Recommendations to the ESSB 5304 Language Access Workgroup convened by DSHS

by Interpreters United / AFSCME 28 (WFSE)
Submitted to DSHS on October 2, 2023

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BACKGROUND INFORMATION

Interpreters United is a labor union of freelance interpreters organized under AFSCME Council 28 also known as the Washington Federation of State Employees (WFSE). WFSE is the sole and exclusive representative of Language Access Providers who provide spoken language interpreter services for the Department of Social and Health Services (DSHS), the Department of Child, Youth and Family (DCYF), the Department of Labor & Industries and HCA-Medicaid enrollees.

Interpreters provide language access services for Limited English Proficient (LEP) individuals. For patients, their limited English proficiency

> *creates a barrier to receiving quality healthcare services, as the ability to communicate with healthcare professionals, to understand their treatment options, **and** to follow treatment protocols is significantly hindered. This, in turn, impacts health outcomes and increases risk of morbidity. For healthcare professionals, the inability to effectively communicate with patients with limited English proficiency leads to care challenges, significant financial costs, and higher risk of malpractice.*[1]

The biggest requesters of medical interpreting services among WA State agencies and who rely on DSHS credentialed medical interpreters are in this order:

- Health Care Authority for its Medicaid program

1 LOST IN INTERPRETATION. How Interpreting Impacts Healthcare Outcomes for Patients with Limited English Proficiency (LEP). https://9055732.fs1.hubspotusercontent-na1.net/hubfs/9055732/White%20Paper_Lost%20in%20Interpretation_Impacts%20of%20Language%20Barriers%20in%20Healthcare-1.pdf

- Department of Labor and Industries for its injured workers and crime victims
- Department of Social and Health Services for its psychiatric facilities Western and Eastern State Hospitals

Others who also rely heavily on DSHS credentialed medical interpreters are:

- public and private hospitals
- community health clinics and
- numerous other healthcare organizations

History of DSHS medical interpreter credentials

For almost 30 years, Washington State agencies and healthcare providers have relied on DSHS credentialed medical interpreters to comply with Section 1557 of the Affordable Care Act, the Revised HHS LEP Guidance, Executive Order 13666 and Title VI of the Civil Rights Act of 1964.

DSHS Language Testing and Certification (DSHS/LTC) is the credentialing body for spoken language interpreters rendering services in healthcare and community settings. DSHS/LTC issues the following spoken language interpreter credentials:

- Social Services Certified Interpreter since 1992
- Social Services Authorized Interpreter since 1996
- Medical Certified Interpreter since 1995
- Medical Authorized Interpreter since 1996

DSHS created its Language Testing and Certification unit to develop systems, methods, procedures, and policies in carrying out the department's legal commitment. This effort was the culmination of lawsuits and Title VI of the 1964 Civil Rights Act complaints brought against DSHS during the 1980s. This was a class action by LEP plaintiffs (Reyes, et al.) for not providing equal access to its Economic and Medical Field Services. Back in those days, DSHS oversaw the Medicaid program (moved to Health Care Authority in 2011) and the Children's Administration (moved to Department of Child, Youth and Family in 2018). The plaintiff class was defined as follows:

> *All persons of limited English-language proficiency who have applied for or received or will apply for or receive public assistance benefits within Washington State since October 1, 1987. Public assistance is defined as services and notices*

> *provided by DSHS Economic and Medical Field Services, including but not limited to Aid to Families with Dependent Children, Family Independence Program, Food Stamps, General Assistance, medical assistance, refugee assistance, and consolidated emergency assistance.*

In 1991, as part of its Agreement of Settlement and Consent Order (heretofore referenced as the Reyes Consent Decree, Appendix 1) entered with the Office for Civil Rights Region X of the US Department of Human and Health Services, DSHS agreed to ensure the quality of the interpreting services through the development and administration of oral and written tests as well as training of contracted interpreters.

> *Section 30. RELEVANT OCR PROVISION*
>
> *DSHS will ensure that all interpreters and bilingual workers are fluent in English and a primary non-English language. DSHS shall develop standards of testing, oral and written, to ensure that all interpreters and bilingual workers meet the standard.* ***Testing shall include***
>
> - *evaluation of the language competence,*
> - *interpreter skills,*
> - *understanding of DSHS policies regarding confidentiality,*
> - *DSHS forms and*
> - *the role of interpreters. (Reyes Consent Decree, page 16)*

(Bullets and bold type added for clarity)

Medical interpreters' knowledge, skills, and abilities

Spoken language interpreters

> *work in many different settings, providing oral translation between people with limited English proficiency (LEPs) and English speakers. They do so accurately, in a culturally appropriate manner, preserving confidentiality, without*

> *allowing their own views to interfere and without allegiance to any side.*[2]

In order to be a competent medical interpreter, candidates must demonstrate their ability to accurately convey the message from one language into another in the two modes of interpreting most used in healthcare settings: (1) consecutive interpreting[3] and (2) sight translation[4]. This requires a near-native level of language proficiency in both English and a language other than English. "*While language proficiency is a prerequisite, it is not enough to ensure a successful interpreting performance*."[5] Indeed, there is a need to test candidates' transfer skills in the relevant modes of interpreting, as done by the DSHS certified and authorized exams created in 1995/6.

Steps followed to create the DSHS medical interpreter exams

When it was created, DSHS medical interpreter testing involved the following steps in the entire test development process[6]:

1. A test conceptualization conference was held to share ideas and plans for medical interpreter certification. Inputs were solicited from a large group of participants at the conference, including MDs, interpreter coordinators, and interpreters.
2. Development of test guidelines.
3. Development of proficiency guidelines.
4. Development of test specifications.
5. Collection of various written materials commonly used in medical settings.
6. Compilation of list of commonly used medical terminology.

