

Bill HF 1904: The Interpreting Stakeholder Group (ISG) Report as Required by Minn. Stat. 214.001, Subd. 2

Legislative Questionnaire for New or Expanded Regulation of Health Occupations:

Evidence in Support of Regulation – Minn Stat. 214.002, Subd. 2. Contents of report

(1) The harm to the public that is or could be posed by the unregulated practice of the occupation or by continued practice at its current degree of regulation;

Response: Because of the unregulated nature of spoken-language health care interpreting in Minnesota, many unqualified or inadequately qualified individuals have worked in the field over the years. They do not possess the language proficiency nor interpreting skills, knowledge of medical terminology nor the code of ethics, to enable accurate and clear communication between patients and providers. The result of this could include, but is not limited to: misdiagnosis and inappropriate treatments, misinterpreting information leading to harmful medication errors or failure to comply with treatment protocols. These errors result in increased healthcare costs which are paid with taxpayer money. In addition, untrained interpreters might engage in unethical practices, manipulating the system to create more work for themselves, engaging in fraudulent billing practices, giving untrained medical advice to patients, or violating patient privacy.

(2) any reason why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public;

Response: Current laws related to spoken-language health care interpreting are Title VI of the Civil Rights Act of 1964, and Executive Order 13166 which require recipients of federal assistance to provide interpreters to person (patients) needing those services. Additionally, Minn Statutes 256B.0625 subd. 18a(d), requires that interpreters must be listed in the Minnesota Department of Health Interpreter Roster to be eligible to receive Medical Assistant and MinnesotaCare reimbursement. However, these laws have no requirements nor standards related to interpreter qualification or competency, which results in lower quality than is necessary to prevent harm to patients. In addition, there is no law or procedure to enforce disciplinary actions on interpreters who cause harm to patients.

(3) why the proposed level of regulations is being proposed and why, if there is a lesser degree of regulation, it was not selected;

Response: Healthcare interpreting requires specialized knowledge and skills. The Interpreting Stakeholders Group (ISG) has actively worked to develop this registry legislative proposal over the past

few years in collaboration with various stakeholders in the healthcare interpreting field (interpreters, interpreting agencies, hospital systems, health plans, educational institutes). ISG also conducted a survey in 2010 requesting Minnesota interpreters to list the requirements for the registry. Based on all the stakeholders inputs, ISG concluded that the registry needs to require interpreters to obtain training in medical terminology and the practice of interpreting, demonstrate language proficiency and interpreting skills through testing. These are the minimum requirements to ensure interpreters are competent to provide quality service and effective use of taxpayer money.

In December 2009, two national bodies began to offer national certification for healthcare interpreters. However, national certification is not yet available for the many languages served in Minnesota. Thus, our proposal consists of two pathways for interpreters to be listed on the registry; one is to become nationally certified, the other path is qualification through training and testing similar to the national certification.

This level of regulation is consistent with the requirements set forth in Minnesota Statutes 144.058(c).

Please note that interpreters who speak a rare language and are not working regularly can still choose to remain on the roster only.

(4) any associations, organizations, or other groups representing the occupations seeking regulation and the approximate number of members in each in Minnesota;

Response: The Minnesota-based Upper Midwest Translation and Interpreting Association (UMTIA), a chapter of the American Translators Association, advocates and supports regulation to ensure quality care. UMTIA has 83 members in Minnesota as of January 16, 2014. The U.S.-based International Medical Interpreters Association (IMIA) also advocates and supports regulation. The Minnesota Chapter of IMIA has 33 members. Both professional organizations have been actively participating in the legislative proposal project the last few years.

(5) the functions typically performed by members of this occupational group and whether they are identical or similar to those performed by another occupational group or groups;

Response: Spoken-language healthcare interpreters are expected to provide complete, accurate interpretation of all information in medical encounters without addition or omission, and in an ethical manner. They facilitate communication between patients and health care teams, enabling the health care teams to have the information necessary to provide high quality care, and the patient to understand information in order to make informed health care decisions and follow treatment plans. In addition, healthcare interpreting requires a high level of cross-cultural competence.

