From: Joana Ramos <jramos@wascla.org>
To: Language Access Work Group Team <workgroupssb5304@dshs.wa.gov>
Date: Friday, October 27, 2023, 4:00PM
Subject: WASCLA Comments for SSB 5304 Workgroup Draft Report

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Dear Malia and SSB 5304 Workgroup team,

Thank you for this opportunity to provide public comments on the SSB 5304 Workgroup Draft Report. Attached please find WASCLA's comments, which are not meant to be exhaustive, but represent what we have been able to complete during the public comment period.

WASCLA supports the general recommendations as presented in the draft that there is a need for a new paradigm for the preparation and support of an interpreter workforce qualified to serve not only state government agencies and their programs but also for all public-serving entities in Washington. Attention is most urgently needed for interim solutions to meet the communication needs of our population today, as it will take time to create viable new systems. The path forward requires a careful, informed, and evidence-based approach which centers the needs of our communities and cannot be rushed.

Please don't hesitate to let WASCLA know if we can provide you with any additional information or answer any questions.

Sincerely,

Joana Ramos

*See comments below:*

To:  DSHS SSB 5304 Workgroup Team

From: Joana Ramos, Co-Chair
Washington State Coalition for Language Access

October 27, 2023

Thank you for this opportunity to provide public comments on the SSB 5304 Workgroup Draft Report. WASCLA supports the general recommendations presented in the draft that there is a need for a new paradigm for the preparation and support of an interpreter workforce qualified to serve not only state government agencies and their programs but also for all public-serving entities in Washington. Attention is urgently needed also for interim solutions to meet the communication needs of our population today, as it will take time to create viable new systems. The path forward requires a careful, informed, and evidence-based approach which centers the needs of our communities and cannot be rushed.

Some of our comments are about semantics, messages, and how information is presented in the draft.  Other comments are about report content with recommendations for certain revisions.

Please don't hesitate to let WASCLA know if we can provide you with any additional information or answer any questions.

**Messaging:**

**LEP**
The frequent use in the report of  the acronym "LEP" and "LEPs" as a noun to refer to individuals is concerning. While "limited English proficiency/limited English proficient and the acronym "LEP" are official terms of the federal government and may be used when discussing policy-related topics, they reflect a deficiency perspective about clients which centers English as the norm, and also disregards the  limited language proficiencies of service providers.  Use of "LEP" as a noun is considered outdated and offensive. We recommend the use of neutral  and asset-focused terms such as "emerging bilingual/multilingual," "preferred language," "primary language," and "language other than English" or "non English primary language", and respective acronyms where appropriate .

**Glossary**
The addition of a glossary of basic terms and acronyms relevant to language access and services would be helpful, as most legislators have very limited background in these topics.

**Joana Ramos quote on p.16**.
The quote attributed to me *"Core issue for remote interpreter service is qualification of interpreters, not geographic location. Qualification requirements could be set at a state level."* was taken out of context from the discussion and without my knowledge or agreement. As a

stand-alone statement it could be misunderstood to mean that WASCLA endorses state-based location restrictions for interpreter contracting, which is not correct. Explaining the points that I was trying to convey in discussions during the workgroup was about the importance of remote interpreting to meet communication needs in our state and vital quality assurance measures, and are much too nuanced to convey in an isolated quote.
T**herefore I request that the quote be revised as follows,or else omitted completely.**
Recommended revision:
*Core issue for remote interpreter service is quality assurance, including but not limited to all aspects of digital equity and the competencies of interpreters, not their geographic location.*

**Report content**

**Executive Summary**, pages 4-5

P2: As WASCLA and others have mentioned during meetings and our posted Draft Recommendations, for the first 5 meetings the workgroup was specifically directed to discuss only medical interpreter testing, although this topic was not mentioned in SSB 5304. It was only at the last meeting on October 3 that we were able to have any type of broader discussion, and it was very time-limited and cursory. Therefore, it is not accurate to say that the workgroup decided to include recommendations on all types of interpreters and translators. To avoid any misunderstanding, this statement should be revised.

P3 : The phrase “registration/certification of qualified interpreters” should be revised, as we did not discuss any type of interpreter registration nor a registry of interpreters, such as exists in other states. Please revise to reflect that the discussion was solely about credentialing of medical interpreters, and what qualifications and procedures could be utilized for candidates to earn interpreter credentials.

P4: It is positive to see the inclusion of WASCLA’s strong recommendation that both interim and longer-term solutions are needed. However, while WASCLA and others have stressed the urgent need for developing such measures as a top priority recommendation, this issue is not addressed in the draft report.

Likewise, it is important that the second-to-last paragraph explains why the report could not fulfill the directive to develop an implementation plan for an online testing system. In the final paragraph, it would be helpful to also discuss the need to consider the entire LTC program holistically, not just its medical interpreter testing component, another priority recommendation that WASCLA has previously explained.

