HB 2359 Report: Health Care Interpretation Services

Oregon Health Authority

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EXECUTIVE SUMMARY

Governor Brown signed HB 2359 into law on August 6, 2021. This law requires the Oregon Health Authority to make improvements and enhancements to the current HCI registry system and, in consultation with the Oregon Council on Health Care Interpreters (OCHCI), conduct studies on an online HCI scheduling platform, and define a scope of practice and registry requirements for sight translation.

OHA has contracted with a consultant, conducted initial research of an online scheduling platform and sight translation requirements, identified parameters for additional study, and outlined a July 1, 2022, timeframe for completion of additional research and recommendations for an online HCI scheduling system and sight translation requirements. The identified study parameters include:

- Online HCI Scheduling Platform
    - Availability in other state health systems
    - Where available, detailed information on functionality, costs, satisfaction, and recommended improvements
    - Partner recommendations for online scheduling functionality
    - Pros and cons of adoption and anticipated impacts to current program

- Sight Translation
    - Comprehensive definition
    - National standards of practice
    - Partner feedback and recommendations
    - Recommended scope of practice for Oregon HCI
    - Required adjustments or enhancements to current HCI policies and processes

OHA is in the process of convening a small subgroup of OCHCI members to provide additional input and guidance on the studies. The subgroup and OHA will provide updates and seek further feedback from the full OCHCI at their March 10 and June 9 meetings.

Finally, based on the state of Washington's experience and costs for their HCI system, OHA estimates an ongoing cost of administering an HCI scheduling platform of approximately $1.5 million - $2.5 million per year. Up to half of that cost could be funded with federal Medicaid dollars since a majority of individuals working with HCIs are on the Oregon Health Plan. The remainder of costs would require state general funds.

General Update on Studies

Governor Brown signed HB 2359 into law on August 6, 2021. This law requires the Oregon Health Authority to explore and make a number of improvements and enhancements to the current Health Care Interpreter (HCI) registry system 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 ORD 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.*

OHA has recently finalized a contract with a project management consultant who has expertise in state and federal Medicaid requirements, including language access and interpretive services requirements, to assist with the development and implementation of changes to the HCI program. The contractor is currently working closely with OHA to identify and bring on additional subcontractors with specific experience and expertise in health care interpretation and the online scheduling platform currently in use in the state of Washington.

Online Scheduling Platform

Initial research indicates there are a number of states that have done significant work around developing and implementing language access plans to address health care interpretation services and translation services for individuals receiving health care services in their states. These states include Arizona, California, Colorado, Massachusetts, Minnesota, New York, Texas, and Washington.

None of these states, however, have been identified to have more advanced or inclusive language access policies and processes than Oregon. Of these, only Washington, and to a more limited extent, California and Texas, appear to have functional online scheduling systems in place today. Based on these initial findings, OHA has identified the following parameters for additional study of online scheduling platforms:

- The availability of online scheduling of health care interpreters in other public state health systems. The scan will include at a minimum Washington and California.

- Any states with online scheduling functionality similar to what is described in HB 2359 should be further explored to determine:
  - Current functionality of their system
  - Utilization rates by health care providers, interpreters, and individuals in need of interpretive services
  - Current scheduling system ability to address health equity (e.g., collection of race, ethnicity, and language disability/sexual orientation & gender identity data (REALD/SOGI), health equity measures currently tracked, and any other related health equity information)
  - Costs to develop and maintain the system
  - Time from conceptualization to implementation of the system
  - How system was/is financed (state general fund; federal dollars; user fees)
  - User feedback and satisfaction with system
  - Any opportunities for improvement or lessons learned

- Partner engagement for recommendations for online scheduling functionality from:
  - Individuals in Oregon who receive health care interpretive services
  - Oregon Council on Health Care Interpreters
  - Health care interpretation providers
  - Interpretation service companies
  - Health care providers and systems
  - Provider associations
  - Coordinated Care Organizations
  - OHA staff including Equity and Inclusion, Oregon Health Plan, Medicaid Management Information Systems, and the Office of Information Services

- Pros and cons of adopting an online scheduling system and any anticipated impacts to the current program, agencies, providers, individuals receiving interpretation services, or other partners

It is anticipated that the further study of an online scheduling platform described above will be completed by July 1, 2022, and a final report to the Legislature will be submitted at that time.

Sight Translation

OHA's initial study into sight translation has identified the following draft definition:

> Simultaneous reading and interpretation of a written document by the health care interpreter from English into the target language of an individual with limited English proficiency to help the individual understand the content of the document.

Initial research into national standards of practice also indicate that sight translation should be used only on a limited basis such as assisting individuals in completing new patient forms from their health care provider, helping individuals understand patient instructions, or other short documents. Legal documents that require signatures, patient consent forms, and other longer or complex documents should not be sight translated by an HCI. Instead, the health care provider should be responsible for translating these documents into written documents in the individual's target language.

In addition, Oregon's current training curriculum for the HCI registry has only limited requirements for sight translation content and may not include sufficient training to assure consistent and appropriate application of HCIs for sight translation. Prior to implementing specific requirements and identifying appropriate scope of practice around sight translation, the OHA HCI program will need to update its HCI training requirements to include additional sight translation training and requirements.

Based on these initial findings, OHA has identified the following parameters for additional study of sight translation:

- Identify and outline a comprehensive definition of sight translation

- Identify and outline national standards of practice for sight translation including what is typically in and what is typically out of scope for HCI

- Collect partner feedback and recommendations for scope of practice for Oregon HCI

- Recommended scope of practice for Oregon HCI

- Any recommended adjustments or enhancements to:
  - OHA registry qualifications
  - Training and experience requirements
  - Training curriculum

- o Continuing education requirements
- o Payment differential, if any, for interpreters who perform sight translation

It is anticipated that the further study of sight translation described above will be completed by July 1, 2022, and a final report to the Legislature will be submitted at that time.

Legislative Changes

OHA has not identified any necessary statutory changes for implementation of an online HCI scheduling platform or for better defining and improving requirements around sight translation scope of practice. However, there will be an additional, ongoing budget cost for implementation and operation of an online HCI scheduling platform.

Initial implementation costs for the online HCI scheduling platform will be highly contingent on the amount of customization Oregon chooses to make on the system. If Oregon chooses to implement a system very similar to one that is already functional in another state, implementation costs would likely be modest. Significant changes to an existing system will add significant startup expense. More information will be available on the recommended online scheduling platform functionality once the additional work described above is completed.

Based on Washington's experience with their operational online HCI scheduling system, Oregon can anticipate approximately $1.5 million – $2.5 million annual ongoing management and maintenance costs to operate a similar scheduling system. Federal Medicaid would cover the 50% of the costs associated with development and operation of the scheduling system for those individuals who are receiving services through the Oregon Health Plan through Medicaid administrative match. Once the system is operational, this amount will need to be accounted for in OHA's biennial budget.

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