

Poll to Rank Options for State of Washington Medical Interpreter Testing and Certification

On Tuesday, October 3, 2023, the Language Access Work Group participants were invited to rank options for State of Washington Medical Interpreter Testing and Certification programs.* The ranking poll was open until Wednesday, October 4, 2023, at 10:00am.

The instructions for the poll are below.

Which interpretive service certification programs do you think work best for Washington State?

Please rank the five options shown in TABLE ONE [below] by assigning them a number, with 1 being the option you recommend most strongly and 5 being the one you recommend the least.

INTERPRETER OPTIONS¹

DSHS Receives Additional Funding and Partners with Community Colleges (medical)

DSHS would partner with community colleges. Together, they would provide all elements of certification for medical interpreters.

DSHS Receives Additional Funding and Continues Third-Party Testing (medical)

DSHS would continue to certify medical interpreters with third-party testing scores and manage the post-certification components of CE course approval, CE tracking, and certification revocation.

State Certified Office Contracts with National Medical Interpreter Certifying Bodies (medical)

A brand-new, state-centralized office would be created and would contract with testing and certifying bodies who would independently provide all elements of medical interpreter certification, from screening through post-certification.

State Centralized Office Partners with National Medical Interpreter Certifying Bodies (medical)

A brand-new, state-centralized office would be created to certify medical interpreters with test scores from national testing bodies and manage post-certification processes.

State Centralized Office Partners with Community Colleges (medical + other professional interpreters and document translators)

A brand-new, state-centralized office be created and would partner with community colleges. Together, they would provide all elements of certification for medical interpreters with the option to include all other types of language access providers in the state such as court, social services, quasi-legal, written document translators, etc. The option to include others recognizes that SSB 5304 limited the work group to provide recommendations on medical interpreters.

¹ Some of the options are a vision of the future. They may require further research or modification of state statutes to be implemented.

On Friday, October 6, the poll was shared with participants during the sixth and final meeting of the work group. Following participant feedback during that meeting, the poll table was updated (as shown above) and a link to the updated poll was emailed to 75 potential respondents.

Twenty-five participants submitted votes to rank the five options. However, votes submitted by Natalya Mytareva and Eliana Lobo were removed from the results since both stated they would abstain. Antoinette Wynne and Yun-Mei Wang Wilborn submitted their votes before the updated Options table was uploaded to the online poll.

DSHS contacted Yun-Mei and received her updated vote. DSHS was unable to reach Antoinette before the date and time it had promised to share results with the work group so [Initial Poll Results](#) were shared on Friday, October 6, 2023.

On Monday, October 9, 2023, Antoinette provided her top vote, which is reflected in the results under the Rankings column marked 1st. Antoinette’s updated comments are also included in this document.

The **final** poll results are shown below.

Interpreter Options – FINAL Poll Results	Rankings				
	1 st	2 nd	3 rd	4 th	5 th
DSHS Receives Additional Funding and Partners with Community Colleges (medical)	4	12	1	2	3
DSHS Receives Additional Funding and Continues Third-Party Testing (medical)	0	1	5	5	11
State Certified Office Contracts with National Medical Interpreter Certifying Bodies (medical)	3	2	3	8	6
State Centralized Office Partners with National Medical Interpreter Certifying Bodies (medical)	2	4	10	6	0
State Centralized Office Partners with Community Colleges (medical + other professional interpreters and document translators)	14	3	3	1	2

How to interpret the poll results table

Participants assigned a number from 1 to 5 for each of the five options, with 1 being the option they most strongly recommend and 5 being the option they least recommend. The option that received the highest number votes for each rank is highlighted in green.

Comments

In addition to ranking the options, participants had the opportunity to submit comments. Following are the comments received, in alphabetical order by participants’ last name:

Tara Bostock, DOH

Please provide additional recommendations for prioritizing Indigenous languages as their use is increasing in this state. Maybe it is a regional approach, but it needs to be taken into consideration. Consider including guidance on working with community-based organizations to understand

terminology used by people in specific language groups. They could participate in curriculum building and pre-test training. Additionally, I know timing is tight, but I'm not seeing the option 1.5 that people expressed interest in. In addition, it would have been helpful to receive more information about the new options added and specifically, the difference between 3 and 4.

