

WASCLA Submission

Homework Question for Aug.8, 2023 meeting

In what ways can the State of Washington support having more qualified medical interpreters?

- **Testing Entities:**

WASCLA believes that DSHS has an obligation under the Reyes Consent Decree to continue to offer testing of medical interpreters, along with the social service and translator exams they offer. Reyes contemplated development of exams and administering those exams, which is what the state did for decades. This function should not be entirely outsourced to third-party testing entities. WASCLA recommends building upon the groundwork established by LTC to create the program we need for the 21st Century that meets the needs of our state population in medical and social services such that Washington State has qualified interpreters sufficient to meet the needs of state agencies.

WASCLA recommends that DSHS modernize their medical interpreter exams and re-start testing. DSHS is the appropriate place for medical interpreter credentialing due to its extensive history with interpreter and translator credentialing. DSHS tested medical interpreters from approximately 1994 until December 31, 2022, (with a hiatus due to the COVID-19 PHE) and continues to test interpreters working in social service settings, translators, and bilingual employees. This creates system efficiencies that are lost when relying on third-party testing entities, credentialing bodies and vendors. Also a concern is that information is not available on the number of medical interpreters who have become credentialed since DSHS ended its own testing.

The law requires DSHS to credential interpreters to serve not only DSHS's needs, but also the needs of HCA, DCYF, and L&I. Of note is that HCA and DCYF functions were once part of DSHS's scope of work. We know that the DSHS interpreter tests are also a proxy for being qualified to work across state agencies, as well as in the entire healthcare sector in the state. Instead of throwing out this expertise, we believe DSHS should maintain the role of credentialing interpreters and translators for social services and healthcare.

WASCLA recommends that DSHS think creatively to identify funding to support the staffing and resources necessary to accomplish this mission. DSHS should work cooperatively across agencies and the private sector to support the work of updating and administering the exams and the program for the long term. Other state agencies could contribute money to support this work, proportionate to their usage, which could be done by cooperative agreements and MOUs. DSHS should engage with private healthcare providers to pursue public/ private partnerships to support testing medical providers because they benefit from these exams/ qualified interpreters in serving their patients. Even with MOUs and private/public partnerships, there is efficiency in having the state / DSHS continue to test medical interpreters. (Continue is used here because DSHS has

tested medical interpreters using their own exams for several decades until January 2023.)

While we believe that DSHS should continue (or re-start) medical interpreter testing of their own, we support the concept of creating multiple pathways to credentialing. I.e: making it feasible for Washington residents to earn nationally recognized medical interpreter tests to qualify for a DSHS credential, so long as those alternate tests meet the requirements in WAC 388-03-115 and where there is no conflict of interest on the part of the testing entity.

It is vital that Washington State keep the cost of medical interpreter testing as affordable as possible. For many individuals entering the field, the costs of the national exams are prohibitive for many individuals seeking to enter the field, relying on national exams alone will overly limit the pool of interpreters available to do this work. When DSHS stopped testing medical interpreters in 2023, the cost of entry to this work rose from \$70.00 to roughly \$500. That is cost-prohibitive to many individuals seeking to enter the field of medical interpreting. The state could provide scholarships, for example, to interested persons seeking to take the national medical interpreter exams identified in the WAC.

- **Technology**

As to the technology needed to modernize the DSHS testing program, WASCLA recommends:

- Developing online access to registration/scheduling. Online registration is available through the Gateway, so this is already a capability of LTC and could be expanded to include additional features.
- WASCLA recommends using the many testing centers, which are in locations around the state.
- Reasonable cost to candidates. The DSHS exams have historically cost \$75.00 per exam and WASCLA believes that the tests should remain low cost. WASCLA supports a modest increase in test fees; however, relying solely on third party testing entities has proven to more than quadruple the cost of interpreter testing for the individual seeking to enter the field.

- **Tests:**

(1) Pre-requisites and screening

WASCLA believes the prerequisites required for candidates to take a medical interpreting exam are:

- Add prerequisites for all candidates seeking to test to become certified/authorized by DSHS, to ensure qualifications to practice, following national standards such as:
 - Be at least age 18

- Have a high school diploma or equivalent; WASCLA also recommends some flexibility in these requirements, depending on personal circumstances of the applicant, as recently done in OR following requests from speakers of indigenous languages of the Americas.
 - Verification of English language proficiency
 - Verification of proficiency in other language(s) of their language pair(s)
- Interpretation skills: Prerequisite training requirement in medical interpreting - 40 hours considered minimum for entry level interpreters; MA and OR now require 60 hours training in advance of taking tests: DSHS should provide training to individuals seeking to become medical interpreters. One way to increase the pool of qualified interpreters is to provide free or low-cost training to individuals seeking to enter the field of medical interpreting.
- WASCLA has concerns about relying on non-academic community college certificate courses because these programs come and go based on enrollment and lack of investment. Community colleges require many (or all) of these programs to be self-supporting. DSHS cannot rely on those efforts alone and should provide some training on its own. WASCLA also recommends additional investment in community college funding to support interpreter education.

