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PERMANENT ADMINISTRATIVE ORDER

FILED
10/12/2022 12:53 PM
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& LEGISLATIVE COUNSEL

OMB 17-2022
CHAPTER 847
OREGON MEDICAL BOARD

FILING CAPTION: Implementing HB 2359 (2021) requiring health care interpreters

EFFECTIVE DATE: 10/12/2022

AGENCY APPROVED DATE: 10/06/2022

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ADOPT: 847-010-0140

RULE TITLE: Health Care Interpreters

NOTICE FILED DATE: 07/11/2022

RULE SUMMARY: Interpreters offer a language and cultural bridge between a licensee and patient with Limited English Proficiency (LEP) and those who prefer to communicate in a language other than English. The rule implements directives set forth in HB 2359 (2021) requiring OMB licensees, reimbursed with public funds, in whole or in part, to utilize health care interpreters from the Oregon Health Authority's health care interpreter central registry when arranging for or providing services to a person with LEP or who prefers to communicate in a language other than English or who communicates in signed language. The rule aligns with OAR 333-002-0250 adopted by the Orgon Health Authority and provides exceptions for when a licensee is proficient in the patient's preferred language and good faith efforts to locate an interpreter on the registry. See the Health Care Interpreter webpage for more information.

RULE TEXT:

(1) For the purpose of this rule, the following terms are defined:

(a) "Certified health care interpreter" has the meaning given in ORS 413.550, an individual who has been approved and certified by the Oregon Health Authority under ORS 413.558.

(b) "Limited English proficient" or "LEP" means a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.

(c) "Qualified health care interpreter" has the meaning given in ORS 413.550, an individual who has been issued a valid letter of qualification from the authority under ORS 413.558.

(2) Oregon Medical Board licensees, reimbursed with public funds, in whole or in part, must utilize qualified or certified health care interpreters from the Oregon Health Authority's health care interpreter central registry when arranging for or providing services to a person with LEP or who prefers to communicate in a language other than English or who communicates in signed language for onsite interpreting and no later than July 1, 2023, for remote interpreting. Exceptions are allowed when the licensee:

(a) Has documented proficiency in the preferred language of the person with LEP or communicates in the signed language of choice. The licensee must adopt a language services policy, and abide by language proficiency requirements, consistent with nationally recognized professional standards of care as outlined by organizations such as the American

Medical Association, the Joint Commission, the National Committee for Quality Assurance or another equivalent national standard; or

(b) Has made a good faith effort to obtain a health care interpreter from the central registry and has found that none are available to provide interpreting. In this circumstance, the licensee may work with the non-registered interpreter for that visit or episode of care. For each visit or episode of care that a licensee works with a non-registered interpreter, the licensee must create and maintain records of the good faith efforts made by the licensee to work with an interpreter from the central registry. At a minimum, licensees must develop and maintain policies, processes, and outcomes describing:

(A) The steps the licensee takes to work with an interpreter from the central registry for a health care appointment;

(B) The efforts the licensee makes to reduce reliance on interpreters who are not on the central registry; and

(C) How the licensee efforts are increasing the number of health care interpreting appointments scheduled with interpreters from the central registry; or

(c) Has maintained records that the person with LEP or who is Deaf or Hard of Hearing was offered services of a health care interpreter from the health care interpreter central registry at no cost to the person with LEP or who is Deaf or Hard of Hearing and the person with LEP or who is Deaf or Hard of Hearing has declined and chosen a different interpreter.

(3) Licensee must ensure records are maintained of each encounter in which the licensee worked with a health care interpreter from the health care interpreter central registry or worked with an interpreter not on the central registry and met one of the exceptions in section (2) of this rule. The record must include:

(a) The full name of the health care interpreter.

(b) The health care interpreter's central registry number, if applicable.

(c) The language interpreted.

(4) Licensees must provide personal protective equipment, consistent with established national standards, to health care interpreters providing services on-site at no cost to the interpreter. The licensee may not require that the health care interpreter procure the health care interpreter's own personal protective equipment as a condition of working with the licensee.

STATUTORY/OTHER AUTHORITY: ORS 677.265, OL 2021, chapter 453, section 2 (HB 2359)

STATUTES/OTHER IMPLEMENTED: OL 2021, chapter 453, section 2 (HB 2359)