

MINNESOTA
COUNCIL of
HEALTH
PLANS

COURT INTERNATIONAL BUILDING
2550 UNIVERSITY AVENUE WEST
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ST. PAUL, MINNESOTA 55114
651-645-0099 FAX 651-645-0098

March 28, 2016

Representative Rod Hamilton
443 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Blvd.
St. Paul, MN 55155

RE: HF 2345 Interpreter registry

Dear Representative Hamilton:

The Minnesota Council of Health Plans strongly supports your bill, HF 2345, to create a tiered health care interpreter registry. Minnesota's population is becoming more diverse, including persons with limited proficiency in English.

HF 2345 would provide a mechanism to ensure that health care interpreters possess the specialized knowledge and skills to enable accurate and clear communication between patients and providers.

The registry would eliminate redundant costs of quality assurance activities incurred by health care organizations/providers who are currently spending resources on efforts to verify competency of interpreters working through their contracted agencies.

Research shows that use of professionally trained health care interpreters can improve communication between physicians and patients and save health care dollars by decreasing the likelihood of negative outcomes, reducing the number of inpatient days and interventions, increasing the rate of treatment compliance, and preventing misunderstandings that can result in a wrong diagnosis or medication error.

The Council has a single aim: to bring the opportunity for wellbeing within reach for everyone. This bill goes a long way to further that aim.

Thank you for your willingness to carry this important legislation.

Sincerely,



Kathryn Kmit
Director of Policy and Government Affairs

March 21, 2016

Senator Melissa Wiklund
90 University Avenue W.
Minnesota Senate Building, Suite Rm. 2409
Saint Paul, MN 55155

Dear Senator Wiklund:

As the state's leading provider of pediatric care, Children's Hospitals and Clinics of Minnesota supports Senate File 2177/House File 2345, the Spoken Language Healthcare Interpreter Services bill.

Last year, Children's Minnesota provided over 84,000 interpreted services in 64 different languages. These services included inpatient, outpatient, and emergency department visits as well as phone and video translations. They are available 24 hours a day, seven days a week.

Our interpreters play a critical role in our ability to deliver high-quality, family-centered care in a cost-effective way. They facilitate communication between patients, families, and providers and help bridge the gap in communication between linguistic and cultural differences. They offer consultation to both the health care team and patients on culturally specific values, beliefs, health practices, and communication styles. Interpreters ensure that important medical information such as medication directions and dosages, the risks and benefits of certain procedures, symptoms to formulate accurate diagnoses, and consent for care are all accurately and appropriately conveyed.

Our interpreters are an integral part of our care team which is why we support Senate File 2177/House File 2345. This bill would establish a verifiable registry to help ensure we have a set of standard requirements and minimum qualifications to assure the highest patient safety and quality.

We appreciate the opportunity to provide feedback on this important proposal. Thank you for your consideration.

Sincerely,



Maria C. Christu
Chief Legal Officer
Vice President, Advocacy and Health Policy
maria.christu@childrensmn.org

INTERPRETER AGENCIES OF MINNESOTA

March 21, 2016

Senator Melissa Wiklund
Room 2409, Minnesota Senate Building
95 University Avenue West
St. Paul, Minnesota 55155

Dear Senator Wiklund,

I am writing on behalf of Interpreter Agencies of Minnesota in support of S.F. 2177, legislation that seeks to improve interpreter services received by Minnesota patients.

Interpreter services convey medical information between health care professionals and patients and their families. To assure the best possible outcomes, interpreters must be adequately trained in medical terminology and procedures. Interpreters play an important role for the growing number of patients in Minnesota that are not proficient in English.

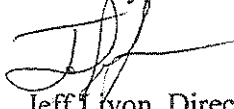
We appreciate the work you and the Health Department have done over the interim to solicit input from stakeholders. The legislation before you moves State policies in the right direction. We do have two suggestions to strengthen the bill.

