Saturday, September 30, 2023

Joana Ramos, WASCLA

Attached please find WASCLA's comments on the Draft Options for the Oct. 3 workgroup meeting. Our carefully crafted comments are based on the Sept. 22 version of the charts, to be shared with the workgroup, staff, and legislators. The comments are still highly relevant, despite the re-ordering of options in the new chart provided on Friday.

It is extremely concerning, and honestly frustrating, to have now received a 3rd version of the charts, sent on Friday Sept. 29, with the expectation that workgroup members utilize them for the decision making on this coming Tuesday morning. WASCLA has made a commitment to participate in this workgroup on behalf of our constituents, Washington residents who have limited English proficiency and the providers in all service sectors. This kind of a timeframe - essentially one business day - is insufficient and disrespectful of Workgroup members.

We understand that DSHS and the Workgroup are not in control of the timing of the final report, which was established by the Legislature to be due by December 1, 2023. What we do have control of is what happens between October 1 and December 1. Because we have not been given time to give input to the Chart nor discuss it, WASCLA has asked for additional meetings. DSHS has established the meeting dates and for some reason set the final Workgroup meeting for October 3, without any plan for the Workgroup to meet to review the final report to ensure it accurately reflects the intent of the Workgroup. There should be Workgroup meetings set for October and November, to allow for this.

The Legislature also set the expectation of a final report. The Workgroup has the ability to determine what shape the final report will take. It is WASCLA's opinion that the report should inform the Legislature that planning for language access and interpreter services in the 21st Century is a very complex endeavor, and that ample time and thorough study is essential to creating a meaningful plan. Next, the report should contain the input shared and could identify all options considered, without weighting them. The Options, as presented, are preliminary in nature and should be presented as such in the final report. The legislation does not require final recommendations and therefore it is within the ability of the Workgroup to issue preliminary observations, without ranking them, coupled with a request for an extension for additional time to fully develop recommendations.

The Workgroup has not been allowed an opportunity to provide any input into the Options chart nor have we discussed it. This is very inappropriate and we are highly concerned.

Sincerely,

Joana Ramos

To: DSHS 5304 Workgroup
From: Joana Ramos, Co-Chair
WA State Coalition for Language Access

9/30/ 2023

WASCLA submits the following comments in advance of the October 3, 2023, SSB 5304 Workgroup meeting. The SSB 5304 Workgroup was a starting point for steps the State could take to ensure quality interpreter services are available to serve Washington's population with limited English proficiency; however, the time constraints put on the Workgroup have not allowed for adequate research, discussion, and consideration of the important factors necessary to make substantive recommendations on what should be the next steps in this complex endeavor. Case in-point: the Workgroup is being told we will "vote" on these options without any opportunity to modify or correct the options to reflect the input shared by group members as well as no opportunity for discussion of the options. This is simply not acceptable.

WASCLA has serious concerns about where we are at as a Workgroup. WASCLA recommends the Workgroup not vote on the options presented, but instead, use the options (once corrected to accurately reflect Workgroup input) as preliminary recommendations to submit to the Legislature by December 1, 2023, together with a request that the Workgroup be given an extension until June 1, 2024, during which time the Workgroup will be provided with the research and analysis necessary to inform the recommendations needed to implement the legislative intent of SSB 5304. Preliminary recommendations would stand without any ranking or indication of a preference for one option over another since we have not had adequate time to discuss and actually investigate if options are viable as envisioned.

The following feedback is provided on the version of the "Options" documents, Table One and Table Two, provided to the workgroup on September 22nd (replacing the version sent on Sept. 20, which had been shown at the Sept. 19 workgroup meeting) ) for input in advance of the October 3rd meeting. WASCLA spent considerable time over the next week considering those options and providing the following detailed input with the shared goal of ensuring the Options reflected the recommendations made to date.

