

Oregon Health Care Interpreter Program FAQs

Participant/Member Questions

Are there any tools for patients to inform providers about their language needs?

Yes, preferred language cards are a tool for patients to communicate their language needs. [Preferred language cards](#) (“I speak” cards) are available from OHA in many languages.

What if a patient requests but does not receive an interpreter?

A patient has a right to file a complaint with the entity that denied them the interpreter service. Entities with 15 or more employees must have a grievance process. If the entity does not have a complaint process or the patient does not want to use the entity’s process they can file a complaint with:

- ▶ [Oregon Health Authority’s Equity and Inclusion Division](#)
- ▶ [Oregon Health Licensing Office](#)
- ▶ [U.S. Health and Human Services Office of Civil Rights](#)
- ▶ [Oregon Bureau Of Labor and Industries](#)

Section 1557 of the Affordable Care Act grants individuals compensatory damages for violations of Section 1557. This is a departure from Title VI of the Civil Rights Act (the previous law on language access), which allowed fines and monetary cuts for noncompliance but did not enable individual patients to sue for discrimination. Staff should understand the potential consequences of noncompliance and be well trained in accessing an interpreter quickly and efficiently.

General Questions

Do the Health Care Interpreter OARs mean that health care providers in Oregon may only work with registered HCIs?

Usually working with HCIs on the central registry is required, but there are some exceptions. Health care providers and interpreting service companies are required to attempt to find an HCI who is on the Oregon HCI central registry. If no interpreter on the central registry is available, providers and interpreting service companies must document the steps they took to work with someone on the central registry. Once they have completed these steps, they may then work with an interpreter who is not on the central registry who they have determined is appropriate to meet the interpreting needs of the individual with limited English proficiency.

Also, an HCI from the central registry is not required if the health care provider has documented proficiency in the preferred language of the person with limited English proficiency, or if the person with limited English proficiency has an interpreter, they prefer to work with who is not on the central registry.

Can a patient work with a family member or a friend to provide interpreting services?

No, unless the patient is told that interpreting services are available at no cost and the patient declines. In that case, the patient may instead choose to work with an accompanying adult to interpret rather than the credentialed health care interpreter provided by the health care provider.

Will OAR requirements lead to a shortage of HCIs in Oregon?

OHA monitors access closely and does not expect there to be a shortage of HCIs or a reduction in meaningful access to language assistance services. There are currently more than 1,300 interpreters on the Oregon HCI central registry. HCIs on the registry have reported that they have significant additional availability to provide interpreting services.

In addition, while these changes to the law require health care providers and interpreting services companies to find an HCI on the central registry to work with, the rules also provide a pathway for working with an HCI who is not on the central registry, when necessary.

What steps does a health care provider or interpreting service company need to take when arranging for an HCI and what do the rules mean by “good faith effort”?

Health care providers and interpreting service companies can view this additional guidance document on meeting the [“good faith effort”](#) requirement. This guidance was developed by the Oregon Council on Health Care Interpreters, in collaboration with OHA. Upon request, health care providers and interpreting service companies should be ready to share with OHA, or with the appropriate licensing or certification board, the policies and procedures they have developed for locating and working with HCIs on the central registry and the steps they take when none are available. These processes should include:

- ▶ Steps they take for finding an HCI for a health care appointment,
- ▶ The overall efforts they are making to reduce their reliance on HCIs who are not on the central registry, and

- ▶ How those quality improvement efforts are increasing the number of health care interpreting appointments scheduled with HCIs from the central registry.

Are there different requirements for remote interpreting?

The requirements are the same for onsite and remote interpreting, but there is currently a 1-year transition period allowed for working with HCIs from the central registry when interpreting remotely. Prior to the changes made by HB 2359, some health care providers and interpreting service companies relied on health care interpreters who provide interpreting services from outside of Oregon. Many of these interpreters may have not yet applied to be on the Oregon central registry. OHA recognizes the transition may take time and is accordingly allowing up to one year, until July 1, 2023, to make the transition for interpreters providing services remotely.

Health care providers and interpreting service companies should note that the recordkeeping requirements specified in HB 2359 went into effect on September 1, 2022. OHA may request this information and will use it to assess progress on transitioning to working with HCIs on the central registry. Recordkeeping requirements include:

- ▶ The full name of the HCI,
- ▶ The HCI's central registry number, if applicable, and,
- ▶ The language being interpreted.