First, the bill continues existing policy that coverage for spoken language interpreters will be provided only if the interpreter is on the roster or registry. This loophole allows providers to refuse to pay for a rare language even when an agency has an experienced interpreter available. Refusing to pay for an interpreter when one is available could be a violation of Title 6 of the US Civil Rights Act and could leave medical facilities receiving federal funds vulnerable to a civil rights suit. We recommend that the Advisory Council review this loophole and recommend changes to assure meaningful access to all Limited English Proficiency communities, even those whose languages may not appear on the registry.

Second, Minnesota should be consistent with national standards. We suggest that instead of mandating 60 hours of education that Minnesota's educational requirements match the hours required by national medical interpreter accrediting groups. If Minnesota puts a number into statute, it could quickly become out of sync with national standards.

Again, we appreciate your work on this important issue. This legislation is needed and will help assure patients and their providers are getting accurate information when health care services are delivered.

Sincerely,



Jeff Livon, Director

1431 W 32ND STREET MINNEAPOLIS, MINNESOTA 55408



March 23, 2016

Dear Esteemed Legislators:

We are writing in support of bill number SF2177/HF2345 to require minimum qualifications for interpreters that provide interpreting services for Medical Assistance and Pre-paid Medical Assistance Plan Limited-English-Proficiency (LEP) patients. Our professional interpreting experience spans 3 decades, since 1986. We provide interpreting services in over 70 languages for and for all types of medical and healthcare related appointments in outstate/central MN and the Twin Cities. Our agency alone provided interpreters for over 22,000 appointments, the majority of these medical and community related.

A snapshot of the current medical interpreting field would capture that there are trained and untrained interpreters and the range of qualities provided by them. How this translates is that patients receiving services from untrained interpreters (who most likely are bilingual individuals without ethics and skills training) would receive substandard services resulting in misdiagnosis, unnecessary medical tests and ineffective communication between patients and providers, all due to inaccurate interpreting, lack of training or lack of skills to facilitate communication.

A trained interpreter would eliminate the language barrier and ensure that LEP patients are on equal footing like English speaking patients to have their concerns and medical needs addressed by medical providers.

Please vote in support of this bill so that medical providers and LEP patients will receive better quality service from interpreters. This will move our community into healthier minds and bodies for the future. Do not hesitate to contact me if you have any questions. Thank you for your support on this bill.

Best Regards,

Francisco J. Almarza
CEO
The Bridge-World Language Center, Inc.

March 17, 2016

Dear Honorable Senator Melissa Wiklund:

Thank you for being chief author of bill SF2177, which seeks to ensure that Limited-English-Proficiency (LEP) recipients enrolled in Minnesota Health Care Programs receive interpreting services from qualified and competent interpreters. I appreciate your scheduling a hearing soon on this bill with the Senate Health, Human Services and Housing Policy Committee.

I have advocated for and supported professional interpreter training since I first supervised interpreters in 1989 at the Minneapolis Health Department's Maternal and Child Health clinics. Minnesota does not have qualification requirements or competency standards for healthcare spoken language interpreters. For many years, the Minnesota Judicial Branch Court Interpreter Program has had requirements of training, testing, and certification in place. We are overdue to establish similar requirements for the spoken healthcare interpreter service field.

A verified interpreter registry would provide a mechanism to ensure that health care interpreters possess the specialized knowledge and skills to assure accurate communication between patients and providers. Minimum interpreter training and qualifications are needed for the following reasons:

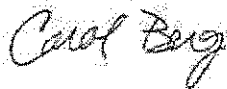
- **Financial:** Reduce miscommunication that results in: inappropriate Emergency Department visits, unnecessary hospital admissions, increased diagnostic test costs, etc. The registry would also eliminate redundant costs of quality assurance activities incurred by health care organizations and providers who are currently spending resources on efforts to verify competency of interpreters.
- **Quality health care:** Reduce medical errors, increase patient compliance and satisfaction, improve primary care utilization.
- **Regulatory:** Providing competent interpreter services is mandated by Federal law (Title VI of Civil Rights Act of 1964), State law (Minnesota statutes), and accrediting bodies such as the Joint Commission.