On Friday, September 29th, DSHS shared yet another revised "Options" document asking for feedback by Monday, prior to the Workgroup meeting on Tuesday, October 3rd. This is an unreasonable request. There is no way for individuals or groups to convene stakeholder input to help inform decision-making with this short of notice. The timeline was already nearly impossible - with only ten days to review and comment; but with the revisions on Friday, this has become completely impossible. This is further indication that the Workgroup must not vote on these "options" on October 3rd. It also supports WASCLA's recommendation to provide preliminary considerations identified by the Workgroup with a final recommendation to ask the legislature for an extension on the Workgroup's activities until June 1, 2024.

WASCLA Feedback on Tables One and Two for revisions, using the Options chart provided on September 22, 2023. Because DSHS re-ordered the Options, the numbers below may not align with the current draft document; however, we have labeled the Options according to the Sept. 22nd version to help match up the information with the now-changed order. DSHS can take this information and apply it to the now re-arranged Options as we believe the following comments are still relevant and necessary to consider. WASCLA would like to see the Options accurately reflect the input shared by Workgroup members prior to developing the final report, and therefore provides the following feedback:

1. WASCLA has identified the following concerns in Table One that must be addressed prior to any selection of preferred Options.

    a. **Table One, Option 1: The community college career pathway.**

    WASCLA supports engagement with community colleges, but the chart misrepresents the comments we have provided to date and any of the discussions we have been a part of or seen notes from.

    It is correct that community colleges are an appropriate partner for certain components along the continuum identified in the chart; however, not all components are appropriate for the community colleges. Specifically, community colleges are an appropriate partner for the following components: interpreter skills training, language skills training, and continuing education training. They likely could serve as **testing sites** for interpreter exams, as many community colleges offer testing center services.

    However, community colleges are absolutely inappropriate partners for developing and administering interpreter examinations linked to providing a credential. This chart is misleading in the claim that a community college program would be the place to develop and administer interpreter certification examinations and also be the credentialing body for the profession. In no situation that we are aware of is a training provider also in charge of developing and administering the examinations required for a candidate seeking the credential in the field for which the provider conducts the respective training program. For example, a number of WA community colleges have nursing programs offering ADN (Associate Degree in Nursing), but the colleges themselves do not do not create and administer testing of degree-holders seeking a state-issued RN license. In this specific example, the National Council of State Boards of Nursing, creates and administers all aspects of the National Council Licensure Examination (NCLEX) exam for registered nurses.
    While it is correct that the NCLEX contracts with testing centers in the states, which may be sited at community colleges, to provide the location for the

examinee to take the exam, the colleges do not have any role in developing, scoring the tests, nor in issuing the resulting credential or license.

This is done for a very good reason. Having a training provider serve also as the credential body for any profession would create a conflict of interest. The credentialing process for doctors, nurses, lawyers, architects, CPAs, just to name a few professions, shows the clear separation between the training and testing entities. Option 1 is misleading in this regard and must be changed to reflect this reality.

Before any consideration can be given about positioning interpreter training in some fashion into the community college system, we need to learn everything about what this major new endeavor might entail. However, the Workgroup has not heard from the WA State Board for Community and Technical Colleges about what would be involved in creating a future academic professional training program for medical interpreters. Nor have we had the opportunity to hear from our Workgroup members who have current roles and experience in several community colleges, including as instructors for medical interpreter training programs. While some information may have been part of some breakout session discussions, there has been no focused discussion in the workgroup except what was shared in the broadest sense, i.e. that some training programs exist as community education offerings of some community colleges.

WASCLA is quite concerned that with this “option” presented as Option 1 and with all of the component boxes marked “Yes,” that the legislature would be given the false impression that this is the principal recommendation of the workgroup, appearing to be a well-considered and viable option. And,as presented, it could mislead workgroup members in making their own choices for final recommendations.

**b. Table One, Option 2: DES Contracts with National Medical Interpreter Certifying Bodies (medical)**

Option 2 was not discussed by the Workgroup and we are not aware of any evidence of it being recommended by any of the submissions available online.

