

## DRAFT RECOMMENDATION ONE – Point Two

Joana Ramos, WASCLA

Instructions: Use the [Information Sheet](#) describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	<p><b>Testing entities</b></p> <ul style="list-style-type: none"> <li>• Must have expertise and sustainable resources to develop and update tests.</li> <li>• Must have the necessary technology to deliver online tests.</li> <li>• Must have the resources to maintain and update the technology routinely.</li> <li>• Must have processes that align with national and industry standards of medical interpreter testing.</li> </ul>
2.	<p><b>Technology</b></p> <ul style="list-style-type: none"> <li>• 24/7 access to registration/scheduling.</li> <li>• Virtual testing, or easily accessible test centers.</li> <li>• Virtual proctors / ID verification available (e.g., through ProctorU service)</li> <li>• Quick written test score reporting turn-around (immediate or within 48 hours for written tests).</li> <li>• Reasonable cost to candidates based on industry standards.</li> </ul>
3.a.	<p><b>Prerequisites and screening</b></p> <ul style="list-style-type: none"> <li>• Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience.</li> <li>• Training in interpreting skills.</li> </ul>
	<p>While WASCLA agrees that some work experience can be an appropriate proxy for training (or education), it is important to include more detail to ensure it is relevant work experience. For example, a self-identified bilingual individual may be working (or has worked) in a designated bilingual position, but this fact alone is not sufficient as a verification of their bilingual competencies in healthcare or any other field.</p> <p>To add to our prior recommendation about training as a prerequisite, we would modify the language to specify that the interpreter skills training focus on interpreting in healthcare settings and basic domain education.</p> <p>WASCLA recommends that the Washington State Seal of Biliteracy be considered as verification of language proficiency, such that the candidate would not need to take a language proficiency exam in that language. This recommendation would need to be flushed out to detail the level of fluency that is appropriate and if reciprocity should be available for other states.</p> <p>Any final rule accepting lived experience in lieu of other language verification must provide details to ensure that the duration and type of lived experiences are a reliable indicator of language fluency. Again, the details must be flushed out with additional inputs and considerations.</p> <p>Add consideration for exemption from high school diploma or equivalent prerequisites, based on individual circumstances, if other prerequisites are met. Examples of individuals whose situations may need additional consideration including:</p> <ul style="list-style-type: none"> <li>• Speakers of indigenous languages of the Americas, who have not been able to complete formal education in home country or US</li> <li>• Refugees who are unable to provide documentation of education, training, or work experience</li> </ul>

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	<ul style="list-style-type: none"> <li>The core prerequisites need to mirror those of CCHI and NBCMI .</li> </ul>
3.b.	<p><b>Test content</b></p> <ul style="list-style-type: none"> <li>Proficiency in English and target languages.</li> <li>Domain knowledge: Healthcare system, medical terminology, and procedures</li> <li>Medical interpreter ethics.</li> <li>Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).</li> </ul>
	<p>WASCLA recommends adding that the tests should incorporate basic knowledge of the National CLAS Standards for the provision of cultural and linguistically appropriate services for health equity, the National Standards of Practice for Interpreters in Healthcare, and the National Code of Ethics for Interpreters in Health Care.</p>
3.c.	<p><b>Test quality</b></p> <ul style="list-style-type: none"> <li>Tests must meet national standards and federal requirements.</li> <li>Tests must be valid and reliable.</li> <li>Testing entities must provide reports demonstrating test validity and reliability</li> </ul>
	<p>Please clarify what is meant by “Tests must meet national standards and federal requirements.”</p> <p>Which national standards are being referred to? We generally understand that there are national standards around test development, test validity, and accreditation of test and related programs offered by professional credentialing bodies, etc., but please clarify what this is referring to.</p> <p>What are “federal requirements” for medical interpreter testing? We understand that when providing interpreter services, an entity must ensure the interpreters are qualified; is this the “federal requirements” being referred to or is there something else contemplated here?</p> <p>Analyzing whether a test meets national standards requires a significant amount of expertise and time. This workgroup has not been given enough information or time to make recommendations on this aspect. WASCLA recommends a study of this topic and more time to consider test quality measures. At a minimum, the work group could recommend requesting research from the Washington State Institute for Public Policy, or a similar entity, to help inform future recommendations.</p> <p>WASCLA recommends adding a requirement that the state testing entity be required to collect and report non-identifying data about tests, test takers, and testing results, including, but not limited to:</p> <ul style="list-style-type: none"> <li>Language(s) and county of residence of applicants to become testing candidates, the categories for meeting their prerequisites, and other demographic information as relevant.</li> <li>Name of test(s) completed, with pass rates by language and test-taker county of residence.</li> <li>Publication of data as noted above, and including credentials issued.</li> </ul> <p>It is critical that this information be available in the public domain so that the state is able to continue to plan to meet client communication needs through high quality language services programs. The need for data collection and reporting is another reason why the state has a role or function to play in terms of interpreter credentialing and should not outsource this function entirely.</p>
4.	<p><b>Resources to support clients and healthcare providers</b></p> <ul style="list-style-type: none"> <li>A platform accessible by healthcare providers to look for interpreters.</li> </ul>

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	<ul style="list-style-type: none"><li>• Approved continuing education (CE) courses.</li><li>• Certification distribution and revocation systems.</li><li>• Customer complaint resolution process.</li><li>• Other customer services.</li></ul>
	<p>To support having more qualified interpreters in Washington to serve clients of state agencies, WASCLA recommends development of a system that addresses the specific needs of the varied service sectors, and which centers the needs of our residents with non-English primary languages (NEPL). First, an assessment must be done of the functions of the LTC program to ensure that at a minimum, those functions continue, or are expanded. Second, assessment must be done of the service delivery administration of state medical and social services to ensure effectiveness and quality of the respective programs. Operations and coordination of all programs need to be built on principles of health equity, transparency and accountability to clients, service providers, as well as to the taxpayers.</p> <p>A permanent public advisory group should be established for the language services system in the state government.</p> <p>Models of language services from states with coordinated approaches, such as Hawaii and New York, as well as from locales with planning underway, should be studied and used for customized planning for Washington.</p> <p>To support having more qualified medical interpreters to serve the WA population as a whole, active engagement is needed with NEPL communities and the entire healthcare sector.</p>