Bill SF2177 is common-sense and balanced legislation. It is the result of more than a decade of collaboration among stakeholders of the healthcare interpreter field (including individual interpreters, interpreter agencies, health care providers, health care organizations and health plans, training institutions, government agencies, and community organizations.)

Accurate communication in health services is essential to advancing health equity and eliminating health disparities in our state (a commitment of both the Minnesota Department of Health and Department of Human Services). SF2177 would help to advance health equality by ensuring LEP patients of minority communities having meaningful access to qualified and competent interpreters to achieve better health outcomes.

Thank you for scheduling a hearing on bill SF2177. I am grateful for your consideration.

Respectfully,



Carol Berg, RN, BSN, MPH
Retired Public Health Nurse
2412 27th Avenue South
Minneapolis, MN 55406

March 20, 2016

Re: SF 2177 - Spoken Language Healthcare Interpreter Registry Bill

Honorable Legislators,

My name is Nataliya Holen, I have been working as a Russian language interpreter for over ten years, most of the time for one of the biggest healthcare systems in Minnesota. I was one of the first nationally certified Russian interpreters in Minnesota, as I always realized the importance of training and professionalism when providing interpreter services to patients with limited English proficiency.

An interpreter is a part of the medical team when dealing with a patient with limited English proficient. When an interpreter rendered the messages from the patient and provider accurately and completely, the provider will most likely reach the correct diagnosis, and the patient will most likely receive the proper treatment.

The Office of Minority Health standard states that the use of untrained interpreters should be avoided. Minnesota health care providers, hospitals, clinics are working diligently to meet this standard. They also place expectations on agency interpreters, as well as individual interpreters to be accountable to our profession.

However, if an interpreter is deemed to be incompetent or fraudulent, Minnesota does not have a process to ensure that the specific interpreter is not allowed to practice in health care interpreting in the state. The interpreter can and will continue to participate via eighty different agencies in Minnesota. SF 2177 will provide a mechanism to ensure integrity in the medical interpreting field.

Opponents of this bill claim that this statute will limit patient access to quality health care just as the roster. SF2177 defines the standard and requirements to be a qualified healthcare interpreter in Minnesota. This bill will improve the quality of the medical encounter and result in better health outcomes for patients due to access to qualified interpreters.

I urge the committee to support SF2177.

If I can provide any further information, please do not hesitate to contact me.

Respectfully,

Nataliya Holen

CMI-Russian,

Tel: (763)228-1965

Email: Nataliya.Holen@allina.com

March 20, 2016

Dear Esteemed Legislators,

I am writing in support of bill number SF2177/HF2345 to require minimum qualifications for interpreters that provide interpreting services for Medical Assistant and MinnesotaCare Limited-English-Proficiency (LEP) patients. My professional interpreting experience has been as a staff interpreter at a major health care system for 8 years, and most recently as an independent contractor for a local agency. Furthermore, I have Hmong speaking relatives and friends that utilize interpreter services at their medical appointments.

A snapshot of the current medical interpreting field would capture that there are trained and untrained interpreters and the range of qualities provided by them. How this translates is that patients receiving services from untrained interpreters (who most likely are bilingual individuals without ethics and skills training) would receive substandard services resulting in misdiagnosis, unnecessary medical tests and ineffective communication between patients and providers- due to inaccurate interpreting or lack of skills to facilitate communication.

A trained interpreter would eliminate the language barrier and ensure that LEP patients are on equal footing like English speaking patients to have their concerns and medical needs addressed by medical providers.

Please vote in support of this bill so that medical providers and LEP patients will receive better quality service from interpreters. This will move our community into healthier minds and bodies for the future. Do not hesitate to contact me if you have any questions. Thank you for your support on this bill.

Best,

Pakou Xiong

798 Blair Ave

St. Paul, MN 55104

651-226-1867

March 21, 2016

Honorable Legislators,

My name is Katy Perez, I am a nurse manager at St Joseph's hospital in Saint Paul. I am writing to let you know I am in support of Senate File 2177/House File 2345. As a healthcare professional, I greatly value interpreter services. This bill will set a necessary minimum standard for interpreter proficiency and will advance this very needed field. Thank you for your consideration of the bill.

