



**HB2419 Rules Advisory Committee (RAC) Agenda**

Wednesday, October 21, 2015 - 11:00 a.m. – 12:30 p.m.

**Portland State Office Building  
800 NE Oregon Street  
Room 221-25**

Participant: Conference Call Line: (877)873-8017

Participant pin: 441654#

Host: Code 315446 (OHA STAFF)

**Purpose of HB 2419:** Requires OHA to remove the fee requirements for qualification and certification and adds requirements for American Sign Language Interpretation.

**Purpose of HB 2419 RAC:** To advise provide feedback and input on the development of the rules, as well as review of the Statement of Fiscal Impact for the proposed rules.

#	Time	Topic	Content
1	30 mins 11:00 – 11:30	<b>Introductions/ Agenda Review</b>	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Name/Affiliation Introductions</li> <li>• Agenda Review</li> <li>• Visioning and Agreements</li> </ul>
2	15 mins 11:30 – 11:45	<b>Rulemaking Review</b>	<ul style="list-style-type: none"> <li>• Roles: Rules Advisory Committee, OHA Leadership, and Facilitator</li> <li>• Timeline</li> </ul>
3	30 mins 11:45-12:15	<b>HB2419 Legislation and Scope Review</b>	<ul style="list-style-type: none"> <li>• HB2419 Requirements</li> <li>• Other rulemaking change</li> </ul>
4	15 mins 12:15 – 12:30	<b>Public Comment</b>	
5			
6			

**Attached Meeting Materials**

- HB2419 Enrolled Bill
- RAC member list
- RAC Timeline
- Rules (current)

April Johnson  
OHA Office of Equity and Inclusion  
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The Oregon Health Authority Office of Equity and Inclusion (OEI) strives to ensure the comfort and safety of staff and visitors by requiring a smoke free environment and encouraging a fragrance free environment.

If you have a disability and need a modification to attend or fully participate in this event, please contact: Maria Elena Castro 503-884-4448



HCI Rules by Section

Current Rule Language	HB 2419 Statutory Authority Language	Proposed Rule Language – DOJ Reviewed	Committee Issues/Concerns/Edits
<p><b>333-002-0000</b></p> <p><b>Purpose</b></p> <p>(1) Title VI of the Civil Rights Act of 1964 mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The purpose of these rules is to establish a central registry and procedures for the qualification or certification of health care interpreters for persons with Limited English Proficiency (LEP).</p> <p>(2) Any individual providing interpreting services, either in-person or remotely, and using the techniques of consecutive interpreting, sight translation, or simultaneous interpreting may elect to participate in the Health Care Interpreter program.</p>		<p><b>333-002-0000</b></p> <p><b>Purpose</b></p> <p>(1) <del>(4)</del> These rules establish the Health Care Interpreter program, a central registry and procedures for certification and qualification of health care interpreters for persons with limited English proficiency (LEP). Title VI of the Civil Rights Act of 1964 mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The purpose of these rules is to establish a central registry and procedures for the qualification or certification of health care interpreters for persons with Limited English Proficiency (LEP).</p> <p>(2) These rules are designed to allow the Oregon Health Authority to comply with Title VI of the Civil Rights Act of 1964 which mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.</p> <p>(3) <del>(2)</del> Any individual providing interpreting services, either in-person or remotely, and using the techniques of consecutive interpreting, sight translation, or simultaneous interpreting may elect to participate in the Health Care Interpreter program.</p>	
<p><b>333-002-0010</b></p> <p><b>Definitions</b></p> <p>As used in chapter 333, division 2 the following definitions apply:</p> <p>(1) "Applicant" means any individual who has applied under OAR 333-002-0050 for registry enrollment, qualification, or certification as a health care interpreter for any of the following languages: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. The state reserves the right to encompass additional languages at a later date.</p> <p>(2) "Authority" means the Oregon Health Authority.</p> <p>(3) "Central Registry" means a registry of individuals recognized as health care interpreters maintained by the Authority in accordance with OAR 333-002-0030.</p> <p>(4) "Certified Health Care Interpreter" means an individual who has been issued an approved certificate by the Authority under the provisions of OAR 333-002-0150.</p> <p>(5) "Consecutive Interpreting" means the conversion of a speaker's message into another language after the speaker pauses.</p>	<p><b>SECTION 1. ORS 413.550 is amended to read: 413.550.</b></p> <p><b>As used in ORS 413.550 to 413.558:</b></p> <p><b>Definitions</b></p> <p>[(1) "Health care interpreter" means a person who is readily able to communicate with a person with limited English proficiency and to accurately translate the written or oral statements of the person with limited English proficiency into English, and who is readily able to translate the written or oral statements of other persons into the language of the person with limited English proficiency.]</p> <p>[(2) "Health care" means medical, surgical or hospital care or any other remedial care recognized by state law, including mental health care.]</p> <p>(1) "Certified health care interpreter" means an individual who has been approved and certified by the Oregon Health Authority.</p> <p>(2) "Health care" means medical, surgical or hospital care or any other remedial care recognized by state law, including physical and behavioral health care.</p> <p>(3) "Health care interpreter" means an individual</p>	<p><b>333-002-0010</b></p> <p><b>Definitions</b></p> <p>As used in chapter 333, division 2 the following definitions apply:</p> <p>(1) "Applicant" means any individual who has applied under OAR 333-002-0050 for registry enrollment, qualification, or certification as a health care interpreter for any of the following languages <b>including but not limited to:</b> Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. <del>The state reserves the right to encompass additional languages at a later date.</del></p> <p>(2) "Authority" means the Oregon Health Authority.</p> <p>(3) "Central <del>r</del>Registry" means a registry of individuals recognized as health care interpreters <del>and</del> maintained by the Authority <del>in accordance with OAR 333-002-0030.</del></p> <p>(4) "Certified <del>h</del>Health <del>c</del>Care <del>Interpreter</del>interpreter" means an individual who has been issued <del>an approved</del> a certificate by the Authority under <del>the se rules</del> provisions of OAR 333-002-0150.</p> <p><del>(5) "Consecutive <del>i</del>nterpreting" means the conversion of a speaker's</del></p>	