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[2] Spoken Language Interpreter Job Description, American Translators Association. https://ata-divisions.org/ID/wp-content/uploads/2021/07/Interpreter_Job_Description_Recast_updated_Nov_23_2020.pdf

[3] Consecutive interpreting: where the interpreter conveys the message after the speaker pauses frequently taking notes to aid their memory retention.

[4] Sight translation: where the interpreter reads a text written in one language and conveys it in another language. This mode of interpreting is often used to assist in filling out forms or to convey follow-up instructions.

[5] ASTM F3516-22 Section 6.1.3 Standard Guide for Testing Interpreting Performance

[6] Legal backgrounds and history of DSHS Bilingual Testing and Certification prepared by Hungling Fu for the Expert Panel on Community Interpreter Testing and Certification - June 13-15, 2007, Upper Midwest Translators and Interpreters Association (UMTIA)

7. Review of list of medical terminology by MDs, MAA interpreter program staff, and medical interpreter coordinators.
8. Revision of list of medical terminology.
9. Item writing per test specifications.
10. Review of test instruments by mono-lingual MDs, nurses, MAA interpreter program staff, and medical interpreter coordinators.
11. Revision of test instrument
12. Rewriting of test into different languages.
13. Review of rewritten tests by language specialists in various languages.
14. Revision of tests per language specialists' inputs.
15. Review of tests by bilingual MDs and nurses in each language.
16. Assessment by bilingual MDs and nurses as to the percentage a medical interpreter should score correctly on the test to be considered proficient.
17. Revision of tests per input by bilingual MDs and nurses.
18. Pilot test at 6 locations statewide.
19. Revision of tests per pilot test outcomes.
20. Benchmark setting per pilot test outcomes and expert assessment.
21. Ongoing item revision/adjustment per test candidates' valid inputs.

Timeline of the interactions between Interpreters United and DSHS LTC

In 2011, the first collective bargaining agreement went into effect. Article 4 of this contract addressed professional development and training, one of the mandatory subjects for collective bargaining under RCW 41.56.513(2)(c). As such, any changes to professional development and training trigger a Demand to Bargain. When the first union contract was negotiated, Washington State was the only state testing spoken language interpreters in all languages for medical services[7]. A decade-long effort to create a national credential for medical interpreters culminated in the creation of two private organizations, Certification Commission for Healthcare Interpreters (CCHI) and National Board of Certification for Medical Interpreters (NBCMI) each with their own exams in a limited number of languages.

[7] California had a medical interpreter exam for services to injured workers in a limited number of languages but discontinued it in 2008.

In 2012, pursuant to Article 4 of the Language Access Providers Collective Bargaining Agreement 2011-13, an *Ad Hoc* Union Management Communications Committee was created in order to address Professional Development and Training for interpreters. This committee worked with DSHS LTC to create:

- Procedures for approving and publishing continuing education activities
- Application to provide DSHS interpreter continuing education activities
- Criteria for approving DSHS interpreter continuing education activities.

In 2015, as a result of collaborative efforts between DSHS and Interpreters United, DSHS LTC unveiled its searchable public online database to find DSHS credentialed interpreters. Article 4 of the union contract also created an DSHS LTC Advisory Committee that included practicing interpreters, representatives of LEP communities, and other state agencies. In addition, WAC 388-03-030 was amended to include CCHI and NBCMI certifications as DSHS recognized credentials to render medical interpreter services. Other WAC rules were added to mandate:

- continuing education activities to renew the DSHS credential
- orientation and training to become DSHS credentialed

In 2018, RCW 39.26.300(6) was enacted to require that all interpreter services procured by Washington State agencies must be provided by language access providers who either credentialed by Washington State or certified by CCHI or NBCMI.

In 2019, Dr. Fu retired after leading DSHS LTC for 30 years though LTC and those who worked under Dr. Fu stepped up to take over. In addition, DSHS LTC was moved into the DSHS Office of Diversity and Inclusion.

In March 2020, DSHS stopped testing due to the COVID-19 pandemic and later resumed testing in April 2022. At the same time, a completely new manager with no previous experience in DSHS LTC took over.

In 2021, DSHS LTC did not convene its Advisory Committee at all until, in 2022, the union threatened to file a grievance with the Office of Financial Management for violation of the union contract. At that point, DSHS LTC convened the committee for 30 minutes (as opposed to the regular 2-hour meetings of the past) three months in a row. There was no time for discussion and members felt that LTC was just informing committee members as opposed to actively discussing issues and seeking solutions based on the feedback of committee members. This was the first time committee members saw a dramatic change in the way DSHS LTC treated committee members.

In August 2022, against the advice of subject matter experts, members of the Advisory Committee, DSHS stopped administering its own medical interpreter tests and outsourced testing to unreliable third parties: language companies that also sell interpreting services. Tests by for profit language companies are not recognized by the American Translators Association[8] and have not obtained NCCA accreditation[9]. There is an inherent conflict of interest for a company that sells services to be the testing entity of the services it sells. Besides, RCW 74.04.25(9) states that *"no testing or certification authority may be awarded to a private entity with a financial interest in the direct provision of interpreter services."* WFSE took action against DSHS LTC's decision by filing a grievance with the Office of Financial Management and an Unfair Labor Practice with the Public Employment Relations Commission. These two labor disputes are currently going through the established process and have not been resolved yet.