WASCLA would have serious concerns about the state outsourcing all of these functions to a contracting entity. The state should maintain a role in assessing community needs and ensuring there is an adequate pool of qualified interpreters, which is not reflected in Option 2. Additionally, the state should maintain a role in supporting interpreter candidates through the process to earn and maintain their credentials. When what has previously been a state function is outsourced,or being considered for outsourcing, there remains an important

role for the state agency to ensure that the program is operating effectively to fulfill that agency's mission.

Given the overwhelming feedback from Workgroup members supporting a holistic approach, this recommendation, at a minimum, could include additional contracting to cover all aspects of credentialing identified by the chart columns/ categories. In this way, creating a holistic approach.

**c. Table One, Option 3: DSHS Continues Third-Party Testing with Additional Funding (Medical)**

Option 3 fails to identify the feedback from various workgroup members that DSHS should be more involved with test preparation and interpreter skills training, as well as providing continuing education training. Instead, this chart seems to reflect the current DSHS activities, not what WASCLA and other workgroup members have recommended.

This is part of the issue we have had since the beginning of this workgroup. Whenever questions or input on DSHS's role in testing medical interpreters have arisen, either in meetings or in written submissions, DSHS was emphatic that the agency could not and would not be engaged in medical interpreter testing, nor in discussing the topic any further.. Staff went so far as to tell the Workgroup members in a prior iteration of their FAQ, that DSHS did not have a legal mandate to test medical interpreters. Only after WASCLA questioned that statement, did DSHS acknowledge their ongoing obligation under the *Reyes Consent Decree* to develop and maintain the required standards of a program for medical interpreter credentialing.

It was our observation that there were many workgroup members who thought that DSHS should remain involved with testing, as well as with as many aspects of medical interpreter credentialing as possible, including pre-test screening, test prep training, and continuing education training. Those comments are not reflected in Table One or Table Two, and should be included.

WASCLA and others have commented repeatedly that if the state is going to continue to rely on third-party testing entities, it must invest in additional supports so that it can meet its mandate to ensure an adequate pool of interpreters. That means that enough interpreters can get through the credentialing process and that the process used does not create significant barriers for individuals seeking to enter the field of medical interpreting. The state has not done enough in this area and patients and providers are beginning to feel the impact. These comments are not reflected in Table One or Table Two and should be.

Workgroup members, including WASCLA, also proposed at least the option of gathering more information to determine if DSHS LTC should invest in updating the medical interpreter examinations they have used over the past three decades. See WASCLA Recommendation 01. This was also a frequent discussion topic and yet it does not appear as an option in Table One. (We do not have the time to review all meeting notes and recommendations for citations, but this was mentioned at several meetings by different participants). There should be an option added that would include DSHS providing medical interpreter examinations. While DSHS staff mentioned that a fiscal note was prepared on the costs of creating and maintaining new medical interpreter exams, the workgroup was not provided with the details of the cost estimate. At a minimum, the Workgroup should be given the opportunity to vote on this as an option.

**d. Table One, Option 4: State Centralized Office Partners with National medical Interpreter Certifying Bodies (medical)**

The recommendation of the workgroup was for the state to create a robust interpreter credentialing program, one where the state stays engaged with testing supports, test screening, test preparation, interpreter training, and continuing education, as explained in our comments on Option 3, above.

As is, the selected items for this option, regarding which entity would do each of the functions identified, mirrors exactly that of Option 3, just that the functions are now being done by a yet-to-be-identified “state centralized office”. That is not consistent with the feedback shared by workgroup members. For example, the recommendations show a strong preference for the statewide centralized office to provide some level of pre-test screening, test preparation, and CE training. If this hypothetical “centralized office” is to remain an option, the selections should indicate the holistic approach the workgroup recommends. For example, on Option 4, the “statewide centralized office” row would check yes for: test prep training, interpreter skills training, and CE training.

