

- SUBJECT:** Advisory committee to study qualifications for health care translators
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 7 ayes — Kolkhorst, Naishtat, J. Davis, Gonzales, S. King, Laubenberg, Zerwas
- 0 nays
- 4 absent — Coleman, Hopson, McReynolds, Truitt
- WITNESSES:** For — Steve Baldwin, Texas Association of the Deaf; Billy Collins; Esther Diaz, Texas Association of Healthcare Interpreters and Translators; Mark Seeger, Communication Services for the Deaf; Patricia Yacovone; (*Registered, but did not testify:* Jennifer Banda, Texas Hospital Association; Steven Bristow, Parkland Health and Hospital System; Randall Ellis, Legacy Community Health Services; Michael Gutierrez; Mazie Jamison, Children’s Medical Center; Bryan Sperry, Children's Hospital Association of Texas)
- Against — None
- BACKGROUND:** Government Code, ch. 531 establishes the Health and Human Services Commission (HHSC) and outlines the duties and functions of the agency.
- The U.S. Department of Health and Human Services (HHS) provides guidance on oral language assistance, including the use of bilingual staff, staff interpreters, and contract interpreters. HHS policy states that interpreters should be trained and competent, but provides no specific guidelines for interpreters or translators to follow.
- DIGEST:** CSHB 233 would require the executive commissioner of HHSC to create the Advisory Committee on Qualifications for Health Care Translators and Interpreters. A health care translator would be a person trained to communicate in writing with a person with limited English proficiency by accurately translating, into English and into the language of the person, written health care-related statements. A health care interpreter would be an individual who was trained to communicate with a person who had limited English proficiency or who was deaf or hard of hearing by

accurately conveying, in English and in the language of the person, the meaning of health care related statements made orally. “Health care” would include medical, surgical, hospital, remedial, or mental health care provided to diagnose, prevent, alleviate, or cure an individual’s injury or illness.

The committee would be composed of at least 10 members appointed by the executive commissioner, including at least one member who was:

- a representative of a professional translators and interpreters association;
- a health care interpreter working with people who had limited English proficiency;
- a health care interpreter working with people who were deaf or hard of hearing;
- a representative of a mental health services provider;
- a representative of a hospital;
- a representative of the insurance industry;
- a representative of a business entity that provided translators and interpreters to health care practitioners;
- a representative of an organization that provided services to immigrants and refugees;
- a representative of an institution of higher education;
- a health care practitioner; and
- a representative of consumer interests.

Members of the committee would not be entitled to receive compensation for their service on the committee but would be entitled to reimbursement of travel expenses.

The committee would establish and recommend qualifications for health care interpreters and health care translators, such as the ability to fluently understand a written or spoken foreign language and accurately translate or interpret messages communicated in that language into English and to accurately translate or interpret messages communicated in English into the other language. Additional qualifications, such as practical experience or holding a professional certificate as a translator or interpreter, also could be required by the committee.

The committee would develop strategies for implementing the regulation of health care interpreters and translators and perform other related activities assigned by HHSC.

The bill would require the committee to advise HHSC on issues involving health care interpreters and translators, such as:

- language proficiency requirements;
- training requirements;
- standards of practice;
- reciprocity agreements with other states;
- content and administration of certification examinations;
- procedures for testing, qualifying, and certifying health care translators and interpreters; and
- legislation necessary to establish and enforce qualifications for health care interpreters and translators or for the adoption of rules by state agencies regulating health care practitioners, hospitals, physician offices, and health care facilities that hire interpreters and translators.

The Advisory Committee on Qualifications for Health Care Translators and Interpreters would be established by the executive commissioner no later than January 1, 2010, and would be abolished by January 1, 2021, unless continued in existence as provided by Government Code, ch. 531. The committee would be subject to the Sunset Act.

The bill would take effect September 1, 2009.