In **August 2022**, DSHS also started accepting written tests in English from national medical interpreting certification private organizations – CCHI and NBCMI– as proof of oral interpreting skills between two spoken languages. DSHS's excuse for such a preposterous decision was that in order to take the written exam, both CCHI and NBCMI required candidates to show proof of language proficiency in English and a language other than English. First of all, the "proof" is not always a validated test of language proficiency since the requirement ranges from a high school diploma in a country where that language is spoken to a reliable and validated test of oral language proficiency. This requirement does not guarantee a near-native fluency in

[8] What are the requirements for the CI designation?

1. Interpreting proficiency must be demonstrated by:
    - Passing an oral exam that tests performance skills in two or more modes of interpreting, with published assessment instruments, research methods, development and validation procedures, eligibility requirements, and administration (e.g., availability and location, fees, reporting of results);[1] or
    - In the case of conference interpreting, exacting peer review or testing through one of the organizations approved for the CI designation.
2. And the credential must have been granted by a:
    - Government agency, or
    - Non-profit professional association, or
    - Non-profit certification board or governing committee that includes individuals from the certified population, as well as voting representation from at least one consumer or public member. For entities offering more than one certification program, a system must be in place through which all certified populations are represented, with voting rights, on the certification board or governing committee.[2]

[9] National Commission for Certifying Agencies (NCCA), Standards for the Accreditation of Certification Programs.

both working languages. Second, though language proficiency is useful as a screening tool, it does not guarantee in any way that the candidate can interpret accurately.

In **July 2023**, Engrossed Second Substitute Senate Bill 5304 went into effect. The bill requires DSHS to credential interpreters only after passing both written and oral exams, prohibits private entities with a financial interest in the direct provision of interpreter services from testing or certifying interpreters and created a language access workgroup to make recommendations to the legislature on:

- Criteria necessary to demonstrate that interpreters have the skills necessary to ensure quality and accurate services;
- Strategies for increasing access to interpreters in rural communities and for languages of lesser demand;
- Strategies for workforce resiliency including adequate workload and compensation;
- Standards of ethics and professional responsibility; and
- Investments needed to implement the plan for online testing.

Impact of DSHS decision on the pool of medical interpreters

Interpreters United conducted searches of the DSHS/LTC's public online database[10], on December 19, 2019, on August 6, 2022, and on September 20, 2023[11]. Since December 2019, Washington State has lost one-third of its credentialed medical interpreters. And while the pandemic predictably decreased the number of credentialed medical interpreters, DSHS' decision to stop administering its own test accelerated the decline. This decrease disrupts the marketplace and endangers the LEP population since competent medical interpreters are harder and harder to find.

[10] https://fortress.wa.gov/dshs/ltcgateway/FindInterpreter/Public Accessed on September 20, 2023.
[11] Some interpreters hold credentials in more than one language.

DSHS Credential	Dec 19, 2019	Aug 6, 2022	Sep 20, 2023	2019 to 2023 Decrease
Medical Certified Interpreter	2,200	1,930	1,446	-35%
Medical Authorized Interpreter	625	523	413	-31%
Total Medical Interpreters	2,825	2,453	1,859	-34%

Table 1 DSHS Credentials for 2019, 2022 and 2023

Even though the CCHI and NBCMI exams have an overall higher pass rate that is double the DSHS one, California – the the most populous state in the US– only has a total of 1,267 CCHI credentials and 993 NBCMI credentials[12]. In other words, before the pandemic, WA State had more medical interpreter credentials than California.

In conclusion, the move of DSHS Language Testing and Certification (LTC) to the DSHS Office of Diversity and Inclusion, coupled with the complete overhaul of its managers caused labor disputes, destabilized the pool of credentialed interpreters, and decreased the quality of medical interpreters. All of this puts the safety of Washington State LEP patients at risk and increases the liability risks for healthcare providers.

INTERPRETERS UNITED RECOMMENDATIONS

1. Testing entities

- Must have expertise and sustainable resources to develop and update tests.
- Must have the necessary technology to deliver online tests.
- Must have the resources to maintain and update the technology routinely.
- Must have processes that align with national and industry standards of medical interpreter testing.

Recommendation 1.1: DSHS should continue being the testing and credentialing entity of medical interpreters and not outsource

[12] We count credentials as opposed to interpreters because some interpreters hold both CCHI and NBCMI medical interpreter credentials or are credentialed in more than one language.

testing to third parties. Alternatively, medical interpreter testing and credentialing could be moved to the Department of Health.

The testing and credentialing of Washington State medical interpreters should not be outsourced to private entities over which it would have no enforceable legal requirements. DSHS LTC should continue being the testing entity for medical interpreters because DSHS LTC has 28 years of experience in testing interpreters for medical and social services. Alternatively, if DSHS is unwilling to comply with the Reyes Consent Decree and RCW 74.04.25, then medical interpreter testing and credentialing could be moved to the Department of Health, which already credentials several categories of healthcare professionals. If so, DSHS LTC should transfer all its medical interpreter tests and related documentation to the new state agency.