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<p>(6) "Formal Training" means training obtained in a formal academic setting, seminars, in-service trainings, or other substantive distance learning.</p> <p>(7) "Fluency" means the ability to effectively communicate between the patient and the medical provider including, but not limited to, the ability to interpret the dialect, slang, or specialized vocabulary of a language to ensure the provision of high quality care.</p> <p>(8) "Health Care" means medical, surgical or hospital care, or any other remedial care recognized by state law, including mental health care.</p> <p>(9) "Health Care Interpreter" (HCI) means an individual who is readily able to communicate with an individual with limited English proficiency and to accurately translate the written and interpret the oral statements of the individual with limited English proficiency into English, and who is readily able to translate the written and interpret the oral statements of other individuals into the language of the individual with limited English proficiency.</p> <p>(10) "Interpreting" means the process of understanding and analyzing a spoken message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social context into account.</p> <p>(11) "Interpreting Knowledge" means an entry-level range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.</p> <p>(12) "Interpreting Proficiency" means a wide range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and ability to translate the necessary information between the medical provider and the patient.</p> <p>(13) "Limited English Proficient" or (LEP) means a legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.</p> <p>(14) "Office of Multicultural Health and Services" (OMHS) means a central administrative support office of the Authority.</p> <p>(15) "Oregon Council on Health Care Interpreters" means the advisory body of experts in the areas of language and health care interpreting, industry professionals, educators and community representatives.</p> <p>(16) "Qualified Health Care Interpreter" means an individual who has been issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140.</p> <p>(17) "Remote Interpreting" means interpreting services provided</p>	<p>who is readily able to:</p> <p>(a) Communicate with a person with limited English proficiency;</p> <p>(b) Accurately interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in sign language, into English;</p> <p>(c) Sight translate documents from a person with limited English proficiency;</p> <p>(d) Interpret the oral statements of other persons into the language of the person with limited English proficiency or into sign language; and</p> <p>(e) Sight translate documents in English into the language of the person with limited English proficiency.</p> <p>Enrolled House Bill 2419 (HB 2419-B) Page 1 [(3)] (4) "Person with limited English proficiency" means a person who, by reason of place of birth or culture, speaks a language other than English and does not speak English with adequate ability to communicate effectively with a health care provider.</p> <p>(5) "Qualified health care interpreter" means an individual who has received a valid letter of qualification from the authority.</p> <p>(6) "Sight translate" means to translate a written document into spoken or sign language.</p>	<p>message into another language after the speaker pauses.</p> <p>(6) "Formal Training" means training obtained in a formal academic setting, seminars, in-service trainings, or other substantive distance learning.</p> <p>(7) "Fluency" means the ability to effectively communicate between the patient and the medical provider including, but not limited to, the ability to interpret the dialect, slang, or specialized vocabulary of a language to ensure the provision of high quality care.</p> <p><b>(8) "Health Care" means medical, surgical or hospital care or any other remedial care recognized by state law, including physical, dental and behavioral health care."</b></p> <p><del>medical, surgical or hospital care, or any other remedial care recognized by state law, including mental health care.</del></p> <p>(9) "Health Care Interpreter" (HCI) means <del>"a person who is readily able to:</del></p> <p>(a) <del>C</del>ommunicate with a <del>person</del> individual with limited English <del>p</del>roficiency</p> <p>(b) <del>A and to accurately interpret the oral statements and sight translate documents of the person individual with limited English proficiency from the individual's language into English. into English and sight translate documents from said person's language into English, and who is</del></p> <p>(c) <del>Accurately readily able interpret the oral statements and sight translate documents of other persons into the language of the person individual with limited English proficiency, and to sight translate documents in English into the language of the person with limited English proficiency."</del>means an individual who is readily able to communicate with an individual with limited English proficiency and to accurately translate the written and interpret the oral statements of the individual with limited English proficiency into English, and who is readily able to translate the written and interpret the oral statements of other individuals into the language of the individual with limited English proficiency.</p> <p>(10) "Interpreting" means the process of understanding and analyzing a spoken message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social context into account.</p> <p>(11) "Interpreting <del>k</del>nowledge" means an entry-level range of <del>interpreting knowledge and</del> skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.</p> <p>(12) "Interpreting <del>p</del>roficiency" means a wide range of interpreting</p>	
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Comment [KLW1]: Do we really need this definition?

Comment [KLW2]: Again do we really need this definition?

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Comment [AJ3]: Should we remove this?

via telephone, video, online or any other electronic means where at least one of the principal participants is physically present in Oregon.

(18) "Sight Translation" means translation of a written document into spoken language.

(19) "Simultaneous Interpreting" means converting a speaker's message into another language while the speaker continues to speak.

(20) "Translation" means the conversion of written text into a corresponding written text in a different language.

(21) "Verifiable Evidence" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include employer endorsement, pay statement, services contract, remittance advice, student practicum, or intern time log.

(22) "Written verification" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and the ability to translate the necessary information between the medical provider and the patient.

(13) "Limited English pProficient" or (LEP) means a legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.

(14) "Office of Multicultural Health and Services of Equity and Inclusion" (OMHSOEI) means a central administrative support office of the Authority.

(15) "Oregon Council on Health Care Interpreters" means the advisory body of experts in the areas of language and health care interpreting, industry professionals, educators and community representatives.

(16) "Qualified Health Care Interpreter" means an individual who has been issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140.

(17) "Remote iinterpreting" means interpreting services provided via using telephone, video, online or any other electronic means where at least one of the principal participants is physically present in Oregon.

(18) "Sight tTranslation" means translation of a written document into spoken language.

(19) "Simultaneous iinterpreting" means converting translating a speaker's message into another language while the speaker continues to speak.