Milena Calderari-Waldron, Interpreters United

#1 Option 5 - State centralized office partners with community colleges A state centralized office partnering with community colleges is an appealing idea. Community colleges would become the training and testing administration entity. Colleges will soon discover that developing interpreting performance skills tests is very complex and expensive. To preserve quality and interpreting performance integrity, there should be unified statewide tests, raters, scoring, etc. WA State has spent considerable resources and taxpayer funds in the development and management of the DSHS medical interpreter program and all this work should not be destroyed. Accordingly, WA State should contract –through competitive bidding– with an established testing company to conduct a Job Task Analysis and refresh the DSHS medical interpreter tests accordingly. The refreshed DSHS medical interpreter tests can then be made available to colleges for their administration. #2 Option 1 - DSHS receives additional funding and partners with community colleges. DSHS receiving additional funding to partner with community colleges keeps both medical interpreter testing and the credentialing process in WA State. Community colleges would become the training and testing entity while DSHS would become the credentialing entity. The National Commission for Certifying Agencies Standards for the Accreditation of Certification Programs prohibit training and testing to be provided by the same entity (e.g., colleges). Accordingly, DSHS should continue its medical tests, albeit refreshed, but proctored by community colleges. #3 Option 4 - State centralized office partners with national medical interpreter certifying bodies The problem with partnering with national medical certification organizations is that they are both private entities with self-perpetuating boards over which WA State has no jurisdiction. Most of their income derives from interpreter testing and renewal fees. In addition, NBCMI pays royalties to a for-profit language company that was the original developer of some of its tests. WA State should not be subsidizing private entities, especially for-profit ones. #4 Option 3 - State centralized office contracts with national medical interpreter certifying bodies (medical)Our union is strongly opposed to WA State using public funds to subsidize private entities, especially for-profit ones. #5 Option 2 - DSHS receives additional funding and continues third-party testing. Under third-party testing, DSHS has allowed for-profit language companies that sell interpreter services to enter the picture. It is an inherent conflict of interest to have the vendor that sells the service to be the testing entity of the services it sells, whether they sell services to WA State or not.

Helen Eby, Interpreters United

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Jon Gould, Child Haven

thank you

Carolina Gutierrez, DOH

State Centralized Office Partners with Community Colleges (medical + other professional interpreters and document translators) I think creating a new state office to work with colleges and other language access leaders like WASCLA, and community leaders from indigenous communities would be the ideal program to make a path for interpreters and translators. It is time to include other voices to the table and representation is extremely important. I also suggest creating a smaller group that continues to work on strategizing a path to respond to the high need for interpreters of indigenous languages from Guatemala and Mexico.

Larysa House, Interpreter

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Jarrod Irvin, DES

The 3rd and 4th options appear to be very similar, if not the same.

Leroy Mould, Interpreters United Local 1671

The first option that I would recommend, would be to have DSHS receive additional funding and do testing, certifying and maintaining record of continuing education of interpreters, as it has been doing for the last 30 years. With that option being taken off the table, the option that make the most sense from a management and development of interpreters point of view, would be to partner with community colleges by way of a centralized state office. I feel it would be more efficient than the other options and the state would be able to monitor all aspects of the interpreter services that the state uses and is responsible for.

Cristina Labra, OAH

These are all options, but I don't think we ever talked about how realistic and feasible they are. That was missing from the conversation.

Natalya Mytareva, CCHI

My actual vote is: Abstaining due to a conflict of interest as a national certifying body (CCHI). While the ranking above does represent CCHI's opinion, it is done only to submit this "Abstaining" vote to make sure there is record of it. Thank you for the opportunity to participate in this workgroup. *[DSHS comments: To honor CCHI's wishes, their comments are shared here but their vote was removed from the tally.]*

Yvonne Michelle Simpson, UW Medicine

I understand the saying "the perfect is the enemy of the good", but I don't feel particularly confident about any of these options.

Jennifer Price, HCA

DSHS should not be the responsible agency for providing oversight and testing of interpreters on behalf of all State agencies. This is NOT the appropriate agency to perform this service on behalf of other agencies. If there will be a centralized approach to testing, it should encompass all testing for use across all the state agencies and NOT be only Medical related. The time and effort to set up a centralized approach should only be done once, not a second time later to bring in non-Medical. The cost efficiency of setting up a system for all interpretation (and translation) needs must be considered.

