

Update On Advisory Committee On Qualifications For Health Care Translators And Interpreters November 2010

Mary Esther Diaz
Advisory Committee Chair

HB 233 (2009) Rep. Eddie Rodriguez

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Creation of an advisory committee to establish qualifications for certain health care translators and interpreters

Status: Passed, Effective 9/1/2009

HB 233 (continued)

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The Executive Commissioner of the Health and Human Services Commission shall establish the Advisory Committee on Qualifications for Health Care Translators and Interpreters

HB 233 (continued)

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Committee responsibilities

Establish and recommend qualifications for healthcare interpreters and translators, that include:

- Ability to fluently interpret another language into and out of English
- Practical experience as a translator or interpreter

Committee Responsibilities

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The committee shall advise the commission on the following for health care interpreters and translators:

- Language proficiency required for certification
- Training requirements
- Standards of practice
- Requirements, content, and administration of certification examinations
- Procedure for testing, qualifying, and certifying
- Reciprocity agreements with other states

Advisory Committee Members

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Health care interpreter working with people who have limited English proficiency

- Esther Diaz

Health care interpreter working with people who are deaf or hard of hearing

- Suzanne Broussard

Health care practitioner

- Irma Rubio

plus . . .

Advisory Committee (continued)

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Representatives of:

Professional translators and interpreters association

- Mark Rockford, Houston Interpreters and Translators Association

Mental health services provider

- Corey Roy, former manager of behavioral health clinic
- Leonard Sepeda, Dell Children's Medical Center

Hospital

- Jacqueline Burandt, University Hospital System

Insurance industry

- Gel Detrick, Scott and White Health Plan

Advisory Committee (continued)

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Business entity that provides translators and interpreters to health care providers

- Deborah Gunter, Sign Shares

Organization that provides services to immigrants and refugees

- Fabio Torres, Catholic Charities of Fort Worth

Institution of higher education

- Gabriel Martin, Lamar University

Health care consumers with limited English proficiency

- Miguel Fuentes, Scott and White Memorial Hospital

Health care consumers who are deaf or hard of hearing

- Detra Stewart, Community Access Ability Group

Non-Voting Committee Members

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Health and Human Services Commission

- **Laura Jourdan**

Department of Aging and Disability Services

- **Barbara Wright**

Department of Assistive and Rehabilitative Services

- **Randi Turner**

Department of Family and Protective Services

- **Christy Dees**

Department of State Health Services

- **Gladys R. Tinsley**

HB 233 Timeline

Date	Action
January 2009	HB 233 Introduced to 81 st Texas Legislature by Rep. Eddie Rodriguez Relating to creation of an advisory committee to establish and recommend qualifications for certain health care translators and interpreters
Spring 2009	Modifications to bill, including addition of sign language interpreting
April 2009	Hearing on HB 233 before House Public Health Committee
May 2009	Hearing on HB 233 before Senate Health and Human Services Committee
May 2009	HB 233 passed, effective September 2009
September 2009	Texas HHSC Office for Civil Rights calls for nominations for Advisory Committee
November 2009	Advisory Committee composition announced
January 2010	First meeting of the Advisory Committee on Qualifications for Healthcare Translators and Interpreters
February to June 2010	Monthly meetings of the Advisory Committee to research qualifications and develop recommendations
July 2010	Testimony from stakeholders on proposed recommendations
August 2010	Final recommendations to be submitted to HHSC Commissioner
September 2010	Committee recommendations to be reviewed by HHSC
October 2010	Approved recommendations to be submitted to Rep. Rodriguez for legislative action
September to December 2010	Research additional recommendations
2011	Monitor proposed legislation and develop additional recommendations

Agenda Items

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January 2010

- Introductions
- General information
- Legal requirements for open meetings

February 2010

- Operating procedures
- Goals and work plan
- Reports on existing certification efforts, training, standards of performance

Agenda Items (continued)

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March 2010

- Medicaid/CHIP language access requirements
- Existing certification efforts (continued)
- Existing training programs

April 2010

- CHIP Reauthorization Act
- Translation quality assurance

May 2010

- Role of the health care interpreter
- First draft of recommendations

Agenda Items (continued)

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June 2010

- Definition of health care interpreting terms
- Interpreter qualifications
- ADA and HIPAA violations
- Revise draft recommendations

July 2010

- Stakeholder feedback on proposed recommendations

August 2010

- Finalize recommendations for HHSC

Obtaining Stakeholder Feedback

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Recommendations distributed to stakeholders, in advance, with copies of:

- *Language Access and the Law* – The Joint Commission
- *Office Guide to Communicating with LEP Patients* – American Medical Association
- *Approved: New and Revised Hospital Elements of Performance to Improve Patient-Provider Communication* – The Joint Commission

Recommendations to HHSC:

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1. Stop requiring patients to bring their own interpreter.
2. Use qualified interpreters instead of friends and family members as interpreters. (Except for emergency situations when no qualified interpreter is available in person, by phone, or video.)
3. Require anyone who interprets on a regular basis in a healthcare setting to receive training on the code of ethics and standards of practice for healthcare interpreters.
4. Establish a statewide registry of healthcare interpreters through a governmental or nonprofit organization.