(20) "Translation" means the conversion of written text into a corresponding written text in a different language.

~~(21) "Verifiable Evidence" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include employer endorsement, pay statement, services contract, remittance advice, student practicum, or intern time log. Same as 22~~

~~(22)~~(21) "Written verification" means the provision of documented proof by means that establish authenticity of submitted documents are in a reasonably reliable to manner establish authenticity of submitted documents, and may Documentation may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

Comment [KLW4]: I get that the one above is about "simple instructions" but I am not sure this conveys a higher level of functionality.

Comment [KLW5]: I would suggest looking at where converting vs. translating is used and choosing one to use consistently.

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Comment [KLW6]: See previous comment

<p><b>333-002-0020</b></p> <p><b>Health Care Interpreter Services</b></p> <p>Any individual providing Consecutive Interpreting, Interpreting Services, Remote Interpreting, Sight Translation or Simultaneous Interpreting as defined in this division may:</p> <p>(1) Voluntarily meet the eligibility standards for registry enrollment established in OAR 333-002-0040 and be added to the central registry under the provisions of OAR 333-002-0130; or</p> <p>(2) Voluntarily meet the requirements of qualification established in OAR 333-002-0040 and be issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140; or</p> <p>(3) Voluntarily meet the requirements of certification established in OAR 333-002-0040 and be issued a valid letter of certification by the Authority under the provisions of OAR 333-002-0150.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p> <p><b>333-002-0030</b></p> <p><b>Central Registry</b></p> <p>The Authority will maintain a central registry of individuals who are registered, qualified, and certified to provide health care interpreter services as defined in OAR 333-002-0020.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><b>333-002-0020</b></p> <p><b>Health Care Interpreter Services</b></p> <p>Any individual providing <del>c</del>Consecutive <del>i</del>Interpreting, <del>i</del>Interpreting <del>s</del>Services, <del>r</del>Remote <del>i</del>Interpreting, <del>s</del>Sight <del>t</del>ranslation or <del>s</del>Simultaneous <del>i</del>Interpreting as defined in this division may <u>voluntarily meet the eligibility standards for qualification or certification enrollment established in OAR 333-002-0040 and be:</u></p> <p><del>(1) Voluntarily meet the eligibility standards for registry qualification or certification enrollment established in OAR 333-002-0040 and be added to the central registry under the provisions of OAR 333-002-0130; or</del></p> <p><del>(2) Voluntarily meet the requirements of qualification established in OAR 333-002-0040 and be issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140; or</del></p> <p><del>(3) Voluntarily meet the requirements of certification established in OAR 333-002-0040 and be issued</del>Be issued a valid letter of certification by the Authority, <u>under the provisions of OAR 333-002-0150.</u></p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p> <p>.</p> <p><b>333-002-0030</b></p> <p><b>Central Registry</b></p> <p>The Authority will maintain a central registry of individuals <b>who are qualified, and certified</b> to provide health care interpreter services as defined in OAR 333-002-0020.</p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f</p>	
<p><b>333-002-0035</b></p>	<p>SECTION 5. ORS 413.558 is amended to read:</p>	<p><b>333-002-0030</b></p>	

<p><b>Fees</b></p> <p>The Authority establishes the following Health Care Interpreter program fees:</p> <p>(1) An HCI Registry Enrollment Application shall require a fee of \$25 per application.</p> <p>(2) An HCI Registry Renewal Application shall require a fee of \$25 per application.</p> <p>(3) An HCI Qualification Application and Request for Evaluation shall require a fee of \$25 per application.</p> <p>(4) An HCI Certification Application and Request for Evaluation shall require a fee of \$30 per application.</p> <p>(5) An HCI Interpreting Assessment for a subspecialty shall require a fee of \$400 per attempt.</p> <p>(6) An HCI Certification Renewal Application shall require a fee of \$30 per application.</p> <p>(7) An HCI External Transcript Review Request shall require a fee of \$125 per request.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	<p><b>Fees</b></p> <p>f) Fees for application, examination, initial issuance, renewal and reciprocal acceptance of qualification or certification as a health care interpreter [<i>and for other fees</i>] if deemed necessary by the authority.</p>	<p><b>Fees</b></p> <p>The Authority establishes the following Health Care Interpreter program fees:</p> <p><del>(5) An HCI Interpreting Assessment for a subspecialty shall require a fee of \$400 per attempt.??</del></p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
<p><b>333-002-0040</b></p> <p><b>Eligibility Standards for Registry Enrollment, Qualification and Certification</b></p> <p>(1) Applicants seeking enrollment in the HCI registry must:</p> <p>(a) Be at least 18 years of age;</p> <p>(b) Submit applicable forms and fees;</p> <p>(c) Successfully complete the HCI orientation session set by the Authority. Information presented shall include but is not limited to the following topics:</p> <p>(A) Presentation of ORS 413.550 through 413.558 and OAR chapter 333, division 2;</p> <p>(B) Review of Authority, health care interpreter, provider and patient roles and responsibilities; and</p> <p>(C) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.</p>		<p><b>333-002-0040</b></p> <p><b>Eligibility Standards for Registry Enrollment, Qualification and Certification</b></p> <p>(1) Applicants seeking enrollment in the <del>HCI</del> Health Care Interpreter (HCI) registry must:</p> <p>(a) Be at least 18 years of age.;</p> <p>(f) <u>Have a high school diploma or a GED from an accredited school in the United States of America or an equivalent diploma from another country.</u></p> <p>(b) <del>Submit applicable forms and fees.;</del></p> <p><del>(e) Must not be on the Medicaid Exclusion list</del></p> <p><del>(de) Successfully complete the HCI orientation session set by the Authority. Information presented shall includeing but is not limited to the following topics:</del></p> <p><del>(A) Presentation of ORS 409.615 through 409.623 and OAR chapter</del></p>	