What happens once the 1-year transition period for interpreting remotely ends on June 30, 2023?

The requirements for working with HCIs from the central registry will be the same for both onsite and remote interpreting once the transition period ends. In addition to the recordkeeping requirements already in effect for both remote and onsite interpreting since September 1, 2022, health care providers and interpreting service companies will also need to document their "good faith efforts" to work with interpreters on the central registry beginning July 1, 2023.

As a reminder, the OARs are not intended to delay care, and health care providers and interpreting service companies should be developing and implementing business processes to work with HCIs from the registry and to document their good faith efforts to do so well in advance of the end of the 1-year transition period.

What can I do if needed interpretation services are not provided by a health care provider?

Health care providers are generally required to provide interpreting services for their patients who prefer to communicate in a language other than English. If you or others are seeing health care services being delivered without a necessary health care interpreter, there are a variety of things you may want to consider.

If you are comfortable talking directly with the health care provider or the health care provider's office about why interpreting services were not provided, that may be the most efficient way to assure that required interpreting is appropriately provided in the future. If that is not possible, or if there are still concerns, Oregon law (ORS 413.561) gives enforcement authority for health care interpreting services to the agencies and boards that oversee health care providers and health care facilities.

These agencies and boards are outlined in the administrative rules that govern the HCI Program ([OAR 950-050-0010\(10\)](#)). You can use the list here to determine the appropriate place to report

concerns based on the type of health care provider who is delivering services. For example, the Oregon Medical Board for medical doctors and physician assistants, the Oregon Board of Dentistry for dentists, and so on. If the patient in question is on Medicaid, you may also want to connect with Oregon Health Plan staff at OHA. You can find much more detail on how to file a complaint with the OHP here: <https://www.oregon.gov/oha/HSD/OHP/Pages/Complaints.aspx>.

Health Care Provider/Health Care Interpreter Questions

What are the next steps for an interpreter who is not currently on the Oregon HCI central registry?

To encourage interested HCIs to join the Oregon HCI central registry, OHA has removed all application fees and background checks and streamlined the application requirements. HCIs both inside and outside of Oregon are welcome to submit a free application at any time. You can learn more about Oregon HCI requirements and submit a free application [HERE](#). There may also be free or low-cost training options available to applicants. HCIs who have a nationally recognized HCI credential may already meet the minimum requirements to be added to the central registry or may only need some additional training hours to become qualified or certified in Oregon.

If a health care provider is bilingual, do they need to be listed on the HCI registry as qualified or certified in order to communicate directly with the patient in the preferred language?

No, health care providers with documented proficiency in the preferred language of the person with limited English proficiency are not required to work with an HCI from the registry. Instead, the provider will need to adopt and follow a language services policy consistent with nationally recognized professional standards of care as outlined in [OAR 950-050-0160](#).

Does the same exception for health care providers with documented language proficiency apply to bilingual staff who are not health care providers?

No, only a health care provider, as defined in Section (10) of [OAR 950-050-0010](#), can meet the exception described in Section (1)(a) of [OAR 950-050-0160](#). All others, including bilingual staff working in a health care provider's office, should take the steps necessary to become a qualified or certified HCI on Oregon's central registry prior to providing health care interpreting services. That will help assure compliance with the HCI rules and delivery of high-quality interpreting services.

When the HCI rules talk about “public funds,” does that mean all public health services or just Medicaid?

The term “public funds” is not limited to just Medicaid. Any health care provider listed in Section (10) of [OAR 950-050-0010](#) who receives public funds is required to meet HCI requirements as specified in the OAR.

If a health care provider is reimbursed by the state or federal government directly, or by an entity that receives financial support from the state or federal government to cover the costs of providing health services, OHA considers that to be reimbursement with public funds. Reimbursement from any of the following would count:

- ▶ Medicaid/the Oregon Health Plan,
- ▶ Medicare,
- ▶ The Veteran's Administration,
- ▶ Any medical assistance program administered by the Oregon Health Authority, the Oregon Department of Human Services, or any of Oregon's counties or cities, or
- ▶ Indian Health Services.

If a health care provider is providing services to a patient who does not utilize “public funds” (for example, they have private insurance), is the health care provider still required to work with qualified or certified HCIs from the central registry?