A handwritten signature in cursive script that reads "Katy Perez".

Katy Perez, RN
530 Dorland Rd. S.,
Maplewood MN, 55119

Dearest reader

I wanted to share with you my story (as a family member and decision maker of a LEP patient), my Mother's and my Father's (the LEP Patient) story. On the 9th of August 2015 we brought my father to the Emergency Room at a local hospital because his left arm was swollen, warm to the touch, hurting and throbbing. He passed away at the end of August 2015 after being diagnosed with stage 4 gastrointestinal cancer. I strongly felt that his experience could've been better, he and I would've made better informed medical decisions had we had better access to qualified medical interpreters. We experience a number of unqualified medical interpreters and needless to say, these individuals did not help my father's situation but made the situation more complicated. The interpreter's registry bills holds a very sincere place in my heart.

There were interpreters that lacked skill and professionalism which in turn greatly impacted my fathers overall care (Lack of clarification, transparency, accuracy, terminology and in one situation the interpreter was very sick and not able to stand because she felt like fainting but refused to leave and insisted on staying because she wanted to diagnose herself and of course get paid).

My father often times did not fully comprehend the repercussions of the decisions he was making regarding his medical care due to omissions, lack of clarification and lack of transparency. Lack of a qualified medical interpreter caused delays in patient understanding and patient care. My father had procedures done which left him feeling mistreated because he didn't understand what was going on due to omissions, lack of transparency and clarification.

Eventually my father felt more a burden than a patient but he was always so grateful to his nurses and doctors. We saw that my father loved his care team. He felt loved and well cared for by unit staff and his primary care provider but more often than not, he heavily relied on his own family to clarify to him his care team's intent and in return share his gratitude. My parents were afraid of complaining, afraid that if she said anything wrong, it would impact the quality of my Father's care. She didn't understand their rights of being entitled to a qualified medical interpreter. She and my father took whatever was given to them. I was frustrated but there was so little the hospital could do for us and eventually, we took whoever was given out of desperation because we could no longer keep turning away unqualified interpreters and resided ourselves to filling in the gaps wherever there were some, which was way to often.

My father's story is only one out of the many reasons why it is so important that the interpreter's registry bill be passed and a system set to help standardize the quality of interpreter skills, services and professionalism. Individuals who are not English proficient deserve no less than those of deaf or hard of hearing individuals. While it is easier to say that it is up to each individual to better themselves, it is also essential that there be a standard with which they should be able to begin with. A standard in which to measure themselves to. Being bilingual is not enough to pass as an interpreter.

I pride myself on being a professional and a qualified (CORECHI Certified) interpreter. There is so much more to interpreting than just accepting a scheduled request and showing up. I would not give services of any less quality to any one that I would not want for my family, friends, peers, coworkers or strangers that I meet. I hold myself accountable to the standards of practice and code of ethics set by the National Counsel of interpreting in Health Care and multiple other local and international interpreting associations. I continue to better myself as an individual, a professional and a member of my community.

Please help us uphold and set in place the standards of qualified meaningful communication services to our limited English proficient (LEP) families and individuals in Minnesota. Creating a pool of qualified interpreters not only gives LEP access to quality medical care but equal medical care. Please help us pave the way to build and improve upon the interpreting services that we currently have now. Help us give those who need the extra push to better themselves. I support The Spoken Language Health Care interpreter tiered Registry Bill and ask that you help us, everyone I've listed in this letter, support it as well.

Sincerely
Chee Xiong

Sen.Melissa Wiklund

From: Marylu DaSilva <Marylu.DaSilva@childrensmn.org>
Sent: Monday, March 21, 2016 9:40 AM
To: Sen.Melissa Wiklund
Subject: Senate File 2177/House File 2345

March 21, 2016

Dear Sen. Wiklund,

My name is Mary DaSilva, I am the Lead Spanish Interpreter at Children's Hospital and Clinics of MN. I am writing to support the passage of Senate File 2177/House File 2345 because I care about having qualified interpreters for LEP patients and their families and this bill will set minimum standards for the interpreting field. I have heard about too many bad experiences with unqualified and untrained interpreters and we need minimum standards and regulations for the interpreting field. This is about patient's rights, their right to a qualified and trained interpreter.