On occasion, spoken-language healthcare interpreters may need to function as cultural brokers to appropriately address culture-based misunderstanding between providers and patients. On occasion, interpreters may also need to advocate appropriately on behalf of patients under certain circumstances.

Similar professions include the sign-language health care interpreting field, community interpreters and legal interpreters. However, advocacy cannot be part of the function of the legal interpreters.

(6) Whether any specialized training, education, or experience is required to engage in the occupation and, if so, how current practitioners have acquired that training, education, or experience;

Response: Spoken-language healthcare interpreting requires specialized training. However, Minnesota has no state-wide enforceable requirement nor standard for interpreter training/experience.

Individuals may obtain training through the 40-hours “Bridging The Gap Professional Medical Interpreter” or the “The Community Interpreter” training, 18 to 60 credit academic programs at the University of Minnesota, Century College, Riverland College, or Rochester Community and Technical College. The training program at the community colleges provide internship opportunity to gain experience.

Beginning in 2013, several large hospital systems in the metro area require current practitioners to complete a minimum of 40-hours basic healthcare interpreting training, as well as 8-hour of continuing education per year. However, these hospitals do not require current practitioners to pass standardized written or oral tests on medical terminology in English and/or the target languages, nor any interpreting skills test.

To fulfil the hospital systems training requirements, majority of current interpreters complete at least the 40 hour “Bridging The Gap Professional Medical Interpreter” or “The Community Interpreter” training.

(7) Whether the proposed regulation would change the way practitioners of the occupation acquire any necessary specialized training, education, or experience and, if so, why;

Response: It will not necessarily change the way interpreters are currently acquiring training and education which is most often obtained through a 40-plus hours training program. However, some interpreters may need to obtain additional formal training to acquire language proficiency, knowledge of medical terminology and interpreting skills (e.g. attentive listening, comprehension, information retention, analytical thinking).

Formal training also allows individuals to practice these various skills in internship or practicum program to gain experience under the supervision of experienced preceptors/mentors. Interpreters also need to

develop critical thinking skills needed to make appropriate decisions very quickly, not only in terms of language but also regarding ethical issues.

(8) whether any current practitioners of the occupation in Minnesota lack whatever specialized training, education, or experience might be required to engage in the occupation and, if so, how the proposed regulation would address that lack;

Response: Spoken-language healthcare interpreting is an unregulated health-related profession in Minnesota. Over the years, many individuals entered the field without specialized training and/or experience. At times, their services are provided at a sub-par level resulting in confusion, misinformation and medical errors. Hospital systems have regularly received complaints regarding interpreter performance issue and lack of language proficiency. Other complaints were related to non-adherence to the interpreter code of ethics and unfamiliarity with standards of practice. Also, some interpreters received unsolicited complaints from patients who were served by other interpreters with poor knowledge of medical terminology and unprofessional conducts.

The Minnesota Department of Health also recognizes a widespread lack of English language skills among interpreters, and has received increasing number of complaints regarding interpreters' lack of knowledge of medical terms.

The proposed legislation would address this lack of specialized training and experience as stated in response to question (3) and (7) above. The ways to obtain trainings and increase competency are also described in this bill.

(9) whether new entrants into the occupation would be required to provide evidence of any necessary training, education, or experience, or to pass an examination, or both;

Response: Yes, new entrants into the occupation with the intent to be eligible for Medical Assistance or MinnesotaCare reimbursement would be required to provide evidence of high school diploma or equivalent to be listed in the roster. In addition to this requirement, they would be required to provide evidence of national certification or evidence of training, interpreter skills and language proficiency testing to be listed in the registry.

(10) whether current practitioners would be required to provide evidence of any necessary training, education, or experience, or to pass an examination, and, if not, why not;

Response: Yes, current practitioners with the intent to be eligible for Medical Assistance and MinnesotaCare reimbursement would be required to provide evidence of a high school diploma or

equivalent to be listed in the roster. In addition to this requirement, they would be required to provide evidence of national certification or evidence of training, language proficiency and interpreter skills testing to be listed in the registry.