Finally, a significant topic which was mentioned multiple times by the DSHS staff during the course of the workgroup but not included in this Draft report is the environmental scan by the agency’s Research and Data Analysis Division (RDA) about healthcare interpreter training and credentialing policies and practices in other states. This compilation will be critical to efforts to

help inform new programming for the robust new communication services we need in Washington. Please include this RDA document in the final Report.

**Introduction,** pages 6-8

Page 6: The overview of Washington demographics is very important. In addition to the data on county of residence of recent refugee and humanitarian immigrant applicants for DSHS Services individuals in refugee resettlement/humanitarian immigration patterns for understanding language services needs, it is essential to include a similar infographic on all of the most commonly spoken languages other than English spoken in each county. This information is readily available, and would help enhance the understanding of all language services needs statewide, and their significant local and regional diversity and variation.

It would also be helpful to include a short overview of adult language acquisition as a process across all of the four domains of language, which is different for each individual related to their personal circumstances including educational opportunities. Not all individuals with limited English proficiency are immigrants nor do all immigrants have a non-English primary language. Focusing only on recent refugee communities may be understood to imply that they are the only or primary groups in need of language services.

For clarity, we recommend also that more detail be provided on in P2, on page 7, to explain that the resumption of DSHS in-person testing was not a return to pre-pandemic LTC practices, but was limited to candidates who had begun their testing prior to the pandemic but were unable to complete it due to the shutdown.

In P2,on page 8, the cost estimate for 3rd-party testing is stated as:
*The costs of the tests have increased from $75.00 over the last 13 years to approximately $250.00 or less, depending on which tests are selected by the candidate.*

This figure is not fully accurate and should be revised. Per WASCLA's comments in our Draft Recommendations, particularly in 01 and 01.1, we explained that some individuals would incur additional expenses to be able to meet the candidate prerequisites of the national credentialing bodies. These include potential testing costs for providing verification of proficiency in their language pair(s) of English and an LOTE, as well as the successful completion of a healthcare interpreter training program to meet the minimum required instructional hours. Therefore a more realistic cost estimate would be approximately $500.

The issue of cost must also be addressed in terms of recognizing that there are costs involved in entering any profession, and maintaining one's credentials, plus the need to ensure that entry is accessible. Concerns have arisen not only due to current economic pressures on the majority of individuals, but also perhaps due to unanticipated consequences of expectations created by the relatively minimal cost of DSHS testing for so many years, plus the fact that the LTC

programs were abruptly changed without notice nor any prior opportunities for discussion with stakeholders.

P4, page 8, states that the Workgroup was engaged "Over a six-month period..". However, the legislation allocated only a total of four months to the workgroup process, so this statement should be corrected.The workgroup itself held six meetings over a 12 week period. The major lack of time to adequately address the legislative mandates, nor inform the group on the many related issues and topics is the reason that WASCLA has recommended asking the Legislature to renew the workgroup until at least June 2024.

**BACKGROUND, CONTEXT, AND PURPOSE,** pages 9-11

**History and Background of DSHS Language Access,** page.10

P1, page 9 offers a brief description of the history of the DSHS testing programs for bilingual employees and freelance medical and social services interpreters, and document translators, but does not explain the reason that these programs were created. For accuracy, the history section must include the agreements made by DSHS under the terms of the *Reyes* Consent Decree of 1991 with the U.S. Department of Justice, and outlining the specific ongoing responsibilities of the agency. This background is essential for our legislators to be able to make decisions about future systems for training, testing, and credentialing of staff, interpreters, and translators who serve clients of state medical and human services programs.

P2, page 10, discusses the switch by DSHS to third-party testing in order to "clear the 2-year backlog" in testing due to the pandemic testing suspension. Please include data here about the number of candidates by language and county who were affected by the testing closure, and the number also by language and county who have earned credentials during the initial-reopening to DSHS testing, and then under the 3rd -party testing process, broken down by testing entity.

**WORKGROUP RECOMMENDATIONS,** pages 12-19

**Recommendations**

**2. Increase Access in Rural Communities and for Languages of Lesser Demand,** page 14
The last 2 bullet points about vendor contracting strategies (while outside the scope of the assignments to workgroup members) and the use of VRI in rural communities highlight the importance of designing all measures to increase availability of interpreters for all needed languages in all locations of the state. Access to VRI and OTP services is not just a need in rural or remote areas, but essential to assuring the availability of interpreters in all needed languages in the entire state, as well as for on-demand and emergency needs, and through all telehealth platforms. We note that some essential infrastructure needs for remote communication services have not been addressed, including all the aspects of digital equity, from availability of broadband and cell services capable of being used for healthcare service

delivery, to patient and provider access not only to connectivity but also to appropriate devices with multilingual instructions and support for using them.

