

Breakout Room 2 Participants

Fatma Abdinasir
Milena Calderari-Waldron
Larysa House
Eliana Lobo
Leroy Mould
Jennifer Price
Joana Ramos
Zenaida Rojas
María Siguenza

Breakout Room 2 Facilitator

Herminia Esqueda

Question 1: Why is this work important to Washingtonians?

Question 2: How do you think we reach our unifying goal in the most equitable, accessible, and financially reasonable way?

- This is important and had been very well documented. Both providers who want to do their best for their patient and not like a veterinarian. Any family member who doesn't speak well can make the case. If you want to be efficient with tax dollars and be able to communicate with a provider and treated at the beginning rather than at the end. Dramatically drops if language barriers are removed.
- Our work as a society requires us to do this for every human being. This is to resolve the years of civil rights complaints about not providing access of residents. Business, moral, our commitment, it is why we are here. We need to work to have a system to work for everyone in our state and credentialing of medical interpreters into the 21st century.
- For the legal business case and liability case we should just reference public works. We are here because we got a bill passed in response to DSHS ill-informed, ill-conceived, and very damaging decision to suspend their very successful interpreter testing for spoken language.
- This work is important for Washingtonians. We have reservations trying to revive languages. Immigrants and communities. We have a long history and Google translate even reliable. Disparities with Black and brown communities. Disparities and mortality rates will continue to persist. We need to be understood and heard in laymen's terms. We need to be heard and that's important.
- Without full access, then we would basically have systemic discrimination and a level of societal chaos.
- We can actually use published works to document this.
- How much money was DSHS spending per year to credential medical interpreters before it discontinued its exams?
- From the state government perspective: How do you do something that is unifying unless it is managed in a centralized space? We're trying to use language testing and HCA, but they don't fit the entire state's needs. What would unity look like?

- Things cost money. CCHI has a nationally accredited program that certifies other professions. It costs a lot of money. \$100,000 per language. That is why the Core CHI is such a breakthrough for testing interpreters. We had a system before, but it was not a system. It's apples and oranges. Do we need to pay for it ourselves if one already exists? Oregon has already sent their interpreters straight to CCHI. Why do we need to reinvent the wheel? We need certified qualified interpreters.
- We have to look at the recent history and there's models from several states, but we need the buy in from all health care services. Everybody needs to help and figure out what we need to do, including rulemaking and reforms in these programs.
- WAC 388-03-030. There CCHI and NBCMI credentials have been recognized since 2015. A recognized interpreter for spoken languages means a person who is certified by: the Washington State Administrative Office of the Courts (AOC) as a court interpreter; or the Administrative Office of the United States Courts as a federal court interpreter; or a national interpreter certification body as a health care interpreter and is recognized by the department.
- A number of topics and recommendations brought up in the rulemaking led to the WAC revision of 2015, which were not addressed.

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