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<p>(d) Abide by the National Code of Ethics for Interpreters in Health Care as established by OAR 333-002-0100;</p> <p>(e) Abide by the National Standards of Practice for Interpreters in Health Care as established by OAR 333-002-0110; and</p> <p>(f) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.</p> <p>(2) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking qualification must be able to:</p> <p>(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;</p> <p>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</p> <p>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</p> <p>(b) Provide verifiable evidence of 40 hours of experience; and</p> <p>(c) Demonstrate health care interpreting knowledge by passing a qualification skill evaluation offered by an Authority approved language proficiency testing center as defined in OAR 333-002-0070 or to meet equivalent language proficiency requirements set by the Authority.</p> <p>(3) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking certification must be able to:</p> <p>(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;</p> <p>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</p> <p>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</p> <p>(b) Provide verifiable evidence of 80 hours of work experience as an HCI; and</p> <p>(c) Demonstrate health care interpreting proficiency by passing an approved national certification test as defined in OAR 333-002-</p>		<p><del>333, division 2;</del></p> <p><del>(A) Review of Authority, health care interpreter, provider and patient roles and responsibilities; and</del></p> <p><del>(B) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.</del></p> <p><del>(d) Agree to Abide by the National Code of Ethics for Interpreters in Health Care, as established by OAR 333-002-0100;</del></p> <p><del>(e) Agree to Abide by the National Standards of Practice for Interpreters in Health Care, as established by OAR 333-002-0110; and</del></p> <p><del>(c) Not be on the Medicaid Exclusion list</del></p> <p><del>(f) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.</del></p> <p><del>(2) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking qualification must be able to:</del></p> <p><del>(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;</del></p> <p><del>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</del></p> <p><del>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</del></p> <p><del>(b) Provide verifiable evidence written verification of 40 hours of experience; and</del></p> <p><del>(c) Demonstrate health care interpreting knowledge by passing a qualification skill evaluation offered by an Authority approved language proficiency testing center as defined in OAR 333-002-0070 or to meet equivalent language proficiency requirements set by the Authority.</del></p> <p><del>(3) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking certification must be able to:</del></p> <p><del>(a) Provide verifiable evidence of 80 hours of work experience as an HCI.</del></p> <p><del>(a) Provide written verification of at least 60 hours of formal training</del></p>	
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Comment [KLW8]: Why is this verifiable evidence when the above is written verification?

<p>0070.</p> <p>(4) Each HCI applicant seeking certification must first have completed all required documentation to become an Oregon Qualified HCI. Each HCI applicant seeking certification must show proof of national certification.</p> <p>(5) The Authority shall accept formal training from entities outside of Oregon that can demonstrate that their criteria are equal to or exceed Oregon criteria as established by these rules. The Authority shall maintain a list of Authority approved training centers where applicants may receive the required education.</p> <p>(6) An applicant who has taken and passed a health care interpreter or medical interpreter certification test from an Authority approved testing center prior to March 1, 2011 is not required to comply with subsection (3)(c) of this rule.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><del>as defined in OAR 333-002-0060;</del></p> <p>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</p> <p>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</p> <p><del>(b) Provide verifiable evidence of 80 hours of work experience as an HCI; and</del></p> <p><del>(be) Demonstrate health care interpreting proficiency by passing an approved national certification test as defined in OAR 333-002-0070.</del></p> <p>(4) Each HCI applicant seeking certification must first <del>have completed</del><u>complete</u> all required documentation to become an Oregon Qualified HCI. Each HCI applicant seeking certification must show proof of national certification.</p> <p>(5) The Authority shall accept formal training from entities outside of Oregon that can demonstrate <del>that</del> their criteria are equal to or exceed Oregon criteria as established by these rules.</p> <p><del>(6) The Authority shall maintain a list of Authority approved training centers where applicants may receive the required education.</del></p> <p><b>(6) An applicant who has taken and passed a health care interpreter or medical interpreter certification test from an Authority approved testing center prior to <del>March 1, 2011</del> December 31, 2012 is not required to comply with subsection (3)(eb) of this rule. <del>This exception is subject to the terms and conditions of said Authority-approved testing center.</del></b></p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
<p><b>333-002-0050</b></p> <p><b>Application Procedure</b></p> <p>(1) Upon request, the Authority shall provide an application packet or a link to the HCI webpage where the applicant may complete an online application, download an application, or obtain a printable paper application, to any individual seeking registry enrollment for qualification or certification as an HCI.</p> <p>(2) Applicants must submit standard forms along with required documentation and applicable fees to the Authority.</p>		<p><b>333-002-0050</b></p> <p><b>Application Procedure</b></p> <p>(1) Upon request, the Authority shall provide an application packet or a link to the <del>HCI Health Care Interpreter (HCI) webpage</del> <u>to any individual seeking qualification or certification as an HCI</u> where the applicant may complete an online application, download an application, or obtain a printable paper application, <del>to any individual seeking registry enrollment for qualification or certification as an HCI.</del></p> <p>(2) Applicants must submit <del>standard</del><u>required</u> forms along with required</p>	

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Comment [KLW9]: What does this mean?

