DSHS' Response to Draft Recommendation 13 Which Was Submitted by Interpreters United on 10/2/2023

• Interpreters United stated that they feel: "There is an inherent conflict of interest for a company that sells services to be the testing entity of the services it sells."

DSHS: DSHS has thoroughly reviewed this concern over the past 18 months with the launch of the LTC third-party referral testing process for medical interpreters. In consultation with the Attorney General's Office, we found no valid conflict of interest issues.

• Interpreters United stated: "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."

DSHS: The pre-test screening requirements of CCHI and NBCMI meet DSHS-LTC standards for oral proficiency in lieu of an oral test.

 Interpreters United stated: "Interpreters United conducted searches of the DSHS/LTC's public online database, on December 19, 2019, on August 6, 2022, and on September 20, 2023. Since December 2019, Washington State has lost one-third of its credentialed medical interpreters."

DSHS: As of October 1, 2023, the date Interpreters United submitted their draft recommendation, the public Gateway site showed 1,915 active Medical Interpreters.

• Interpreters United stated in their recommendation: "Recommendation 1.1: DSHS should continue being the testing and credentialing entity of medical interpreters and not outsource."

DSHS: DSHS LTC is neither trained, funded, staffed, nor equipped to develop and update tests. DSHS does not have the technology to deliver online tests nor the resources to build, establish, maintain, and routinely update the technology to put in place a virtual testing and certification system with a viable support process. Currently, there are organizations nationwide throughout the industry of medical interpreter testing and certification already established and capable of providing services to maintain a qualified pool of medical interpreters to serve Washingtonians.

• Interpreters United stated: "Interpreters United maintains that under the Reyes Consent Decree DSHS is obligated to test candidates' interpreting performance skills."

DSHS: The Reyes Consent Decree does not require DSHS to administer in-house testing.

• Interpreters United stated:" Since 1995, DSHS has been testing medical interpreters' consecutive and sight translation skills in all languages."

DSHS: Consecutive Interpretation and Sight Translation are skills assessed in the oral tests for <u>certified languages only</u> (Spanish, Cantonese, Mandarin, Vietnamese, Russian, and Korean). For languages other than the six certified languages, the oral tests assess Back Translation and Memory Retention skills.

• Interpreters United stated: 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.

DSHS: The pre-test screening requirements of CCHI and NBCMI meet DSHS-LTC standards for oral proficiency in lieu of an oral test.

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DSHS' Response to Draft Recommendation 13 Which Was Submitted by Interpreters United on 10/2/2023

• Interpreters United stated: "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."

DSHS: The Advisory Committee continues to be involved in the updating of processes and procedures. The Advisory Committee is not an oversight group with approval authority over DSHS management practices to serve DSHS clients or Washingtonians with limited English proficiency.

There have been continuing updates in LTC's processes and procedures including increasing the number of qualified interpreters; streamlining procedures for access and inclusion; and accommodating statewide emergencies and lockdowns. These updates are communicated to the Advisory Committee members on an ongoing basis.

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