Stakeholders

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- American Medical Association
- Refugee Services of Texas
- Society of Health Care Risk Managers
- Teaching Hospitals of Texas
- Texas Association of Health Plans
- Texas Association of the Deaf
- Texas Council of Community MHMR Centers
- Texas Hospital Association
- Texas Latino Council of the Deaf and Hard of Hearing
- Texas Medical Association

Stakeholder Feedback

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- Most stakeholders expressed concern about funding for interpreter services.
- All stakeholders supported recommendation 1.
- Several stakeholders supported recommendation 2, but opposed strict prohibition of friend/family interpreters.
- Several stakeholders supported recommendation 3, but expressed concern about paying for and tracking training of interpreters. THA opposed to mandatory certification.
- Most stakeholders supported concept of a registry of health care interpreters per recommendation 4.

Texas Association of the Deaf Feedback

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- Proposed recommendations offer nothing new for sign language interpreters
- Sign language interpreters do not want an additional certification
- Need to know qualifications for health care interpreters
- Support “specialty” but not additional certification

Revised Recommendations

- Two sets of recommendations submitted: one for foreign language interpreters, the other for sign language interpreters.
- Recommendations for sign language interpreters take into account existing certification programs.
- Recommendations for foreign language interpreters do not, given the recency with which these have become available.

Recommendation 1

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- Recommend an amendment to the applicable statutes, including the Texas Health and Safety Code, to prohibit the practice of requiring patients to bring their own interpreter.

Same for sign language and foreign language.

Recommendation 2

- Recommend an amendment to the applicable statutes, including the Texas Health and Safety Code, to limit the use of uncertified **[and]** or unqualified individuals including but not limited to friends, family members, associates, and others to assist with communication to medical emergency situations—both physical and mental health emergencies— in which an interpreter not associated with the patient is not available by any other means, including but not limited to in-house, contracted, and remote interpreters.

Recommendation 2 (continued)

- In routine situations a provider will use a certified ***[and]*** or qualified interpreter not associated with the patient at no cost to the patient. The health care facility staff will inform the patient—in the patient's preferred language—that a qualified interpreter will be provided at no cost to the patient. However, the patient may bring another person to assist with communication.

Recommendation 3

- Recommend an amendment to the applicable statutes, including the Texas Health and Safety Code, to require successful completion of HHSC approved training on the health care interpreter code of ethics and standards of practice for any individual in the state of Texas who provides interpreting services in the course of his or her professional duties in a professional healthcare setting, except ad hoc interpreters permitted under recommendation 1.

Recommendation 3 (continued)

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- An HHS agency shall have authority to establish by rule the minimum standards for approved training and interpreter qualifications.

Same for sign language and foreign language.

Recommendation 4

- Recommend that a registry of healthcare interpreters be established through a nonprofit ***[or government]*** organization in which interpreters who have successfully completed an HHSC approved training may register.

Qualifications For Future Consideration (not recommended at this time)

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Qualifications for Foreign Language Interpreters

- Age 18
- High School Education
- Fluency in English and a Language Other Than English
- Experience as a Translator or Interpreter
- Plus Training

Qualifications for Sign Language Interpreters

- BEI or RID Certification
- Experience as a Translator or Interpreter

Training for Future Consideration

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- Interpreting Skills
 - Consecutive Interpreting (for foreign language)
 - Simultaneous interpreting (for ASL)
 - Sight Translation
 - Protocols (managing the session)
- Code of Ethics for Healthcare Interpreters
- Standards of Practice for Healthcare Interpreters
- Roles of the Healthcare Interpreter
- Cultural Awareness
- Legislation and Regulations (ADA, Section 504 of Rehabilitation Act, Title VI of Civil Rights Act, HIPAA, HITECH, CLAS)

Training for Future Consideration (continued)

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General Medical Knowledge

- Anatomical terms for major body systems
- Medical Tests and Diagnostics
- Common Specialties and Medications (including physical and mental health)
- Acronyms and Abbreviations
- Medical Equipment
- Infection Control
- Onsite Mentoring

Additional Information

For schedule of future Advisory Committee meetings and minutes of past meetings, go to the following link:

[Advisory Committee on Qualifications for Health Care Translators and Interpreters](#)

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