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Joana Ramos, WASCLA

WASCLA requests that the following comments be included in the 5304 workgroup report. Please see also all of WASCLA's comments submitted during the course of the workgroup.

1. WASCLA cannot vote on the list of Options as presented on Oct. 3 and in the voting poll. We, and others, shared concerns about missing or erroneous information contained in the options, which have not been corrected. Additionally, we learned at the Oct. 3 meeting, at least some of the options are not viable and therefore are not actual options. The workgroup structure did not permit us to conduct study of issues, nor to discuss possible implications of each option, nor to work to select the options for inclusion through any form of consensus.

For these reasons, we are not ranking the options. We recommend that the list of "Options" not be ranked in the final report, but instead be provided as Observations from the workgroup.

2. The options/ observations must include the recommendation that DSHS continue to offer medical interpreter testing and undertake updating those exams. This recommendation has been made by multiple members, but DSHS is censoring that from the options and report. DSHS has told the workgroup that this is not an option we can consider, but SSB 5304 does not give them that authority. They are to gather input and issue a report. That report must accurately reflect the comments and recommendations provided.

WASCLA objects to any ranking where the options are not accurate and do not reflect actual input provided.

3. WASCLA asks that a recommendation be added to the report to make a request to the legislature to continue the workgroup through June 2024 to allow time for more thorough research and consideration of approaches for preparing and credentialing the well-qualified interpreter workforce that WA needs in healthcare and other service sectors.

Please ensure this is in the final report.

4. WASCLA has made a recommendation that the next iteration of this workgroup (should recommendation 3 be acted upon by the legislature), include a request for assistance from the WA State Institute for Public Policy or similar policy research entity to support future research during the second phase of this effort.

5. WASCLA asks that a recommendation be included in the report that the legislature create a permanent public advisory body for healthcare interpreting statewide.

6. WASCLA has asked that a recommendation be included in the final report that the legislature take steps now to implement interim supports for individuals seeking to become new healthcare interpreters, while a new system is being developed through this process. Given the significant changes to the medical interpreter testing process in WA this past year, this is an urgent need that needs action now.

7. WASCLA has also provided comments on the need for continued work to assess all parts of the LTC credentialing program. SSB 5304 asked this workgroup to consider all aspects of language services credentialing, but we were restricted by DSHS to only providing input to medical credentials. All aspects of the LTC credentialing program must be assessed for their effectiveness and current usability, with

updates made as indicated. This includes vetting of bilingual employees or employee candidates, social services interpreters, document translators, and all aspects of the continuing education program.

8. WASCLA recommends bringing in the Office of Equity, all health & human services programs, and emerging bilingual residents as essential stakeholders in creating equitable language services for Washington into future iterations of this workgroup. DSHS should not be heading up this effort, but instead should be providing information to the workgroup about their operations to help inform decisions.

9. WASCLA also recommends the final report include a requirement by the legislature for robust data collection and public reporting on all aspects of the provision of language services in state government that focus on the effectiveness of programs and center the needs of the public. For healthcare services, investments must be made to achieve genuine health equity.

10. WASCLA requests an opportunity to review and provide feedback on the final report prior to submission to the legislature. Workgroup members must be provided with adequate time to provide input. As of now, we have not seen any aspects of the draft report and must be provided with this opportunity prior to its submission.

Cindy Roat

None of these options is acceptable on its own. To be successful in maintaining a robust body of available healthcare interpreters in WA state, Option 3 will require some degree of State financial support to at least partially defray the costs of certification and the basic training required by national certification, whether that training is provided by community colleges or other online training entities. Option 1 is not feasible alone, as the community colleges -- though well placed to train interpreters -- do not have the financial and technical bandwidth to develop and maintain valid and reliable high-stakes tests such as interpreter certification. Option 1 and 3 together would be the best path forward. Option 2 shares some of the same limitations as Option 3 in that some financial support for interpreters seeking national certification would be needed; in this case, WA State retains the costs of processing the state credential and maintaining the support for the continuing education program, which would be handled by the national certifying bodies anyway for new interpreters. This program would need to be continued in any case, however, to support DSHS-certified interpreters who just need to maintain their credentials. I would support options 4 and 5, as I believe the State would benefit from a centralized Office of Language Access, if I believed the State would be willing to invest in the necessary expertise to run such an office.