(2) Test content

- Proficiency in English and target language(s) has been established in the pre-req phase.
- Domain knowledge: Healthcare system, medical terminology, and procedures
- Medical interpreter ethics.
- Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
- WASCLA recommends further evaluation of the test components based on language. The state has provided certification of medical interpreters in a limited number of languages, historically, and then offered authorization in many more languages. We cannot only focus on the languages for which there is certification. However, this group has not been provided enough information to make that distinction and questions focused on “certification” confuse the issue.

(3) Test quality

- WASCLA believes that DSHS should invest in modernizing the exams DSHS developed and administered until January 1, 2023. These exams exist already and can be updated to ensure they are valid and reliable according to national standards and the federal requirement to ensure interpreters are qualified. At a minimum, DSHS should investigate the cost associated with updating the existing exams.
- WASCLA recommends that DSHS review all exams within LTC’s scope of work, which includes bilingual employee assessments, social service and medical interpreters, and translators exams. The charge of SSB 5304 is to ensure an adequate pool of “language access providers” to allow residents to access state services. RCW 41.56.030 and RCW 74.04.025 define “language access provider,” as any independent contractor who provides spoken language interpreter services and refers to: DSHS, DCYF, Medicaid enrollee appointments, L&I and for any state agency who provided these services.

Nothing in SSB 5304 limits the recommendations this committee makes to medical interpreting. Reyes requires DSHS to assess bilingual employee language proficiency. All of these exams could be updated and the processes modernized.

- Tests must be valid and reliable.

Additional comment for Tests is that there are ways to partner on training programs to help finance these additional programs. DSHS should pursue creative or alternative funding partnerships and there are models in other states, such as OR and MA, that we could look to for ideas, such as partnering with the Area Health Education Centers (AHEC) in Washington. This committee could research this further to find partnerships.

IV. Resources to support clients and healthcare providers

WASCLA has additional recommendations to answer the question asked, In what ways can the State of Washington support having more qualified medical interpreters?

- WA must invest in interpreter testing and the interpreter services program at DSHS. As is, the program has been underfunded and understaffed to meet the demands placed upon it. DSHS LTC should have added funding and sufficient staffing to do this work, which is even more urgent given the tremendous growth in state population with language services needs since the program's inception.
- It's possible that WASCLA could support the idea of creating a statewide coordinating office dedicated to interpreter testing & certification for state agencies. That entity would be the right place to house medical, social service, and bilingual employees and translator examinations. The concern is losing out on the expertise that DSHS has developed over the past 30 years. Instead, consider a statewide coordinating entity to be LTC - with the right shared funding and agreements in place to support this work.
- Ensure availability of both in-person and virtual /remote interpreter services. Work to assure that there is appropriate training for interpreters on utilization of remote interpreting so that patient safety is not jeopardized.
- Provide low-cost continuing education courses to interpreters to assist in maintaining their credential and allow them to stay in the field of interpreting. DSHS should provide low-cost continuing education trainings for individuals already credentialed as an effort to help people maintain their credentials.
- Requiring one ethics credit per calendar year has led to significant problems. WASCLA recommends modifying WAC 388-03-160 (2)(a) to have the ethics credits earned in the same manner as other credits during a single reporting cycle. This better reflects the practice in other professional services of requiring earning of a total number of credits across the certification cycle. Most credentialing bodies allow earning credits throughout a cycle. WASCLA supports modifying the WAC so interpreters must earn four ethics credits during each cycle, on the same basis as for their general CE credits.
- Analyze data that is already existing about languages for which there is a great need for interpreters and invest/ take steps to create targeted solutions.
- DSHS must review their system of credentialing for interpreting across state government - including medical and social service interpreter exams because interpreters work across sectors and so the work that happens in one area affects other areas. We can increase the pool of medical interpreters when we increase the types of work that interpreters can do.

- Another way we increase the number of qualified interpreters in Washington is to remove the requirement to limit testing of interpreters based on statewide per-language fill rates found in RCW 74.04.025. Using a statewide fill rate is problematic and leads to overly restricting testing. Additionally, relying on data and fill rates from one entity (HCA) to stop testing interpreters working for other entities such as DSHS, L&I and DCYF, is problematic, and overlooks the very sector-specific, specialty-specific and location-specific needs of clients of the respective programs. This provision should be removed as there is no good reason to limit the availability of testing for interpreters seeking to enter the field, and there are insufficient interpreters in all languages to meet community needs.