The data table on refugee arrivals offers useful information, but as explained in our comments about the demographic information presented in the Introduction, it should be paired with county-level data on all the most commonly spoken languages other than English, and with additional references for other LOTEs used in Washington. Once again, this data is readily available.

**Investments Needed to Implement the Plan for Online Testing,** page 16
Please add the source documents referred to in this section about projected costs of creation language-specific interpreter tests and administrative expense. For DSHS, the workgroup was told that a fiscal note had been prepared, but it was not shared with us. This data is critical for being able to evaluate a continuation of testing by DSHS as one of the options, and for the assessment and planning of all avenues to be considered.

**Another Option,** page 17
*DSHS suggests the Legislature establish a Washington State interpreter association.*

Regarding this new recommendation on p. 17, it should <u>not</u> be included in the report precisely because it was never shared,and hence not discussed, in the workgroup. For clarity, it should also have its own heading in caps because it was not a recommendation of the workgroup members.
No information about the origin or rationale of this recommendation has been shared. It would be disingenuous to promote it now also in light of the fact that despite our recommendations, the workgroup was never allowed to have an opportunity to share, learn about, nor discuss any other additional potential systems, such as licensure, for interpreter credentialing in the state. We also did not have an opportunity to consult with expert organizations such as the National Council on Interpreting in Healthcare and established interpreter organizations in our state and elsewhere. Also, some state agencies have temporary or permanent advisory groups such as committees and workgroups, boards and commissions; again, none of these types of structures were mentioned or discussed during the course of the workgroup.

WASCLA therefore will not comment on this new “option” except to say that it would be highly unusual, and potentially a conflict of interest, for a state government to create any professional association let alone one which is also a credentialing and regulatory body. While the primary mission of professional associations is to represent the interests of their members, they also often have civic education and advocacy roles, which could be lost if they were not chartered as independent organizations.

WASCLA has strongly recommended in our submissions that a permanent public advisory group be established to oversee healthcare interpreter services in our state, similar to other WA

official Washington advisory bodies. In our region, one example of such an advisory body is the Oregon Council on Health Care of the Oregon Health Authority.

Organizational models from other states are also important to informing our work here in Washington, such as the examples shared here from Oregon and Massachusetts. The Oregon Health Care Interpreters Association, is a 501(c) 3 nonprofit organization which provides training and support for healthcare interpreters to become approved to practice in Oregon, maintain their credentials, and find employment opportunities, in addition to engaging in related public education and advocacy functions. Massachusetts Medical Interpreter Training, part of a division of the state medical school, has worked collaboratively for more than 2 decades with state health agencies, the Area Health Education Centers in the state, and community-based organizations, to offer training and continuing education statewide to healthcare interpreters and for healthcare providers to learn to work with interpreters.

**Outreach to LEP Families**, pp. 18-19.
This topic also should be a stand alone item, as it too is not part of the Work Group Recommendations. There seems to be some missing information about the survey design, methodology, and specifics of outcomes. Information is needed about specifics such as: recruitment procedures for individuals and CBOs,selection of survey questions, response rates by language, county/region of residence, and respondent age.
Clarifications are needed about topics including:

- Statement of study purpose. What was the intent of the survey, beyond the mandated requirement to survey “LEP families”? Was the intent to learn about the experiences of emerging bilingual clients of state medical and human services programs with interpreter services offered by respective programs?
- Rationale for survey questions , i.e. asking if the respondent knew of someone who needed language services.
- Demographics of contacts who declined to participate

It would be most helpful to include the survey report itself in the appendices, or at very least to provide a link to the original document.

**CONCLUSION,** page 20

**Additional WASCLA comments**
In conclusion, WASCLA strongly recommends that the report request that the Legislature simultaneously begin work early in the new year on creating interim solutions to support interpreter candidates to become credentialed through the process currently available, and to renew the workgroup until at least June 2024 so it will have time needed to explore potential new systems and make more thoroughly informed recommendations for consideration in the 2025 legislative session. On this pressing need, we call your attention to WASCLA’s Draft Recommendations 01- 01.4 posted on the Workgroup website, including item 5. Additional Recommendations can be found on pages 9-10 of 01.4.

While the LTC programs of DSHS were created exclusively to address communications in written and spoken languages, we recommend that future efforts to prepare interpreters to serve healthcare and other sectors must also include interpreters of ASL and other signed languages. Subject matter education needs are the same for all languages.

We reiterate here our comments in our previous Recommendations that all efforts to increase and sustain the interpreter workforce must be aligned with creation of procedures to monitor and assess on an ongoing basis the effectiveness of current and future language services in meeting the needs of clients, potential clients, and service providers. The two realms are mutually inclusive and each is vital to informing the new systems rooted in genuine efforts to build the well-qualified multilingual, multicultural  healthcare workforce, including interpreters, that Washington needs.