That said, the recommendation should include a caveat that this was a purely hypothetical scenario and no information was made available about the feasibility of such an approach, nor were we provided an opportunity to discuss it in any detail. The Workgroup could make an interim recommendation to learn about procedures now in effect in other states that have centralized language access offices, such as in Hawai’i and New York, as well as the work of other states specifically on language access and interpreter services in health care. Examples of the latter include Massachusetts where state health agencies and public universities have been collaborating in training healthcare interpreters for more than 25 years. As another example, Oregon’s state health agency has an Equity & Inclusion Division which includes a Healthcare Interpreter unit which

oversees interpreter training and practice; its permanent advisory group on healthcare interpreting was established over a decade ago.

e. **Table One, Option 5: State Centralized Office Partners with Community Colleges.**
See our comments above regarding a “state centralized office.”
This option contains erroneous information which needs to be corrected.

- The same incorrect information regarding the role of community colleges in testing interpreters as does Option 1. As our comment there indicated, there is no role for the community colleges in developing and administering medical interpreter examinations, outside of potentially providing a physical testing space for the examinees. This row must be updated to reflect this reality. The community college could not and would not provide testing, nor should they be doing pre-test screening, as that is the role of the state agency.

  While some interpreter training programs in other states have language proficiency and subject matter training prerequisites for program applicants, this is not an equivalent to a pre-test screening function.
- The description of Option 5 contains an error, which has impacted the Workgroup’s process to date. The last sentence, which states that “...SSB 5304 limited the workgroup to provide recommendations on medical interpreters,” is incorrect. The text of SSB 5304 does not mention medical interpreters. Its Sec.2 (4) states as its purpose to.“...maintain an adequate pool of providers such that residents can access state servicers.”
  WASCLA has called out this misinformation throughout the meetings and in our recommendations, as have some other members of the workgroup, but those concerns were never addressed.

  It was DSHS staff who instructed the workgroup members to limit considerations only to medical interpreter testing throughout its activities. It was only for Session 5 that we were asked to address any other topics, namely those in 5304 Sec. 3 (b), (c), and (d), about interpreter services in rural areas and about LLDs, workforce resilience issues, and interpreter ethics and standards of practice.

  The compilation of recommendations must reflect the full information provided by Workgroup members but it should also include a statement about this limitation in scope, that while not required by the law, it was imposed upon the workgroup. It is not adequate to have the written comments submitted be included only as an appendix to the main report, as we were informed was the plan. Busy legislators and their assistants

have little time to read voluminous appendices, and generally do not have the subject matter backgrounds to analyze their content. Their attention will focus on the Options document, making it imperative that its contents is accurate.

2. WASCLA also objects to the content of Table One generally, because it lacks a row or option to indicate that either DSHS or another state agency would be responsible for more of the elements identified, even if the testing itself is outsourced. These functions include:
    - in-depth research for formulating plans for the all parts of the LTC functions and for future plans for language services broadly
    - extended workgroup be able to fully consider and make recommendations about all aspects of the situation
    - interim initiatives to address the urgent present need to support potential medical interpreter candidates to become credentialed under the procedures currently available.

The lack of these elements represent significant gaps in the areas which the Workgroup has indicated are important factors for creating a robust credentialing system.

3. WASCLA notes specifically that the content of Table One omits an option acknowledging the recommendation that DSHS modernize the LTC medical interpreter exams and restart medical interpreter testing. DSHS has medical interpreter exams that could be utilized until a workgroup can more thoroughly evaluate how to proceed. There could be a role for DSHS to administer exams in certain languages to complement the national exams. While we understand that DSHS LTC believes it to be cost-prohibitive to modernize their exams, no data has been provided to the workgroup to show the costs nor has a cost benefit analysis been shared with us to help inform our decision-making. It is also inappropriate for DSHS LTC to remove recommendations simply because the program does not want a particular outcome. At least several members of the workgroup have suggested that DSHS should update their exams and restart testing. See WASCLA Recommendation 01, 01.2 and meeting notes. Therefore, Table One should include this recommendation as an option.

