

April 15, 2022

Oregon Health Authority
Attn: Edna Nyamu
Office of Equity and Inclusion
Portland, Oregon

To the Oregon Health Authority:

The American Translators Association (ATA) is the largest professional association of interpreters and translators in the United States, with more than 8,500 members who work in over 50 languages.

We have learned about the proposed modifications to the rules to implement Oregon HB 2359. Respectfully, we would like to offer the following comments to the OHA on these modifications.

ATA's mission not only includes promoting the recognition of professional translators and interpreters, but also working to establish standards of competence and ethics. ATA is fully committed to working to ensure full language access, and as such applauds OHA's efforts to comply with Title VI of the Civil Rights Act of 1964, the Patient Protection and Affordable Care Act, and Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" and all related implementing regulations.

OHA has stated that "by improving access to certified or qualified healthcare interpreters," it seeks "to create better health outcomes and reduce health disparities for those with limited-English proficiency, an outcome that increases racial equity." Access to certified and qualified interpreters is indeed best practice when such certification or qualification exists in the patient's language.

OHA also acknowledges that "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." This concern is real, and OHA rules should provide a way to mitigate this impact and meet these niche language needs, especially in communities in more rural areas.

According to the data provided during the Rules Advisory Committee process, there were more than one million remote interpreting encounters in more than 120 languages in 2021. Unfortunately, there is no information regarding the languages requested or the locations of the patients requesting them. The Oregon Health Interpreter Registry has less than 500 interpreters who work in 23 languages, primarily Spanish and American Sign Language. Who interpreted the other 99+ languages that were requested?

According to the American Immigration Council, in 2018, ten percent of Oregon residents were foreign born, and undocumented immigrants accounted for 26% of that population (over 100,000 people). The majority of Oregon's immigrant population is from Mexico, followed by Guatemala, then China. Mexico has 60+ recognized languages other than Spanish and Guatemala has 25. China has more than a dozen

commonly used languages other than Mandarin, and there are 300+ distinct languages spoken throughout mainland China.

The proposed rules do not consider that interpreters of these rarer languages do not have the same avenues to certification or qualification as their colleagues who speak dominant languages. Further, they do not take into account that in these communities, interpreting often occurs in relay, where the patient's language must first be interpreted into either Spanish or Mandarin before being interpreted into English.

As presently drafted, ATA fears the rules could negatively impact language access for those patients who speak languages of lesser diffusion, a consequence that is contrary to OHA's mission—and the law. ATA believes these rules could be modified to be more inclusive of interpreters of these languages of lesser diffusion. For example:

- Offer the 60-hour training in English, Spanish, and even Mandarin
- Accept proficiency equivalents in Mandarin and Spanish for relay interpreters
- Work with existing organizations like the Collective of Indigenous Interpreters of Oregon (CIIO), Comunidades Indígenas en Liderazgo (CIELO), the Mixteco/Indígena Community Organizing Project (MICOP), and members of ATA's language divisions to establish alternative pathways for interpreters to demonstrate language, interpreting, and subject-matter proficiency in languages of lesser diffusion

Were OHA to meet with these and similar organizations and implement changes that alleviate the above concerns, its goal of improving patient access to certified or qualified healthcare interpreters would indeed help create better health outcomes and reduce health disparities for those with limited-English proficiency. This is vitally important for the residents of Oregon.

I urge you to take these comments under consideration. Please contact me if you have any questions or need additional information.

Sincerely,



Madalena Sánchez Zampaulo
President, American Translators Association