Mary DaSilva
4391 Garden Trail
Eagan, MN 55123

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Sen.Melissa Wiklund

From: Safiya Jama <Safiya.Jama@childrensmn.org>
Sent: Monday, March 21, 2016 9:56 AM
To: Sen.Melissa Wiklund
Subject: Senate hearing-Interpreting bill

March 21, 2016

Dear Sen. Wiklund

My name is Safiya Jama. I am a Somali interpreter working at Children's Hospital and Clinics of Minnesota. I am writing to support the passage of Senate File 2177/House File 2345 because I care about having qualified interpreters for LEP patients and this bill will set minimum standards for the interpreting field (or I have heard about many bad experiences with interpreters and we need minimum standards and regulations for the interpreting field.

Thank you

Sincerely,

Safiya Jama
2525 Chicago Avenue South
Minneapolis, MN 55404
612-813-7723

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M www.minnpost.com/community-voices/2015/04/patient-was-not-intoxicated-issue-language-barriers-our-health-care-system

By Bushra Hossain | 04/10/15

A large majority of the mistakes that occur during interpretation are the result of a lack of proper and adequate training.

One out of every 10 people in Minnesota speaks a language other than English within the home. Their limited ability to speak and understand the language has become a struggle in their daily lives of accessing necessities. This battle becomes especially prominent within the health-care setting because of a lack of adequate interpreter services.

Bushra Hossain

A study in the Journal of the American Medical Association revealed that limited English proficient (LEP) patients who do not receive adequate interpreter services when needed are unlikely to understand their diagnosis and treatment provided by their physician (MDH, 2015). Similarly, a lack of understanding between the patient and provider can result in life-threatening misdiagnoses. In one specific Florida case, the Spanish-speaking relatives of an 18-year-old LEP patient told health professionals that he was "intoxicado." They meant "nauseous," but were misinterpreted as meaning "intoxicated," thus leading to a misdiagnosis of a brain aneurysm as a drug overdose. This costly mistake not only caused the teen permanent quadriplegia, but it also cost \$71 million in a malpractice settlement.

Unfortunately, mistakes within the health-care system resulting from misinterpretation are fairly common. In a study that analyzed interpreter services in a pediatric clinic, results showed that official interpreters made 231 errors, 53 percent of which could have potentially caused clinical problems. In addition, ad



errors and unnecessary tests and hospitalizations, adding to the costs in health care as well as human life).

A large majority of the mistakes that occur during interpretation are the result of a lack of proper and adequate training. A person who is bilingual cannot be automatically considered an interpreter, yet it does happen that they become interpreters without sufficient background or medical training. This enhances the issue of the quality of interpreter services that are being provided. Interpreters in Minnesota do not share a universal set of qualifications and experience, which can lead to discrepancies in patient care, diagnosis, and treatment.

Standardizing the qualifications that interpreters are required to meet to practice in health-care settings is vital to ensuring the quality of care that LEP patients receive. The Minnesota Department of Health has drafted a legislative report, "Interpreting in Healthcare Settings." [PDF] This report provides recommendations of a tiered registry for interpreters. All interpreters would be required to be listed in the registry and meet minimum qualifications of training. The minimum qualifications, as laid out by the Minnesota Department of Health require interpreters 1) to be at least 18 years of age, 2) pass a Medical Interpreter Ethics and Standards of Practice test, and 3) pass a Medical Terminology test (MDH, 2015). Each additional tier requires a higher set of qualifications, including attending medical interpreter training and attaining national certification in medical interpreting.

The recommended four-tier registry system for interpreters is intended to create a well-established system of providing competent interpreter services to health-care systems across Minnesota. In meeting the qualifications and recommendations presented by the Minnesota Department of Health, our health-care system can reduce medical errors and cost associated with inadequate interpretation and can effectively meet the health-care needs of the LEP population.