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<p>(3) All application materials submitted in a language other than English must be accompanied by:</p> <p>(a) An accurate translation of those documents into English; and</p> <p>(b) A translator’s certificate certifying that the documents that have been translated are true and accurate, by an independent translator other than the applicant.</p> <p>(4) The applicant shall pay for any translation costs for documents required by the Authority.</p> <p>(5) If the Authority determines that the application is not complete or that the required documentation is not acceptable, the Authority shall notify the applicant within 30 days of receipt. An incomplete application includes, but is not limited to, an application that lacks:</p> <p>(a) Required information or original signatures; or</p> <p>(b) Required forms, documentation or fees.</p> <p>(6) Applicants may withdraw from the process at any time by submitting written notification to the Authority; however the Authority shall not refund any fees that are paid.</p> <p>(7) Applicants must submit a request for qualification testing directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once testing has been completed the testing results shall become part of the applicant’s permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.</p> <p>(8) Applicants must submit a request for certification directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once the testing has been completed the testing results shall become part of the applicant’s permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p>documentation and applicable fees to the Authority.</p> <p>(3) All application materials submitted in a language other than English must be accompanied by:</p> <p>(a) An accurate translation of those documents into English; and</p> <p>(b) A translator’s certificate certifying that the documents that have been translated are true and accurate, by an <del>independent</del> translator other than the applicant.</p> <p>(4) The applicant shall pay for any translation costs for documents required by the Authority.</p> <p>(5) If the Authority determines that the application is not complete or that the required documentation is not acceptable, the Authority shall notify the applicant within 30 days of receipt. An incomplete application includes, but is not limited to, an application that lacks:</p> <p>(a) Required information or original signatures; or</p> <p>(b) Required forms <u>and</u> documentation <del>or fees</del></p> <p>-</p> <p>(6) Applicants may withdraw from the process at any time by submitting written notification to the Authority</p> <p><del>;- however the Authority shall not refund any fees that are paid.</del></p> <p>(7) Applicants must submit a request for qualification testing <u>or certification</u> directly to the Authority approved testing center.</p> <p>(a) Applicants must pay the required testing fees directly to the testing center.</p> <p>(b) <del>Once</del> <u>When</u> testing <del>has been</del> <u>is</u> completed the testing results shall become part of the applicant’s permanent record.</p> <p>(c) Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.</p> <p>(8) Applicants must submit a request for certification directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once the testing has been completed the testing results shall become part of the applicant’s permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.</p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
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<p><b>333-002-0060</b></p> <p><b>Training and Work Experience Requirement</b></p> <p>(1) Applicants seeking HCI qualification or certification must provide written verification of the successful completion of formal training at an Authority approved training center. Required subjects include Medical Terminology, Anatomy, Physiology, Concepts and Modes of Health Care Interpreting, and Health Care Interpreting Ethics. Applicants must meet or exceed the minimum training requirement for the credential being sought.</p> <p>(2) Each HCI applicant seeking qualification or certification must complete at least 60 hours of Authority approved training, including a minimum of:</p> <p>(a) Fifty-two hours of integrated Medical Terminology, Anatomy and Physiology, Introductory Health Care Interpreting Concepts and Modes; and</p> <p>(b) Eight hours of Health Care Interpreting Ethics.</p> <p>(3) Each HCI applicant seeking qualification must show proof of 40 working professional hours as a health care interpreter, which may include practical experience as an intern with a practicing health care interpreter, by providing verifiable evidence from an employer where the applicant has previously worked.</p> <p>(4) Each HCI applicant seeking certification must show proof of 80 working professional hours as a health care interpreter by providing verifiable evidence from a previous employer.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><b>333-002-0060</b></p> <p><b>Training and Work Experience Requirement</b></p> <p>(1) Applicants seeking <u>Health Care Interpreter (HCI)</u> qualification or certification must provide written verification of the successful completion of formal training at an Authority approved training center. <u>Required subjects include Medical Terminology, Anatomy, Physiology, Concepts and Modes of Health Care Interpreting, and Health Care Interpreting Ethics. Applicants must meet or exceed the minimum training requirement for the credential being sought.</u></p> <p>(2) Each HCI applicant seeking qualification or certification must complete at least 60 hours of Authority approved training, including a minimum of:</p> <p>(a) Fifty-two hours of integrated <u>mMedical tTerminology, aAnatomy and pPhysiology, iIntroductory hHealth cCare iInterpreting cConcepts and mModes; and</u></p> <p>(b) Eight hours of Health Care Interpreting Ethics.</p> <p>(3) Each HCI applicant seeking qualification must show proof of 40 working professional hours as a health care interpreter <u>by providing verifiable evidence from an employer where the applicant has previously worked. Qualifying professional hours, which may include practical experience as an intern with a practicing health care interpreter, by providing verifiable evidence from an employer where the applicant has previously worked.</u></p> <p>(4) Each HCI applicant seeking certification must show proof of 80 working professional hours as a health care interpreter by providing verifiable evidence from a previous employer.</p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
<p><b>333-002-0070</b></p> <p><b>Approval of Testing Centers, Skill Evaluation and Assessment</b></p> <p>(1) The Authority shall enter into a Memorandum of Agreement with health care interpreter or medical interpreter testing centers and language proficiency testing centers that are approved for testing. The Agreement shall establish the manner and means for testing Oregon applicants for health care interpreter testing, and shall include a process for sharing testing information with the Authority and the applicant.</p>		<p><b>333-002-0070</b></p> <p><b>Approval of Testing Centers, Skill Evaluation and Assessment</b></p> <p>(1) The Authority shall enter into a <u>mMemorandum of aAgreement</u> with health care interpreter or medical interpreter testing centers and language proficiency testing centers <u>that are approved for testing. The Agreement shall establishing the manner and means for testing Oregon applicants for health care interpreter testing, qualification and certification and shall include a process for sharing testing information with the Authority and the applicant.</u></p>	