Interpreters United maintains that under the Reyes Consent Decree DSHS is obligated to test candidates' interpreting performance skills. In signing the Reyes Consent Decree DSHS agreed to ensure the quality of the interpreting services through the development and administration of oral and written tests. Since 1995, DSHS has been testing medical interpreters' consecutive and sight translation skills in all languages. The national healthcare interpreter certifications (CCHI and NBCMI) only started testing in 2011 and test interpreting performance skills in a limited number of languages. In fact, DSHS LTC former manager, Dr. Hungling Fu, was one of the subject matter experts advising the national healthcare certification efforts.[13]

Furthermore, under RCW 74.04.025(4) DSHS must *"require the successful completion of oral and written tests in accordance with established standards to ensure that all language access providers are fluent in English and a primary non-English language. Testing shall include evaluation of language competence, interpreting performance skills, understanding of the interpreter's role, and knowledge of the department's policies regarding confidentiality, accuracy, impartiality, and neutrality."*

While moving medical interpreter testing to another WA State agency may sound appealing, that agency would have a steep learning curve and the transition would be unnecessarily disruptive. However, if this were the case then DSHS should be mandated to transfer all its medical interpreter tests and related materials to the new state agency. Considerable state funds and

[13] Final Report Expert Panel on Community Interpreter Testing and Certification, Interpreting Stakeholder Group of the Upper Midwest Translators and Interpreters Association, Plymouth, Minnesota, June 13-15, 2007.

resources have been spent on the creation of this valuable assessment tool. Numerous policies, WACs, online platforms, databases, etc. have been implemented to support the medical interpreter credentialing process that will need to be transferred to the new agency. DSHS should not be allowed to destroy decades of work.

Recommendation 1.2: Testing fees should cover expenses.

To be sustainable, the testing entity should charge sufficient testing fees to cover all the expenses related to medical interpreter testing including training and contracting of raters.

DSHS LTC testing fees have remained unchanged for more than a decade and there is no legislative or regulatory impediment in either RCWs or WACs for DSHS to set testing fees as appropriate. Even though DSHS LTC claims to not have an adequate budget for testing medical interpreters, public records show that income exceeds expenses. In calendar year 2019, the total income from fees for all written and oral tests (including medical interpreter, social service interpreter and document translator tests) was $174,840 while the expenses were only $142,990.[14]

Recommendation 1.3: DSHS must stop credentialing candidates who have passed the CCHI or NBCMI written exams in English but not passed their oral interpreting performance skills exams.

DSHS LTC should stop credentialing candidates without testing their interpreting performance skills. DSHS LTC should immediately stop credentialing candidates who have only passed the written tests in English from CCHI (CoreCHI) and NBCMI (Hub-CMI) because a written test cannot assess a candidate's interpreting performance between two spoken languages.

A written test in the English language is obviously not the appropriate assessment tool to measure whether a candidate can accurately interpret from one language into another spoken language. DSHS excuse is that the national credentialing private entities (CCHI and NBCMI) require proof of language proficiency in English and a LOTE is in order to take their written exams in English. First of all, the "proof" is not always a validated test of language proficiency since the requirement ranges from a high school diploma from a country where that language is spoken to a reliable and

[14] Public Records Request – DSHS Request ID# 202304 PRR 284

validated test of oral language proficiency. Second, this requirement does not guarantee a near-native fluency in both working languages. Third, while language proficiency can be used as a screening tool to identify individuals who are unlikely to perform well on interpreting performance tests, language proficiency by itself is not enough to ensure a successful interpreting performance. In other words, there is no guarantee of accurate language interpretation.[15] Furthermore, RCW 74.04.25(4) mandates DSHS to require interpreting performance skills. Only DSHS exams measure interpreting performance skills in all languages.

Recommendation 1.4: DSHS LTC must stop credentialing candidates who passed the medical test from the for-profit language company ALTA

DSHS should immediately stop credentialing candidates who have passed the ALTA medical interpreter test because this is a for profit company that sells interpreting services and it does not test in the sight translation mode of interpreting needed for patient intake forms, surgical instructions, etc. thus endangering the health and safety of LEP patients.

RCW 74.04.25(9) states that *"no testing or certification authority may be awarded to a private entity with a financial interest in the direct provision of interpreter services."* Tests by for profit language companies are not recognized by the American Translators Association[16] and have not obtained NCCA accreditation[17]. It is an inherent conflict of interest for a company that sells services to be the testing entity of the services it sells. Furthermore, ALTA tests consecutive interpreting but does not test sight translation skills which has been identified by DSHS, CCHI and NBCMI through Job Task Analyses as one of the two modes of interpreting used in healthcare settings.

Moreover, the ALTA needs analysis (job task analysis) shows that utterances can be 2 to 4 sentences[18]. In Plain Language they recommend short sentences, about 15 words long. This means that utterances vary, at a minimum, between 30 and 60 words. However, the maximum utterance

[15] ASTM F3516-22 Standards Guide for Testing Interpreting Performance, section 6.
[16] ATA Credentialed Interpreter Designation, What are the requirements for the CI designation?
[17] National Commission for Certifying Agencies (NCCA), Standards for the Accreditation of Certification Programs.
[18] Interpretation Job Analysis, ALTA Language Services, June 2015

tested is 1 to 35 words[19], about half of the length of a normal utterance. The percentage assigned to each area scored is not clearly specified, and there is no statement regarding test refreshment.

Recommendation 1.5: The credentialing entity should enter into a contract with an online proctoring company

To improve accessibility to test sites, the credentialing entity should enter into a contract with an online proctoring company that has multiple testing sites and can routinely maintain and update the technology.

Test candidates should not be responsible for the technology requirements that online proctoring requires. Both national medical interpreter credentialing organizations, CCHI and NBCMI, subcontract with established proctoring companies that have multiple proctoring facilities. For the written court interpreter exam, Washington State's Administrative Office of the Courts (AOC) has a contract with a proctoring company that has 15 testing sites in Washington State. AOC pays an annual fee to use the company's platform. The price varies according to the length and complexity of the written test. Online proctoring for interpreting skills tried by several credentialing entities has not been reliably successful and has led to numerous appeals.

WA State Court Interpreter Written Exam	
BEFORE 2021	**NOW**
Pen and paper	Online
2 testing centers	15 testing centers across the state
1 per year	Year round

Table 2 WA State Court Interpreter Written Exam implementation

[19] Medical Interpreting Test Development and Administration, page 1, by ALTA Language Services, Inc.

