a recipient of Medicaid, who has limited English proficiency or who communicates in signed language, Coordinated Care Organizations shall work with qualified or certified health care interpreters from the central registry as detailed in OAR Chapter 410, Division 141.

Statutory/Other Authority: ORS 413.558

Statutes/Other Implemented: ORS 413.556, ORS 419.558, OL 2021, Ch. 453