

**Breakout Room 2 Participants**

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

- Please see [Information Sheet: Preliminary Elements of Medical Interpreter Testing and Certification](#) for examples as well as preliminary elements of medical interpreter testing and certification to be considered in a recommendation
- Participants are encouraged to use the [Language Access Work Group: Draft Recommendations Form](#), which includes elements from the [Information Sheet](#), as they draft their recommendations
- If Washington State gets its own testing hub going and whether it is registered/authorized/certified, in person, online, or online supported with the transfer process, have specific tests incentivized with a paygrade for each. Our unionized vendors have a monopoly on providing service but not the most efficient because of being unionized,
- Just want quality services for our LEP clients. Training needs to be done that is nuanced to Child Protective Services, for example. A medical appointment vs court involve different levels of comfort, choices, and candid conversations that need to be handled by interpreters. So, the interpreter is not just going based on pay.
- Drop down options when requesting interpreters specific to need; requests are nuanced.
- More training and locations for testing.
- There are things that DSHS has done in the past to support training and certification. Do we have any idea how much it will cost to revamp the old testing process?
- For many years we tried to get the DSHS test accredited but previous leader did not do it. It costs \$100,000 to get a credential up and running for one language. I don't see how we can resurrect the old version without spending a lot of money.
- Prefer to pay for increasing the number of interpreters by paying for their testing, training, and fees for an existing program.
- We have at least 25 languages. How will we address that? New languages coming in all the time. Incredible need for African languages.
- Support training and education on getting new interpreters.
- Scholarships, assistance with testing fees.

- Support certifications that already work.
- We have to start with a vision of what we want to see. Some pieces we have left out.
- We have heard nothing of the responsibility of DSHS under consent decree about testing medical interpreters.
- Think creatively to identify funding for viable credentialing program.
- Look at models from other states that we can customize.
- Subsidize training for credentialing exams.
- Add prerequisites, including verification of English language proficiency and training in medical interpreting. Much more than being bilingual.
- Information in public domain about comparison of different options. No stakeholder engagement since pandemic.
- We need to approach this as a workforce development issue.
- We need to drop requirement that DSHS limit testing on interpreters based on field rates. Doesn't measure need.

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