<p>(2) The Authority shall maintain a list of approved health care interpreter or medical interpreter certification testing centers. This list shall be made readily available to the public at all times.</p> <p>(3) The Authority may proctor testing and may determine testing locations, unless the approved testing centers have their own testing centers available and can verify the applicant's identity before testing.</p> <p>(4) Government issued photo identification showing the name and address of the applicant must be presented to enter an evaluation or assessment. This identification could be a valid driver's license, state identification card, military identification, current passport, or immigration or naturalization documents.</p> <p>(5) An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluations and assessments. Such conduct includes but is not limited to the following behaviors:</p> <p>(a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process;</p> <p>(b) Failure to follow written or oral instructions relative to conducting the evaluation or assessment, including termination times and procedures;</p> <p>(c) Introducing unauthorized materials during any portion of the evaluation or assessment;</p> <p>(d) Attempting to remove evaluation or assessment materials or notations from the testing site; or</p> <p>(e) Violating the credentialing process by:</p> <p>(A) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment;</p> <p>(B) Having an impersonator take the evaluation or assessment on one's behalf; or</p> <p>(C) Impersonating an applicant.</p> <p>(6) Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under ORS 192.410 through 192.505.</p> <p>(7) The Authority may release statistical information regarding evaluation or assessment pass/fail rates by group, evaluation or assessment type, and subject area to any interested party.</p> <p>(8) Applicants needing accommodation because of a disability may apply to the testing center for accommodations to complete</p>		<p>(2) The Authority shall maintain a list of approved health care interpreter or medical interpreter certification testing centers. This list shall be made readily available to the public <del>at all times</del>.</p> <p>(3) The Authority may proctor testing and <del>may</del> determine testing locations, unless the approved testing centers have their own testing centers available and can verify the applicant's identity before testing.</p> <p>(4) Government issued photo identification showing the name and address of the applicant must be presented to enter an evaluation or assessment. <del>This identification could be a</del> <u>Acceptable identification includes a</u> valid driver's license, state identification card, military identification, current passport, or immigration or naturalization documents.</p> <p>(5) An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluations and assessments. Such conduct includes but is not limited to the following behaviors:</p> <p>(a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process.;</p> <p>(b) <del>Failure-Failing</del> to follow written or oral instructions <u>relative-related</u> to conducting the evaluation or assessment, including termination times and procedures.;</p> <p>(c) Introducing unauthorized materials during any portion of the evaluation or assessment.;</p> <p>(d) Attempting to remove evaluation or assessment materials or notations from the testing site; <del>or</del>.</p> <p>(e) <del>Violating the credentialing process by:</del></p> <p><del>(A) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment.;</del></p> <p><del>(B) Having an impersonator take the evaluation or assessment on one's behalf; or</del></p> <p><del>(C) Impersonating an applicant.</del></p> <p>(6) Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under ORS 192.410 through 192.505.</p> <p>(7) The Authority may release statistical information regarding evaluation or assessment pass <u>or</u> fail rates by group, evaluation or assessment type, and subject area to any interested party.</p> <p>(8) Applicants needing accommodation because of a disability may apply to the testing center for accommodations to complete an evaluation or assessment.</p>	
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<p>an evaluation or assessment.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
<p><b>333-002-0080</b></p> <p><b>Skill Evaluation or Assessment Appeal</b></p> <p>Applicants who fail to pass a test at an Authority approved testing center may appeal the results with the testing center directly and pay any fees associated with the request. The testing center's determination is final. Applicants have no further appeal rights with the Authority.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><b>333-002-0080</b></p> <p><b>Skill Evaluation or Assessment Appeal</b></p> <p><u>(a)</u> Applicants who fail to pass a test at an Authority approved testing center may appeal the results with the testing center directly and pay any fees associated with the request.  <u>(b)</u> The testing center's determination is final.  <u>(c)</u> Applicants have no further appeal rights with the Authority.</p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
<p><b>333-002-0100</b></p> <p><b>Code of Ethics and Standards of Practice for Interpreters in Health Care</b></p> <p>(1) Health care interpreters must adhere to the National Code of Ethics for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.</p> <p>(2) Health care interpreters must adhere to the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><b>333-002-0090</b></p> <p><b>Code of Ethics and Standards of Practice for Interpreters in Health Care- <del>Remove</del>NO CHANGES</b></p>	
<p><b>333-002-0120</b></p> <p><b>Continuing Education</b></p> <p>(1) Upon application for renewal of certification, an HCI must:</p> <p>(a) Have completed 30 hours of continuing education; and</p> <p>(b) Sign and submit an Authority supplied continuing education form and written verification indicating they have completed the required number of hours of continuing education.</p> <p>(2) Continuing education must be completed within the renewal</p>		<p><b>333-002-009100</b></p> <p><b>Continuing Education</b></p> <p>(1) Upon application for renewal of certification, <del>a</del> <u>a Health Care Interpreter (HCI)</u> must:</p> <p>(a) Have completed 30 hours of continuing education; and</p> <p>(b) Sign and submit an Authority supplied continuing education form and written verification indicating they have completed the required number of hours of continuing education.</p>	

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<p>period. Continuing education hours taken in excess of the total number required may only be carried over to the next subsequent renewal period.</p> <p>(3) Continuing education records must be maintained by the HCI for a minimum of three years.</p> <p>(4) If the Authority finds indications of fraud or falsification of records, investigative action will be instituted. Findings may result in disciplinary action including revocation of the certificate.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p>(2) Continuing education must be completed within the renewal period. Continuing education hours taken in excess of the total number required may <del>only</del> <u>not</u> be carried over to the next subsequent renewal period.</p> <p>(3) Continuing education records must be maintained by the HCI for a minimum of three years.</p> <p><del>(4) If the Authority may investigate allegations or suspicion of finds indications of fraud or falsification of records, investigative action will be instituted. Substantiation of fraud or falsification of documents. Findings may result in disciplinary action including revocation of the certificate.</del></p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
<p><b>333-002-0130</b></p> <p><b>Registry Enrollment</b></p> <p>(1) If the Authority determines that the applicant has met all requirements of these rules or meets all eligibility standards, the applicant shall be added to the central registry of health care interpreters.</p> <p>(2) Registry enrollment is valid for 12 months from the date of enrollment and is renewable.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p>Registry Enrollment Omitted</p>	
<p><b>333-002-0140</b></p> <p><b>Letter of Qualification</b></p> <p>(1) If the Authority determines that OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090 have been met, a letter of qualification shall be issued.</p> <p>(2) Letters of Qualification are valid for 36 months from the date of issue and are not renewable for languages for which certification is available. For other languages, qualification may be renewed every 36 months.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><b>333-002-0110</b></p> <p><b>Letter of Qualification</b></p> <p>(1) If the Authority determines that <u>the qualification requirements in OAR 333-002-0040, 333-002-0050, and 333-002-0060, 333-002-0070, and 333-002-0090</u> have been met, a letter of qualification shall be issued.</p> <p>(2) Letters of <u>q</u>ualification are valid for 36 months from the date of issue and are not renewable <u>for languages for which certification is available for any of the following languages including but not limited to: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. F</u>or other languages, qualification may be renewed every 36 months.</p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	

**Comment [KLW11]:** Does this really go here? Is continuing education the only place you are going to investigate allegations of fraud or falsification?