Recommendation 1.6: The credentialing entity should follow ASTM and NCCA standards.

To have processes that align with national and industry standards of medical interpreter testing, the testing entity and credentialing agency should follow the ASTM Standard Guide for Testing Interpreting Performance[20], the NCCA Standards for the Accreditation of Certification Programs and enter into a contract with a company to conduct a Job Analysis and update the DSHS medical interpreter tests accordingly.

The NCCA Standards for the Accreditation of Certification Programs[21] states that "*a job analysis must be conducted frequently enough to ensure that the content specifications accurately reflect current practice*." Before *refreshing* a test (updating a test) there needs to be a Job Task Analysis, a survey sent to the practitioners of a profession asking a series of questions about their work. Tests are then adjusted to reflect any changes to the current work performance and responsibilities if there are any. Job analysis is the primary evidential link between the responsibilities of the professional role and the credentialing requirements. Thus, job analyses serve a critical function in establishing and safeguarding a credentialing examination's job relevance, content validity, and legal defensibility.

Interpreters United asked DSHS LTC whether there had been complaints about the DSHS medical interpreter exams being outdated and therefore an inappropriate assessment tool to evaluate whether candidates had the required knowledge, skills, and abilities (KSAs) to render medical interpreting services. To our knowledge, DSHS LTC's decision that their own tests were outdated was based on its managers' own perceptions and was not based on any solid data. In 2016, when conducted another Job Task Analysis the published report stated that "*the existing examinations align with the current practices of the healthcare interpreting profession*."[22] In

[20] ASTM F3516-22 Standard Guide for Testing Interpreting Performance.

[21] In 1977, a Congressional mandate under President Jimmy Carter called for the creation of the National Commission for Health Certifying Agencies (NCHCA). NCHCA was established to develop standards for quality certification programs in the allied health fields and to accredit programs that met those standards. In 1987, NCHCA was restructured and expanded to include accreditation of certification programs for all professions and became the National Organization for Competency Assurance (NOCA) under which National Commission for Certifying Agencies (NCCA) was formed. In 2009, the NOCA Board of Directors moved to change to a new name and became the Institute for Credentialing Excellence (ICE). NCCA's structure and role remained the same as the certification program accreditation body of ICE. NCCA *Standards* address the structure and governance of the certifying agency, the characteristics of the certification program, the information required to be available to applicants, certificants, and the public, and the recertification initiatives of the certifying agency.

[22] Certification Commission for Healthcare Interpreters (CCHI) Job Task Analysis Study 2016, page 28.

other words, it is very likely that the DSHS medical interpreter exams are still an appropriate assessment tool because while the healthcare field sees frequent changes, the tasks and professional ethics of medical interpreters remain the same.

2. Technology

- 24/7 access to registration/scheduling.
- Virtual testing, or easily accessible test centers.
- Virtual proctors / ID verification available (e.g., through ProctorU service)
- Quick written test score reporting turn-around (immediate or within 48 hours for written tests).
- Reasonable cost to candidates based on industry standards.

Recommendation 2.1: DSHS LTC should continue hosting its scheduling and registration platform.

DSHS LTC should continue hosting its own registration/scheduling platform that currently has 24/7 access or transfer it to the new credentialing state agency.

About a decade ago, DSHS LTC created an online platform, booknow.appointment-plus.com, for candidates to register and schedule testing. In 2020, DSHS LTC joined Washington State's Gateway platform where candidates can check their test scores online and already credentialed interpreters can submit proof of continuing education credits and renew their credentials. Considerable state human resources and taxpayers' funds have been allocated to this efficient online system and therefore it should not be discontinued.

Recommendation 2.2: The credentialing entity should contract with an online proctoring company to provide virtual testing, virtual proctors, and virtual ID verification for the written exam.

For virtual testing, virtual proctors, virtual ID verification or to have easily accessible testing sites, the credentialing entity should enter into a contract with an online proctoring company that has multiple testing sites and can provide quick written test score reporting turn-around.

Test candidates should not be responsible for the technology requirements that online proctoring requires. Both national medical interpreter credentialing organizations, CCHI and NBCMI, subcontract with established

proctoring companies that have multiple proctoring facilities. For the written court interpreter exam, the Administrative Office of the Courts (AOC) has a contract with a proctoring company that has 15 testing sites in Washington State. AOC pays an annual fee to use the company's platform. The price varies according to the length and complexity of the written test. Online proctoring for interpreting skills tried by several credentialing entities has not been reliably successful and has led to numerous appeals. (See table 2 in Recommendation 5)

Recommendation 2.3: DSHS medical interpreter exams are the most affordable option.

So that testing is of a reasonable cost to candidates based on industry standards, the credentialing entity should use the DSHS medical interpreter exams because they are by far the least expensive option.

COST	DSHS	CCHI	NBCMI
PREREQUISTE: oral language proficiency tests English and LOTE		~$200	~$200
PREREQUISTE: 40 hours of training in healthcare interpreting		~$750	~$750
REGISTRATION FEE		$40	$35
WRITTEN EXAM FEE	$30	$191	$175
ORAL EXAM FEE	$45	$302	$275
RENEWAL FEE		$300	$300
TOTAL	**$75**	**$1,983**	**$1,935**

Table 3 Comparative cost of exams

3. a. Prerequisites and screening

- 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.
- Training in interpreting skills.

Recommendation 3.a.1: The credentialing entity should continue to provide the DSHS LTC free online orientation and ethics training modules.