Please refer to response to question (6) and (8) above for the rationales.

(11) the expected impact of the proposed regulation on the supply of practitioners of the occupation and on the cost of services or goods provided by the occupation.

Response: Some interpreters have already met the requirements set forth by the proposed legislation (e.g. training, language proficiency and interpreter skills testing, national certification). If this bill is signed into law, it is anticipated that providers would express a preference for registered interpreters, driving up participation in the registry and thus the supply of qualified practitioners.

Interpreters who speak a rare language and work infrequently can still choose to remain on the roster only.

Currently, there are over 3000 interpreters listed on the MDH interpreter roster, with the majority of them being independent contractors. It is possible that some interpreters would decide to leave the field because they choose not to obtain training and/or national certification. This would create more opportunities for the qualified interpreters and allow them to work full time. Ultimately, this would benefit the patients.

The cost of the services is not expected to increase for the state, unless the Minnesota legislature decides to increase the reimbursement rate.

Currently, spoken-language healthcare interpreters are paid between \$15 to \$35 per hour. It is likely that qualified and/or nationally certified interpreters would prefer to work with interpreter agencies paying higher hourly rates. The higher rates of compensation are comparable to other Minnesota healthcare positions requiring training and education. Please refer to the compensation guide researched and published in 2013 by the International Institute of Minnesota. <http://www.iimn.org/wp-content/uploads/2013/07/Healthcare-Careers-Your-Guide-to-Colleges-and-Careers-in-Healthcare-in-the-Twin-Cities-Metro.pdf>

Evidence in Support of Regulation - Minn Stat. 214.002, Subd. 3. Additional contents

(1) typical work settings and conditions for practitioners of the occupation;

Response: Typically, spoken-language healthcare interpreters provide interpreting services at hospitals medical and surgical units, trauma centers, out-patient clinics, mental health facilities, dental clinics, and at patients' homes when necessary.

Often, interpreters receive urgent requests to provide immediate services at hospital emergency departments and intensive care units, urgent care clinics, labor and delivery centers, mental health facilities or hospice care. Under these circumstances, interpreters are expected to report to duty within 40 minutes.

(2) whether practitioners of the occupation work without supervision or are supervised and monitored by a regulated institution or by regulated health professionals.

Response: Spoken-language healthcare interpreters work at the aforementioned settings without supervision.

Legislative Questionnaire for New or Expanded Regulation of Health Occupations - Additional Questions

(1) What other professions are likely to be impacted by the proposed regulatory changes?

Response: All healthcare professionals who care for or come into contact with limited-English-proficiency patients would be impacted in a positive way. In addition, it is reasonable to expect that trainers and educators of interpreting programs would also be impacted in a positive way.

(2) What position, if any, have professional associations of the impacted professions taken with respect to your proposal?

Response: The U.S.-based International Medical Interpreters Association (IMIA) and its Minnesota Chapter support this proposal. The Minnesota-based Upper Midwest Translation and Interpreting Association (UMTIA), a chapter of the American Translators Association, does not oppose this proposal.

(3) Please describe what efforts you have undertaken to minimize or resolve any conflict or disagreement described above.

Response: Board members of the UMTIA and IMIA were members of the ISG Legislative/Advocacy Committee during the development of the legislative proposal. In addition to working with the two professional associations, ISG actively engaged individual interpreters by sending out survey

questionnaire, writing to encourage them to voice their opinion, hosting meetings to present the registry proposal draft, and publishing the proposed requirements in the legislative draft.

We would also like to mention that the ISG Legislative/Advocacy Committee included all other stakeholders (i.e. interpreters, interpreting agencies, hospital systems, health plans, interpreting educators) in the discussions and development of this legislative proposal over the past few years. Conflicts and disagreements were resolved at these committee meetings and monthly ISG membership meetings, and via additional written correspondence.