The term “public funds” applies to any “public funds” received by the health care provider’s office. Providers who accept no “public funds” would not be required to comply with Oregon’s HCI rules. Otherwise, providers who do accept any “public funds” are required to meet the requirements outlined in Chapter 950, Division 50 of the OARs for all patients seen by their office, regardless of the source of payment for those specific services.

For walk-in services, if there is not a qualified or certified HCI available at the time of the walk-in, will the person need to be turned away or the service delayed?

The OARs are not intended to delay care. If the provider has made a good faith effort to find an interpreter in the central registry and one is not available, the health care provider may work with an HCI not in the registry and document the good faith effort to secure an HCI listed in the central registry.

Do pharmacies have to work with qualified or certified HCIs on the Oregon central registry?

Yes, pharmacists along with doctors, physician assistants, nurses, dentists, physical therapists, occupational therapists, dieticians, social workers, and many others are all included on the list of health care providers subject to the OARs for health care interpreting in Oregon. You can review the entire list of health care providers required to comply with the HCI rules at [OAR 950-050-0010\(10\)](#).

Are residential facilities and others providing long-term services and supports required to work with health care interpreters from the central registry?

Typically, it is a requirement to work with Health Care Interpreters (HCIs) listed on the central registry. However, the same exceptions that apply to all health care providers extend to those providing long-term services and supports. The complete list of health care providers required to work with HCIs from OHA’s central registry is detailed in [OAR 950-050-0010\(10\)](#), and the exceptions are outlined in [OAR 950-050-0160](#).

In addition to these exceptions, the OARs provide a specific exception for individuals providing support for Activities of Daily Living and Instrumental Activities of Daily Living (ADLs/IADLs). This exception is addressed in [OAR 950-050-0010\(7\)](#), which states:

(7) “Health care” means medical, oral, vision, surgical or hospital care or any other remedial care recognized by state law, including physical and behavioral health care. ***For the purpose of these rules, “health care” does not currently include assistance with the activities of daily living or instrumental activities of daily living by providers. The Authority will monitor the exclusion of these services and make a determination on continuing this exception no later than July 1, 2025.*** (emphasis added)

This exception offers a way to work with interpreters not on the registry when providing ADL/IADL supports. When utilizing this exception, providers should document the details in the patient/client file. OHA will evaluate the ongoing need for the ADL/IADL exception as July 1, 2025, approaches. If the

long-term services and supports system has information valuable for evaluating impacts or deciding whether to extend or conclude this exception, OHA welcomes these insights.

What does the removal of the background check requirement mean for HCIs?

During the rule development process, OHA heard from partners that the background check created a barrier for HCIs to apply to the central registry. To address these concerns and help meet the agency's equity goals, OHA removed the requirement for background checks for inclusion as a qualified or certified HCI on the central registry. This change went into effect on July 1, 2022.

Individuals or organizations who employ or contract with HCIs may still require background checks or have other requirements the HCI will need to comply with prior to providing interpreting services. HCIs should work directly with these entities to determine any employer or contract specific requirements.

Is the change of requiring some HCIs to become certified after four years of being a qualified HCI, temporary or permanent?

This change is permanent. At renewal, qualified HCIs may choose to renew for another four years as qualified or, as applicable, apply to become certified.

Please note that certification is available only in these languages: Spanish, Mandarin, Cantonese, Russian, Korean, Arabic, and Vietnamese. Certification is also available in American Sign Language.

If an HCI applicant has taken interpreter training that is not on the OHA list, can some or all of these hours be counted towards the 60-hour training requirement?

The applicant is responsible to demonstrate to OHA that the training is equal to or above the training requirements contained within the OHA approved training program. Potential applicants may want to contact OHA's [approved training programs](#) to see if previous training can be substituted for some of the 60-hour training they provide. OHA will consider counting these training hours on a case-by-case basis. Additional training programs will be reviewed and added to the OHA list when approved.

If qualified HCIs are applying to become certified prior to the four-year credential expiring, are they still required to complete 24 CEUs?

Depending on the amount of time left on the four-year credential, the HCI may not need to complete the full 24 CEUs. The number of CEUs will be prorated based on the number of years left on the existing credential. Dividing the required 24 CEUs (6 in skills, 6 in ethics, and 12 in other topics) by the four-year period, the hours are calculated as follows:

- ▶ 1 year before your expiration date = 18 CEUs needed
- ▶ 2 years before your expiration date = 12 CEUs needed
- ▶ 3 years before your expiration date = 6 CEUs needed