For training in interpreting skills, the credentialing entity should continue offering the DSHS LTC medical interpreter free online orientation training as well as its ethics training it currently provides that was developed by renowned interpreter trainers. The credentialing entity could also request more online volunteer interpreter training as it has done in the past and/or purchase it. If another state agency takes over the credentialing of medical interpreters, then DSHS LTC should transfer its own online orientation training as well as the ethics training.

WAC 388-03-112 requires candidates to take the mandatory DSHS interpreter orientation in the medical field and interpreter professional ethics training. The DSHS medical interpreter orientation video as well as the medical interpreter ethics and their corresponding quizzes were created as a volunteer effort by two renowned medical interpreter trainers who also served on the board of directors of the national healthcare interpreter credentialing organizations. Considerable state human resources and taxpayers' funds have been allocated to this efficient online system and therefore it should not be discontinued and DSHS should not be allowed to destroy all this work.

Medical New Interpreter Orientation (2:58)

- Modes of interpreting
- Medical interpreter functions
- Understanding what is said
- Language register
- Use of 1st person
- Accuracy
- Tone
- Language transparency
- Positioning
- Pre-session
- Infection control and industrial safety for medical interpreters
- Prisoner patients and psychiatric patients
- Good practices for maintaining interpreters' mental health

Medical Interpreter Ethics Training (2:50)

- What is a code of ethics?

- Healthcare codes of ethics
- Patient stories
- Accuracy
- Cultural sensitivity and respect
- Confidentiality
- Proficiency
- Financial gain
- Non-discrimination and personal beliefs
- Self-representation
- Impartiality
- Conflict of interest
- Professional demeanor
- Professional development
- Scope of practice
- Reporting obstacles to practice

3. b. Test content

- Proficiency in English and target languages.
- Domain knowledge: Healthcare system, medical terminology, and procedures
- Medical interpreter ethics.
- Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).

Recommendation 3.b.1: The credentialing entity should use the DSHS medical interpreter exams because they are appropriate assessment tools.

Regarding test content, DSHS medical interpreter tests are appropriate assessment tools to evaluate the necessary knowledge, skills and abilities medical interpreters must master in order to provide competent interpreting services.

When comparing DSHS tests with the other two national organizations, it is apparent that DSHS testing of interpreting performance skills is superior since the scoring is not combined. In other words, for certified languages DSHS testing candidates must achieve a high level of accuracy in each mode of interpreting. And for non-certified languages, the national organizations simply don't test sight translation and consecutive modes while DSHS tests do. DSHS also tests interpreting performance skills in more languages than CCHI or NBCMI.

Only DSHS exams test candidates' interpreting performance skills in both consecutive interpreting and sight translation in all languages. **It is a language injustice and a disservice to LEP patients to credential interpreters without having tested their interpreting performance skills**.

RUBRICS	DSHS Certified Languages	DSHS Authorized Languages
Ethics	True or False	True or False
Terminology	Multiple Choice English stem LOTE options	Multiple Choice English
Medical Procedures	Multiple Choice LOTE	Multiple Choice English
Sentence completion	Multiple Choice English	Multiple Choice English
Sentence completion	Multiple Choice LOTE	
Items	150 items	100 items
Pass Score	85%	80%

Table 4 Rubric for DSHS written exam

DSHS Oral Exam for Certified Languages			
MODE	**WEIGHT**	**DIRECTION**	**LENGTH & TYPE**
Sight translation	100%	English > LOTE	100-140 words document
		LOTE > English	100-140 words document
Consecutive	100%	English <> LOTE	350-400 words dialogue
Pass Score	75% Sight and 75% Consecutive		
DSHS Oral Exam for Authorized Languages			
		DIRECTION	**LENGTH & TYPE**
Sight translation	Combined with Consecutive	English > LOTE	250 words 10 unrelated sentences
Oral memory retention	100%	English	210 words 10 progressively longer unrelated sentences
Consecutive	Combined with Sight	LOTE > English	250 words Back translation of sentences in sight translation section
Pass Score	70% Memory Retention and 70% Sight/Consecutive		

Table 5 Rubric for DSHS oral exams

CCHI Oral Exam for Certified Languages			
MODE	**WEIGHT**	**DIRECTION**	**LENGTH & TYPE**
Sight translation	9%	English > LOTE	3 brief passages
Consecutive	75%	English <> LOTE	4 vignettes
Simultaneous	14%	English > LOTE	1 vignette
		LOTE > English	1 vignette
WRITTEN TRANSLATION	2%	English > LOTE	1 multiple choice question
Pass Score	All sections combined with distribution scaled of 300 to 600 with pass score at 450 (75%)		

Table 6 Rubric for CCHI oral exam

NBCMI Oral Exam for Certified Languages			
MODE	**WEIGHT**	**DIRECTION**	**LENGTH & TYPE**
Sight translation	Unknown	English > LOTE	2 passages
Consecutive	Unknown	English <> LOTE	12 scenarios
Pass Score	Pass or fail with unknown score.		

Table 7 Rubric for NBCMI oral exam

	DSHS	**CCHI**	**NBCMI**
CERTIFIED LANGUAGES	Spanish Russian Vietnamese Mandarin Cantonese Korean Cambodian Laotian	Spanish Mandarin Arabic	Spanish Russian Vietnamese Mandarin Cantonese Korean

Table 8 Languages with oral tests

3. c. Test quality

- Tests must meet national standards and federal requirements.
- Tests must be valid and reliable.
- Testing entities must provide reports demonstrating test validity and reliability

Recommendation 3.c.1: WA State should not discontinue the DSHS medical interpreter exams.