Bushra Hossain is working on her master's degree in public health at the University of Minnesota, focusing on policy and advocacy for underserved populations.

WANT TO ADD YOUR VOICE?

Enter your first name.

Enter your last name.

Sen.Melissa Wiklund

From: Cristiano Mazzei <Cristiano.Mazzei@century.edu>
Sent: Monday, March 21, 2016 9:02 AM
To: Sen.Melissa Wiklund
Cc: Jesse Mason; Michael Berndt
Subject: Bill SF2177 - Spoken Language Healthcare Interpreters

March 21, 2015

Honorable Senator Melissa Wiklund,

I am writing in support of Bill SF2177 (Spoken Language Healthcare Interpreters), which seeks to ensure that limited English proficient (LEP) patients have equal access to healthcare by receiving qualified and competent services performed by trained healthcare interpreters.

As an educator of interpreters and translators there is a great misconception in some sectors of the industry that claims that anyone with any level of proficiency in two languages can perform the complex tasks interpreters do in any setting, especially in healthcare. Some of the skills my students learn in our courses in order to prepare for such critical job include, but are not limited to, subject area knowledge (healthcare), professional conduct, ethical behavior, interpersonal skills, decision-making skills, topic preparation, analysis and memory skills, critical thinking, concentration, stamina, monitoring/control, and interpreting skills (simultaneous, consecutive, and sight translation).

For too many years, MN has not had qualification requirements or competency standards for healthcare spoken language interpreters. Currently, anyone who claims to speak a language other than English and pay an annual fee can become part of the MN roster of healthcare interpreters. Such roster members are then hired to work in hospitals and clinics throughout the state. This is a very dangerous and risky situation.

In 2015, MDH prepared a thorough report to the legislature, based on interviews with 650 interpreters and other interpreting stakeholders in MN, with recommendations for a tiered, verified registry to replace the current Spoken Language Health Care Interpreter Roster, which calls for training and education at different levels. SF2177 would help advance health equality by ensuring LEP patients have meaningful access to qualified and competent interpreters and achieve better health outcomes.

Respectfully,

Cristiano Mazzei
Translating & Interpreting Faculty and Coordinator
Century College
www.century.edu/trin

Sent from [Mail](#) for Windows 10

March 20, 2016

Re: SF 2177 - Spoken Language Healthcare Interpreter Registry Bill

Honorable Legislators,

My name is Nataliya Holen, I have been working as a Russian language interpreter for over ten years, most of the time for one of the biggest healthcare systems in Minnesota. I was one of the first nationally certified Russian interpreters in Minnesota, as I always realized the importance of training and professionalism when providing interpreter services to patients with limited English proficiency.

An interpreter is a part of the medical team when dealing with a patient with limited English proficient. When an interpreter rendered the messages from the patient and provider accurately and completely, the provider will most likely reach the correct diagnosis, and the patient will most likely receive the proper treatment.

The Office of Minority Health standard states that the use of untrained interpreters should be avoided. Minnesota health care providers, hospitals, clinics are working diligently to meet this standard. They also place expectations on agency interpreters, as well as individual interpreters to be accountable to our profession.

However, if an interpreter is deemed to be incompetent or fraudulent, Minnesota does not have a process to ensure that the specific interpreter is not allowed to practice in health care interpreting in the state. The interpreter can and will continue to participate via eighty different agencies in Minnesota. SF 2177 will provide a mechanism to ensure integrity in the medical interpreting field.

Opponents of this bill claim that this statute will limit patient access to quality health care just as the roster. SF2177 defines the standard and requirements to be a qualified healthcare interpreter in Minnesota. This bill will improve the quality of the medical encounter and result in better health outcomes for patients due to access to qualified interpreters.

I urge the committee to support SF2177.

If I can provide any further information, please do not hesitate to contact me.