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**Comment [AJ12]:** Remove

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**Comment [KLW13]:** The items I deleted here either (a) don't exist in this draft or (b) don't apply directly to the applicant.

**Comment [KLW14]:** Is this the languages in the definitions section? Lots of people skip the definitions.

<p><b>333-002-0150</b></p> <p><b>Certificate</b></p> <p>(1) If the Authority determines that OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090 have been met, a certificate shall be issued.</p> <p>(2) Certificates are valid for 36 months from the date of issue and are renewable.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><b>333-002-0120</b></p> <p><b>Certificate</b></p> <p>(1) If the Authority determines that <u>the certification requirements in OAR 333-002-0040, 333-002-0050 and 333-002-0060</u>, <del>333-002-0070, and 333-002-0090</del> have been met, a certificate shall be issued.</p> <p>(2) Certificates are valid for 36 months from the date of issue and are renewable.</p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
<p><b>333-002-0160</b></p> <p><b>Registry Enrollment Renewal</b></p> <p>(1) Applicants for registry enrollment renewal must provide the Authority with:</p> <p>(a) The completed renewal form provided by the Authority;</p> <p>(b) Applicable fees;</p> <p>(c) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and</p> <p>(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.</p> <p>(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the enrollment expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><b>Registry Enrollment Omitted</b></p>	
<p><b>333-002-0170</b></p> <p><b>Certification Renewal</b></p> <p>(1) A certified HCI must renew certification every 36 months and</p>		<p><b>333-002-0130</b></p> <p><b>Certification Renewal</b></p> <p>1) A certified <u>Health Care Interpreter (HCI)</u> must renew certification</p>	

Comment [AJ15]: Cross check these sections.

<p>provide the Authority with:</p> <p>(a) The completed renewal form provided by the Authority;</p> <p>(b) All applicable fees;</p> <p>(c) Written verification of a minimum of 30 hours of continuing education as defined in OAR 333-002-0120 during the preceding three years;</p> <p>(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and</p> <p>(e) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.</p> <p>(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the letter of certificate expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p>every 36 months and provide the Authority with:</p> <p>(a) The completed renewal form provided by the Authority;</p> <p>(b) All applicable fees;</p> <p>(c) Written verification of a minimum of 30 hours of continuing education as defined in OAR 333-002-004920 during the preceding three years;</p> <p>(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and</p> <p>(e) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.</p> <p>(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the letter of certificate expiration date. The date of submission of these materials by fax, mail, email or hand delivery shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.</p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
<p><b>333-002-0180</b></p> <p><b>Denial, Revocation, Suspension or Refusal to Renew Registry Enrollment</b></p> <p>The Authority shall deny, revoke, suspend or refuse to renew registry enrollment under the following conditions:</p> <p>(1) Applicant for initial registry enrollment fails to meet the eligibility standards of OAR 333-002-0040;</p> <p>(2) Applicant for registry enrollment renewal fails to comply with the requirements of OAR 333-002-0160;</p> <p>(3) Applicant submits information that cannot be verified; or</p> <p>(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p>Stat. Auth.: ORS 413.558</p>		<p>333-002-0180 Omitted</p> <p><b>Denial, Revocation, Suspension or Refusal to Renew Registry Enrollment- Omitted</b></p>	

**Comment [KLW16]:** This section does not define continuing education. Is it supposed to?

**Comment [KLW17]:** Are these two separate forms? If they aren't can we combine this into one section?

**Comment [AJ18]:** Removed US Postal Mark language.

**Comment [KLW19]:** OK this could be a big difference here. Why are we not doing one or the other? Is this about electronic submission? Are there other ways to receive the documents?

<p>Stats. Implemented: ORS 413.556 &amp; 413.558 Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>			
<p><b>333-002-0190</b></p> <p><b>Denial, Revocation, or Suspension of Letters of Qualification</b></p> <p>The Authority shall deny, revoke, or suspend a letter of qualification under the following conditions:</p> <p>(1) Applicant for an initial letter of qualification fails to meet the requirements of OAR 333-002-0040;</p> <p>(2) Applicant submits information that cannot be verified; or</p> <p>(3) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 &amp; 413.558 Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p>333-002-0190 Omitted</p> <p><b>Denial, Revocation, or Suspension of Letters of Qualification-Omitted and combined with formerly 0200 below.</b></p>	
<p><b>333-002-0200</b></p> <p><b>Denial, Revocation, Suspension or Refusal to Renew Certification</b></p> <p>The Authority shall deny, revoke, suspend or refuse to renew a certificate under the following conditions:</p> <p>(1) Applicant for an initial certification fails to meet the requirements of OAR 333-002-0040;</p> <p>(2) Applicant for a certification renewal fails to comply with the requirements of OAR 333-002-0170;</p> <p>(3) Applicant submits information that cannot be verified; or</p> <p>(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p>Stat. Auth.: ORS 413.558 Stats. Implemented: ORS 413.556 &amp; 413.558 Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><b>333-002-0140</b></p> <p><b>Denial, Revocation, Suspension or Refusal to Renew status for Qualification and Certification</b></p> <p>The Authority shall deny, revoke, suspend or refuse to renew a certificate under the following conditions:</p> <p>(1) Applicant for an initial <del>q</del>ualification or certification fails to meet the requirements of OAR 333-002-0040;</p> <p>(2) Applicant for <del>a</del>qualification or certification renewal fails to comply with the requirements of OAR 333-002-0170;</p> <p>(3) Applicant submits information that cannot be verified;</p> <p>(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p><b>Formerly Discipline combined w/0200</b></p> <p><u>The Authority may refuse to issue or renew, or may suspend or revoke qualification or certification, or impose remedial education or corrective actions if an applicant, registry enrollee, qualified or certified health care interpreter engages in any of the following conduct:</u></p> <p>(1) Representsing that he or she is a qualified or certified health care</p>	

**Comment [KLW20]:** So you're saying this was previously a numbered section? Why aren't we leaving it as the same numbered section? The point is to combine it under denial etc.? What is the difference in this section and the previous discipline. Just skimming it I don't see any difference.