The DSHS medical interpreter tests should not be discontinued because they comply with national and federal requirements as outlined in Section 1557 of the Affordable Care Act, the American Translators Association and both ASTM language interpreting standards.

Under Section 1557 of the Affordable Care Act, a qualified interpreter must:
(1) adhere to ethics principles, including patient confidentiality,
(2) demonstrate proficiency in speaking and understanding both spoken English and at least one other spoken language, and
(3) be able to interpret effectively, accurately, and impartially to and from such languages and English, using any necessary specialized vocabulary, terminology, and phraseology. 45 CFR §92.4

The American Translators Association whose membership includes interpreters, bestows their Credentialed Interpreter tag to those members whose:

- Interpreting proficiency has been demonstrated by:
  - Passing an oral exam that tests performance skills in two or more modes of interpreting, with published assessment instruments, research methods, development and validation procedures, eligibility requirements, and administration (e.g., availability and location, fees, reporting of results);[1] or
  - In the case of conference interpreting, exacting peer review or testing through one of the organizations approved for the CI designation.
- And the credential must have been granted by a:
  - Government agency, or
  - Non-profit professional association, or
  - Non-profit certification board or governing committee that includes individuals from the certified population, as well as voting representation from at least one consumer or public member. For entities offering more than one certification program, a system must be in place through which all certified populations are represented, with voting rights, on the certification board or governing committee.

Under Interpreter Qualifications, the ASTM F2089-15 Standard Practice for Language Interpreting clarifies that "*a high level of proficiency in two or more languages, is a necessary prerequisite, but not sufficient by itself to provide quality interpreting*." Therefore, assessment of interpreting performance skills such as those found in DSHS medical interpreter tests are a guarantee for quality interpreting. Section 6.1.6 of the ASTM F3516-22 Standard Guide for Testing Interpreting Performance states that "*an Interpreting Performance Test should require that candidates demonstrate that they can interpret effectively in the interpreting mode required*," which in the case of medical interpreters is to obtain a qualifying score in the two modes of interpreting used in healthcare settings: consecutive interpreting and sight translation. Furthermore, both national interpreter certification oral exams CCHI and NBCMI test candidates' interpreting performance in consecutive interpreting and sight translation. However, DSHS tests those skills in all languages while ALTA only tests consecutive interpreting.

The DSHS medical interpreter tests should not be discontinued because they have proven reliability and validity as demonstrated by published reports. Considerable state resources and funds have been expended to make the

DSHS medical interpreters tests reliable and valid. The reports have been published and posted online and are provided to workgroup members as an attachment.

4. Resources to support clients and healthcare providers

- A platform accessible by healthcare providers to look for interpreters.
- Approved continuing education (CE) courses.
- Certification distribution and revocation systems.
- Customer complaint resolution process.
- Other customer services.

Recommendation 4.1: Continue using the DSHS LTC Gateway platform.

So that healthcare providers can look for interpreters, the credentialing entity should continue using the LTC Gateway platform to find credentialed interpreters.

The "Find an Interpreter or Translator" DSHS LTC current platform is a free online database that allows the public including healthcare providers to search interpreters by language, interpreter name, type of credential, county, NPI number, credential number and even issue date. Interpreters name, phone number and email address can be exported in Excel spreadsheet format.

Recommendation 4.2: Fingerprint-based background checks for medical interpreters.

In order to determine their character and suitability to work in healthcare settings, medical interpreters should submit to a fingerprint-based background check to check their criminal history records kept by the Washington State Patrol and the Federal Bureau of Investigation.

Medical interpreters may be the only ones able to communicate with LEP patients, especially with vulnerable adults and minors. In addition, medical interpreters learn all sorts of confidential information that in the hands of unscrupulous individuals could cause great harm.

Recommendation 4.3: WA State should issue photo ID badges to credentialed medical interpreters.

In order to promote trust among end users of interpreting services, Washington State should issue photo ID badges to credentialed medical interpreters indicating their full name, the language for which they are credentialed, the number of their credential and the expiration date of their credential.

The Administrative Office of the Courts provides badges to the court interpreters it credentials.

Recommendation 4.5: The credentialing entity should follow the complaint and revocation process DSHS LTC had.

For complaints against medical interpreters and revocation of credentials, the credentialing entity should continue with the current regulations, policies, and procedures.

WAC 388-03-170/176 describes the process for the revocation of interpreters' credentials. On September 3, 2020, DSHS/LTC announced a new credential revocation process starting on September 1, 2020. This change was in response to recent feedback concerning the LTC Advisory Committee and a document submitted by Interpreters United. Until recently, DSHS LTC had a detailed process for submitting complaints against interpreters that included a complaint form[23]. DSHS LTC has removed all this information from its website without consulting or even informing its own Advisory Committee or the interpreters' labor union. This is yet another example of DSHS LTC disrespecting stakeholders and subject matter experts. The DSHS LTC Revocation Process is attached at the end of this document so that all that work is not destroyed by DSHS LTC.

See Appendix 1 for the DSHS LTC Revocation Process

[23] DSHS 02-638 (REV 09/2018) Interpreter and/or Translator Credential Revocation Request

Recommendation 4.6: The credentialing entity should continue to approve and post continuing education courses as DSHS LTC has been doing it.

The credentialing entity should continue following the policies and procedures that DSHS LTC currently has in place for the submission, approval and posting of continuing education courses.