4. WASCLA recommends that Table One should include an additional column to capture the wrap-around support functions that we have addressed here as well as in multiple comments we submitted as part of the workgroup process. Table Two acknowledges some of those components, but does not include them in the actual chart, but relegates them to a note at the bottom. Table One does not reflect this important role that either DSHS or the replacement entity must provide. Therefore, a column should be added to both Tables for “Program Management and Oversight of Healthcare Interpreter

Services," to acknowledge that the state will need to maintain a role to ensure adequacy of the credentialing program and effectiveness of services provided.

Therefore, WASCLA recommends that Tables One and Two include another column to capture the role of the state agency in conducting outreach, assessing gaps in services, targeting training to address gaps (low number of interpreters in a given language), or in newly emerging languages for Washington where additional effort will be necessary to get enough interpreters in that language, planning and monitoring for the effectiveness of service delivery, providing support for interpreters in the credentialing process, possibly by providing scholarships, outreach, and general oversight of the credentialing process. (See Notes section on Table Two for additional considerations). Once the column is added, each option should be reviewed to identify how that function will be addressed by the option presented. Ultimately, programs for meeting language services needs must be linked to monitoring the effectiveness of the services in terms of health status and health outcomes for clients on an ongoing basis.

5. Additional Recommendations

    a. WASCLA has stated in its multiple written submissions and also verbalized that the workgroup needs more time to make informed recommendations for this critical program. WASCLA proposed that the workgroup frame their recommendations as "preliminary" and request more time and data before making final recommendations. See Recommendation 01.1.

    b. WASCLA also pointed out in recommendations that the workgroup only looked at medical interpreter credentialing, despite the mandate of SSB 5304 being broader. The workgroup was restricted in their comments to medical interpreter testing alone. Recommendations that touch on topics outside of this limitation have been omitted. The report must include this limitation or focus of the Workgroup to avoid confusion.

        The recommendations should include a request for additional time to address the other components identified in SSB 5304, which also need attention. Specifically, the other LTC program components of testing bilingual employees, social services interpreters, document translators, and the CE program need the same attention.

        WASCLA understands the time constraints DSHS and the work group were under, given the request for a report on these important topics within a few months. Those time constraints meant that the workgroup did not obtain necessary information to help inform this work. Additionally, the workgroup did not have the benefit of accurate or complete enough information to form our decisions. The fact that prior to September 20th, the FAQ stated that DSHS did

not have a legal mandate regarding medical interpreter credentialing, supports the need to provide more time to come up with recommendations. Similarly, the FAQ states that the “workgroup is reaching out to LEP communities to gather information on their language access needs.” The workgroup had no such contact with LEP families and if program staff had those contacts, the information was not shared with the Workgroup.
The FAQ also states that DSHS meets with other groups, assuming to help inform the workgroup. However, any information gained has not been shared with the workgroup members for their consideration. Finally, the Workgroup was informed that the RDA unit of DSHS is gathering information on medical interpreter procedures and programs in other states, this information has not been shared with the Workgroup members. It appears that this information will not be available to the Workgroup until after the publication of the final report.

c. WASCLA recommends that the report include a section on interim recommendations, which can have more immediate implementation options compared to the longer term recommendations. The interim recommendations would include immediate plans to assess the effectiveness of the current medical interpreter credentialing program managed by LTC. The interim measures should be set in place to start gathering data about the effectiveness of the credentialing system currently in place at DSHS. It is imperative that decisions about future plans are rooted in actual data and not just statements about the efficacy of the program. Additionally, recommendations should be made that help individuals to attain DSHS medical interpreter credentials through the options that currently exist. Such assistance would include support to meet the prerequisite requirements now being required of candidates due to the shift to reliance on national exams, and support regarding the increased cost to candidates. For example, the legislature should require quarterly reporting, beginning as of January 1, 2023, on the data of how many individuals are earning new credentials through the new system established by DSHS LTC, in what languages, and serving which counties.

   Interim recommendations are critical given the likelihood that the longer range recommendations will take many years to see to fruition. Meanwhile, the state needs to make sure the system in place is adequate to meet the needs of Washington’s patients and providers.