Elsie Rodriguez-Paz, Providence

This process did not allow participants of the workgroup to have discussion and debate to reach consensus on the options that were given for us to vote. This would have been of value to the legislature as you have, within your workgroup, volunteering their time, subject matter experts whose breadth of knowledge and expertise could be leveraged to come up with a solution that will best serve the individuals with limited English proficiency who use interpreter services in order to achieve effective communication with their health care providers. The facilitators of this process were not subject matter experts and at time did not (in the breakout groups) accurately and completely gather and present the input of participants.

Quan Tran, Interpreters United Local 1671

State must not be given the authority to unilaterally decide all matters related to testing and certifying interpreters.

James Wells, Supreme Court Commissions

I understand why the options and discussion was limited given the time constraints put on the workgroup. Any of these options would require a lot of discussion on the details. The state has a significant role in and an obligation to providing language access services and should therefore invest more heavily in this area. Training programs in interpretation and translation are critical creating a larger pool of skilled individuals to allow the state to provide the services to everyone who has a right to them in the state whether it is in medical settings, courts, schools, etc. I'd encourage development of sustainable and affordable programs at colleges and community colleges where people can gain a foundation in interpreting skills and then specialization in different work settings.

Yun-Mei Wang Wilborn, Translanguage Arts

Medical terminology is the fundamental thing in this case. Those online testing entities have "fancy" tests that include all sorts of things which is good, but medical terminology is less than 30% in those tests. I do not think that is good enough to address the fundamental subject - medical terminology. Also, the costs of taking the tests, continuing education, and certification renewal cost a lot through those online testing entities compare to what it is with dshs. It is not sustainable economically. This is why i am against "contracting with national medical interpreter certifying bodies."

Antoinette Wynne, DES

Currently for Spoken Language Interpreter DES statewide contracts, all Interpreters must be skilled to industry standards, expectations, and trends. Interpreters must have the proper certification based on the interpreting type of service. Acceptable industry standards and expectations include the Washington State Department of Social and Health Services (DSHS) Language Testing and Certification Program (LTC) or Authorization, guidelines outlined by the American Translation Association (ATA) for Interpreters, the Certification Commission for Healthcare Interpreters, or the National Board for Certification of Medical Interpreters. Interpreters trained through accredited higher education institution (university or college) programs, which are widely accepted by industry experts, the interpreter community, and by Washington State Purchasers are also acceptable.

The Washington State Department of Social and Health Services (DSHS) Language Testing and Certification Program (LTC) issues Document Translator, Medical and Social Service Interpreter Certifications. By having a state-centralized office for interpreter certifications will open the interpreter pool for the state of Washington. There are different types of interpreter certification depending on the profession and need. Some of the most common interpreter certifications include:

- Certified Document Translator
- Certified Professional Interpreter
- Certified Medical Interpreter (CMI)
- Court Certified Interpreter
- Sign Language Interpreter

Therefore, I highly support having a brand-new state-centralized office created to independently provide all elements of interpreter certification(s) would be most beneficial to the state of Washington. Duties should include:

- Sets and maintain qualification standards for bilingual positions, interpreters and translators serving Washington State.

- Administers language proficiency testing to certify/authorize employees, applicants for bilingual positions, interpreters, and translators serving Washington State.
 - Administers language proficiency trainings to keep active certified/authorized employees, applicants for bilingual positions, interpreters, and translators serving Washington State.
 - Manages the roster of interpreters and translators certified and authorized to support Washington State.
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* In preparation for the vote, participants were asked to review the Draft Options for State of Washington Medical Interpreter Testing and Certification. Because this was a working document, ended up being updated several times. On September 19, during Meeting 5 of the work group, **Version 1** of the Draft Options document was shared with participants. After receiving participant feedback following that meeting, the working document was updated and a link to **Version 2** of the Draft Options was emailed to participants on September 20. Following feedback from state agencies, the document was again updated, and a link to **Version 3** was emailed to participants on September 22. It was this version that was generally commented on during Meeting 6. Following participant feedback during Meeting 6, the document was updated again. **Version 4** of the options is what participants used to vote on.