

WASCLA Submission, August 16, 2023 for August 22 meeting of DSHS Language Access Workgroup

Homework Question for Aug. 22nd meeting (comments due Aug. 16)

*In what ways can the State of Washington support having more qualified medical interpreters?*

**General comments replying to this question**

The question asked is, “in what ways can the State of Washington support having more qualified medical interpreters?” However, the form for submissions sets up categories that are very narrow in asking for responses specific to the mechanics of medical interpreting testing.

WASCLA has some general comments in response to the question asked:

WASCLA recommends that the workgroup ask the Legislature for more time to allow the group to make informed recommendations for this critical program. We recommend that the workgroup propose preliminary recommendations together with a request for more time and for data necessary to make final recommendations.

WASCLA recommends that DSHS immediately provide education for Workgroup members about the modern-day field of healthcare interpreting directly from subject matter experts of the National Council on Health Care Interpreting (NCIHC). NCIHC is an organization committed to promoting language access in healthcare, but is not itself a credentialing body. We are most fortunate that our Workgroup membership includes some of the top national specialists who have an extensive depth and breadth of experience in this field and are also members of the NCIHC Board of Directors, Cindy Roat and Eliana Lobo.

WASCLA recommends gathering and sharing data to help inform the workgroup recommendations. We cannot measure what we don't know, and we need a knowledge base in order to make meaningful recommendations. The workgroup needs, and members have been asking, for the essential background information on the current status of the profession of medical interpreting and data on the context of credentialing and practice, to be able to make informed recommendations consistent with the goals of the workgroup.

For example, it is critical that the workgroup understand the way in which DSHS has credentialed medical interpreters to date and the number of certified or authorized medical interpreters credentialed by test type or source, and the language, test site, and the interpreter's county of residence, for at least the past 5 years to the present time, including during the pandemic closure of testing and the partial resumption. Also, at minimum the group must understand how the current pool of interpreters credentialed by

DSHS came to be - how many were credentialed by using the DSHS exams; the CCHI exam; the AOC exam; the NBCMI exam, or other categories allowed by WAC 388-03-114?

We cannot stress enough that planning for maximizing the number of well-qualified individuals ready to become credentialed as medical interpreters can only be achieved through robust workforce development efforts as part of health equity initiatives. Washington has been steadily losing important interpreter training programs, and clearly a new vision is needed if we are to meet the needs of our growing population, as evidenced so clearly by the COVID-19 pandemic and its vastly disparate impacts on individuals by race, ethnicity, and primary language.

In response to the fields for comments about the following:

- Testing Entities
- Technology
- Tests
- Resources to support clients and healthcare providers

Please refer to our comments submitted for the August 8 meeting for specific replies about each of these categories, as well as some additional comments we offer here. We recommend also that the Workgroup be provided with the opportunity to learn about the current status of plans to create a system for preparing bilingual personnel and interpreters to serve all of state government.

WASCLA recommends the commission of a study to assess the availability of high-quality interpreter training in Washington State. This assessment should include investigating possible public-private partnerships with key stakeholders for increasing the availability of interpreter training programs in Washington, which can include language-specific programs, and partnering with public colleges and secondary skills centers to support interpreter education as part of their curricula. Equally, the role of state government in actively ensuring that the communication needs of emerging bilingual/multilingual residents in all healthcare service settings, and the preparation of health professional students and practitioners, to meet population needs, deserve full consideration and commitments. There are models elsewhere that offer excellent examples, such as the Massachusetts Medical Interpreter Training program, and the Oregon Health Care Interpreter Program, and partnering with the Area Health Education Centers (AHEC) in Washington. This Workgroup should recommend further research and action steps to seek partnerships to achieve our goals.

**DSHS as an interpreter testing entity**

The Legislature asked this workgroup to make recommendations about interpreter services for state government agencies. Historically, the primary testing entity for medical interpreters in Washington has been DSHS LTC. WASCLA believes it should not be a foregone conclusion that DSHS will not update and restart their own testing of medical interpreters, as the FAQ indicates. The workgroup should consider that option within the realm of possible testing entities.

The Reyes Consent Decree requires DSHS to ensure that there is an adequate pool of qualified interpreters to meet the demand for interpreter services for state public benefit programs, including Medicaid. Reyes contemplated development of exams and administration of those exams, which is what the state did since the early 90's. WASCLA believes that this function should not be entirely outsourced to third-party testing entities. WASCLA believes there is a role for DSHS to continue to play in ensuring an adequate pool of qualified medical interpreters.

WASCLA recommends that DSHS undertake (quantitative and qualitative) evaluation/analysis of the testing and credentialing of medical interpreters, bilingual state employees, social services interpreters, and document translators, plus the continuing education program for credential holders, as part of a holistic review of the effectiveness of LTC's services for promoting optimum outcomes in serving clients of state health and human services programs. WASCLA would like to see this workgroup recommend to the Legislature to fund such an evaluation for both the pools of designated bilingual state employees and interpreters & translators who are members of the public, and allow that evaluation to inform final recommendations in a phase two work group.

WASCLA recommends that DSHS not limit testing or granting of a DSHS credential for specific languages, regardless of the per-language fill rates of any one program. Fill rates are not sufficient to indicate an adequate pool of interpreters given the geographic differences and the unmet client language needs that cannot be measured simply on the basis of the fill rates of requests.

WASCLA recommends that DSHS update their medical interpreter exams and re-start testing. At a minimum, WASCLA recommends a study of the cost associated with updating the medical interpreter examinations created by DSHS in the 90's to inform the workgroup's decision and allow them to make informed recommendations for the present day.

WASCLA recommends that to the extent the agency relies on third-party testing entities, DSHS should support interpreter candidates through that process by providing low-cost or free interpreter training courses to prepare interpreters to take these third party exams, and to collaborate on developing resources to help defray some of the costs of testing as well. As mentioned above, the workgroup could learn from and create new services based on models from other states, including Massachusetts & Oregon.

WASCLA therefore recommends a multi-front approach to ensuring an adequate pool of qualified interpreters. Namely, while the state can accept recognition of a medical interpreter consistent with WAC 388-03-114, there is a role for DSHS LTC in providing their own exams. This could focus on languages of lesser diffusion or specifically testing for languages where DSHS, HCA, L&I, or DCYF identify an insufficient number of interpreters in a given language.

**Other testing entities:**

WASCLA acknowledges medical interpreter testing has changed over the past two decades. There are reliable national medical interpreter exams available that should be a pathway to obtaining a DSHS credential. WASCLA is in support of preserving the allowed alternative pathways to obtaining a DSHS credential outlined in WAC 388-03-114 sections (1) through 4. WASCLA recommends revising subsection (5) recognizing certification programs offered by non-profit organizations. This category is not specific enough to ensure which assessments can be considered as equivalent to DSHS or the national examinations.