Respectfully,

Nataliya Holen

CMI-Russian,

Tel: (763)228-1965

Email: Nataliya.Holen@allina.com



Lingua One

Dear Legislators:

My name is Tess Donato. I have had an interpreting agency in Southern Minnesota called LinguaOne since 2005. Over the years, I have witnessed time and time again first hand bilingual people calling themselves interpreters, yet lack training, and even basic fundamental Code of Conduct (confidentiality, impartiality, boundaries, continuing education, accuracy, professionalism, respect, and patient advocacy) perform the services. Most interpreters who lack training would not be able to tell you what the Code of Conduct is, much less, how to implement it as an interpreter. These 'interpreters' are misrepresenting themselves and the industry and creating a huge concern in patient safety and disparity in the quality of care for patient.

In the state of Minnesota there are over 3,500 interpreters practicing in healthcare facilities, many of them lack training, or have very little training to perform these services. Out of those 3,500 interpreters, there are approximately 120 certified interpreters. Certified interpreters are ones that have passed a written AND oral test in the language that they interpret in. In order to take these tests, one needs to have a minimum of 40 hour training, and perform interpreter services for at least one year. Credentials are verified before the exam is scheduled by the National Board of Certified Medical Interpreting, or the Certification Commission in Healthcare.

One huge misrepresentation is when interpreters do receive some kind of training, they call themselves 'certified'. They are confusing their training certificate with the word 'certification', which are two very distinct things. This misrepresentation of not knowing the difference between a 'certificate' and 'certification' is an indicator that interpreters really lack training.

The lack of unqualified interpreters that are interpreting in healthcare settings is appalling. The use of agencies that contract with unqualified interpreters is rampant. The interpreting agencies pay the

unqualified interpreters less. Unqualified interpreters have saturated the field, and even they do not have enough work to keep them busy, thus further eroding their chances of pursuing the career of being a professional interpreter.

Personally, I have witnessed interpreters calling patients their 'clients', and the agencies that contract with them allow this! These interpreters route all of the patients calls to them as the interpreter, the interpreter set up the future appointments for the patient. This is a breach of impartiality and confidentiality. In fact, if another interpreter happens to encounter another interpreter's so called 'patient' that interpreter gets angry and territorial with a fellow interpreter, because they see the 'patient' as theirs.

On October 3, 2013, I personally witnessed another interpreter interpreting for a doctor. I was in the same room as the doctor, patient and interpreter. The patient said, 'shoulder', and the interpreter said, 'leg'. Can you imagine this interpreter interpreting for open heart surgery, or for a birth? There would be serious consequences for the inaccuracy of interpretation! This same interpreter proceeded to stay in the consultation room with the patient, and ask the patient about her family, her work, and even gave advice about what to say and what not to say to the doctor about her condition. Again, this is another breach of impartiality and confidentiality.

Another issue that is occurring is interpreters befriending doctors and/or patients in order to 'build their clientele'. Interpreters attend weddings, parties, holiday events, and even church services to gain clients. This, again, creates a concern for patient confidentiality.

As an agency, I receive calls on a weekly basis from interpreters wanting to interpret for LinguaOne. These interpreters are already on the roster, and interpreting for other agencies, yet, I cannot understand their English. Their proficiency in English is unintelligible!

We need this SF2177_HF2345 bill to pass. Take a look at precedence. There are two that have already been established and for quite some time.

Precedence 1:

Minnesota Court Certified Interpreters - Certified interpreters are used first and when one is not available, a roster interpreter is called. There is always need for roster interpreters.

Precedence 2:

In Minnesota, American Sign Language interpreters have a registry (MN RID) for certified interpreters only. This registry is public information and the interpreter's certifications are verified along with their full name, address, email, phone number. There is a demand for certified interpreters. However, the demand is so high for interpreters that interpreters with lesser certification are still able to find work.

SF2177/HF2345 is following precedence and will assure that interpreter credentials are being verified. It will be a mechanism that identifies quality interpreters so that medical facilities have a quick reference as to whom they can safely use and to keep costs at a minimum.

I urge you, as a President of an interpreter agency, please support this bill!

Respectfully,

Tessa Donato

LinguaOne President

113 Quinion Drive

Mankato, MN 56001

www.lingua-one.com

tessa@lingua-one.com