WAC 388-03-160 requires medical interpreters to renew their credentials every four years. One of the renewal requirements is to submit through the Gateway platform proof of having earned 16 general credits and 4 ethics credits totaling 20 credits. The Guidelines for Application and Management of continuing education activities and the application form 02-592 were originally created in collaboration with Interpreters United before WAC 388-03-160 went into effect. Since 2015, the Advisory Committee created by the collective bargaining agreement and composed of a broad spectrum of stakeholders was actively involved in the updating of the guidelines and the approval process until 2019 when DSHS LTC was moved to the Office of Diversity and Inclusion. Since then, the time for approval has increased considerably and some activities that had been previously approved were rejected.

Recommendation 4.7: Establish a stakeholder group and follow its recommendations.

The credentialing entity in charge of the medical interpreter testing should establish a stakeholder group and follow its recommendations as required by industry standards.

The NCCA standards specify that "*the certification program must be structured and governed in ways that are appropriate and effective for the profession, occupation, role, or specialty area; that ensure stakeholder representation; and that ensure autonomy in decision-making over all essential certification activities*." The stakeholder group must include individuals from the certified population and may include other appropriate stakeholder groups. The certification program must identify its stakeholders and provide an ongoing mechanism to solicit their input. The certification board must include at least one member, with voting rights, which represents the public or non-employer consumer interest. The certification

program must document how the public interest is routinely represented and protected.

For several decades, the AOC interpreter commission, a stakeholder group, has been advising the court interpreter certification program. Working interpreters have voting rights and their input is not ignored. On the other hand, the opinion of interpreters in the Advisory Committee has been ignored in DSHS LTC since it was moved under the Office of Diversity and Inclusion.

APPENDIX: Revocation request process

(Housed in the DSHS LTC website until recently)

Causes for Revocation

DSHS can revoke credentials issued to interpreters and translators for any of the following reasons:

1. They were not truthful with DSHS.
2. They violated a provision of the code of conduct (WAC 388-03-050) and that violation created a major negative impact on DSHS or the profession.
3. They committed a felony or misdemeanor related to their language services.
4. Their actions related to their language services were fraudulent, dishonest, or corrupt.
5. They continued to violate the code of conduct (WAC 388-03-050) after they were asked to stop.
6. They continued to falsely advertise their language service after they were asked to stop.
7. They are grossly incompetent as a language services provider.

Requesting a Revocation

Entities who contract with a DSHS interpreter or translator can file a request for revocation of DSHS credentials under WAC 388-03-170. DSHS/LTC will consider a revocation request only if the contracting entity completes the following steps:

1. Conduct an investigation of the incident.
2. Interview the interpreter regarding the incident and include the details of that interview in the revocation request.
3. Complete a Revocation Request Form: link
4. Provide the names and contact information of individuals who witnessed the incident.
5. Provide supporting documentation to corroborate the allegations.
6. Confirm that the incident happened within 2 years of the revocation request.

Review Process

Upon receiving a revocation request, LTC will:

1. Acknowledge receipt via email to the requestor.
2. Review the request to determine if it is complete and timely.
    1. If revocation request is not complete or timely
        1. Dismiss and notify complainant.
    2. If revocation request is complete and timely
    1. Notify complainant that the request will be reviewed within 30 days.
        2. Notify the interpreter that the request has been received and will be reviewed within 30 days.
        3. Contact witnesses and interpreter to get more information.
        4. Conduct any research needed to adequately resolve request.
        5. Notify complainant and interpreter if additional time is needed.
        6. Additional time shall not extend beyond 90 days from the date LTC received the revocation request.
        7. If no action is taken within 90 days, the request is automatically dismissed.

Resolutions

Dismissal: Evidence does not support the violation.

1. Dismiss allegation.
2. Notify interpreter.
3. Notify Complainant

Warning: Evidence supports violation, but violation does not warrant revocation.

1. Notify interpreter of violation; require that interpreter halt activity in question.
2. Notify complainant.

   Possible factors that MAY lead to this outcome: limited or no evidence of harm to client or resident with LEP or DSHS; first complaint; singular violation; minor violation; mitigating and/or justifying circumstances.

Suspension: Evidence supports greater than minor violation.

1. Suspend all current credentials for a period of time between 3 months and one year.
2. Notify interpreter of violation; require that interpreter halt activity in question.
3. Include notice of right to appeal.
4. Notify complainant.
5. Suspend from list of fully certified/authorized interpreters.
6. Notify language agencies who use interpreters.

   Possible factors that MAY lead to this outcome: violation is major or substantial; caused or could cause harm to client or resident with LEP or DSHS; no or only minor prior violations or warnings; mitigating circumstances that do not rise to full justification.

Revocation: Evidence supports violation and violation is substantial.

1. Notify interpreter of permanent revocation and ban from LTC tests in the future.
2. Include notice of right to appeal.
3. Notify complainant.
4. Remove from list of fully certified/authorized interpreters.
5. Notify language agencies who use interpreters.

   Possible factors that MAY lead to this outcome: caused or could cause harm to client or resident with LEP; evidence of inadequacy to be an interpreter or work with DSHS clients; multiple offending incidents; no mitigating circumstances that justify lesser action; prior warnings.

Records Retention and Prior Requests

Revocation requests and all accompanying documentation will be kept by DSHS for ten years at which time they may be destroyed. Incidents occurring more than 2 years prior to the current revocation request will not be considered in the resolution of the current request. However, previous dispositions may be considered when determining the resolution of the current request.

Appeal

1. Interpreters have the right to appeal the suspension or revocation decision to the Office of Administrative Hearings.
2. An appeal must be filed within 30 days of receipt of the revocation letter.
3. To initiate an appeal, mail revocation letter and hearing request to the nearest office: http://oah.wa.gov/Content-Area-Management/All-About-OAH-Hub/Office-Information.

Reference: WAC 388-03-170 through WAC 388-03-176.