**Formatted:** Font: (Default) Arial, 9 pt, Font color: Black

**Comment [KLW21]:** So no ability to fine, etc.

		<p><u>interpreter without having been issued a valid letter of qualification or certificate by the Authority.</u></p> <p><u>(2) Knowingly giving misinformation or false information to the Authority.</u></p> <p><u>(3) Violating the credentialing process by:</u></p> <p><u>(a) Falsifying or misrepresenting educational credentials or other information required for admission to an evaluation or assessment.;</u></p> <p><u>(b) Having an impersonator take an evaluation or assessment on one'shis or her behalf; or.</u></p> <p><u>(c) Impersonating an applicant.</u></p> <p><u>(4) Has had a-ving a credential to practice health care interpreting in another state, territory or country suspended or revoked based upon acts by the HCI similar to acts described in this rule.</u></p> <p><u>(5) Has beenBeing convicted of a crime in this state, or any other state, territory or country, or convicted of a federal crime, which demonstrably relates to the practice of health care interpreting.</u></p> <p><u>(6) Has engagedEngaging in false, deceptive or misleading advertising of their qualification or certification credentials.</u></p> <p><u>(a) False deceptive or misleading advertising, which includes es-but-is is not limited to advertising health care interpreting using the titles of qualified or certified health care interpreter in any private or public communication or publication by an individual who iswhen not credentialed by the Authority.</u></p> <p><u>(b) For the purposes of this rule, "advertising e"includes telephone directory listings, business cards, social media networking, or any other source of advertisementpublic communication.</u></p> <p><u>(7) Allowsing the use of an Authority issued credential by a non-credentialed person.</u></p> <p><u>(8) Has presentedPresenting another person's credential as one's own credential, credential, the credential of another.</u></p> <p><u>(9) Has practicedPracticing health care interpreting services under a false or assumed name without notification tonotifying the Authority.</u></p> <p><u>(10) Has impersonatedImpersonating another HCI.</u></p> <p><u>(11) Has used or attemptedUsing or attempting to use an HCI credential that has been revoked, suspended, or lapsed.</u></p> <p><u>(12) Has practicedPracticing or offereding to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care.</u></p>	
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Comment [AJ22]: How will we know unless we conduct a background check?

Comment [KLW23]: I changed this word...You can't use advertisement to define advertising.

		<p><u>(13) Failing to cooperate with the Authority in any credentialing action or disciplinary proceeding. Such acts, including but are not limited to:</u></p> <p><u>(a) Failing to furnish requested papers or documents.;</u></p> <p><u>(b) Failing to furnish a written response to a matter contained in any complaint filed with the Authority; or.</u></p> <p><u>(c) Failing to respond to requests for information issued by the Authority whether or not the recipient is accused in the proceeding.</u></p> <p><u>(14) Failing to comply with any request issued by the Authority or an assurance of discontinuance entered into with the Authority.</u></p> <p><u>Stat. Auth.: ORS 409.623</u>  <u>Stats. Implemented: ORS 409.621 &amp; 409.623</u>  <u>Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</u></p> <p>Stat. Auth.: ORS 409.623  Stats. Implemented: ORS 409.621 &amp; 409.623  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>	
<p><b>333-002-0210</b></p> <p><b>Complaints</b></p> <p>(1) Any affected party or witness may submit a complaint against an HCI. Complaints must be submitted on the standard form provided by the Authority, signed and dated by the person alleging the complaint. A complaint that does not comply with the requirements of this rule will not be accepted, responded to or acted upon by the Authority.</p> <p>(2) The Authority may commence an investigation of an HCI as a result of information received from any party.</p> <p>(3) Complaint forms received by the Authority shall be made available to the accused HCI and others involved in the investigation of the allegations.</p> <p>(4) The Authority shall conduct a preliminary review of the complaint to ensure there is sufficient cause to justify proceeding and that the allegations against the respondent are such that, if proven, could result in a violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.</p> <p>(5) If the complaint is determined to be valid, the Authority shall notify the respondent of the allegations by mail and request</p>		<p><b>333-002-0150 (new)</b></p> <p><b>Complaints</b></p> <p>(1) Any affected <del>party-individual</del> or witness may submit a complaint against an <u>Health Care Interpreter (HCI).</u></p> <p><u>(a) Complaints must be submitted on the standard form provided by the Authority, signed and dated by the person alleging filing the complaint.</u></p> <p><u>(b) A complaint that does not comply with the requirements of this rule will not be accepted, responded to or acted upon by the Authority.</u></p> <p>(2) The Authority may commence an investigation of an HCI as a result of information received from any party.</p> <p>(3) Complaint forms received by the Authority shall be made available to the accused HCI and others involved in the investigation of the allegations.</p> <p>(4) The Authority shall conduct a preliminary review of the complaint to ensure:</p> <p><u>(a) There is sufficient cause to justify proceeding.</u></p> <p><u>(b) The <del>and that the</del> allegations against the <del>respondent</del> HCI are such</u></p>	

**Comment [KLW24]:** Just a personal thing but I would put the items with "subsections" at the end. It makes it less easy for people to get confused about the other items in my opinion.

written comments. The respondent must submit written comments to the Authority within two weeks after the notification was first mailed, unless an extension is authorized by the Authority under the following circumstances; only one extension may be allowed and the extension may not exceed 30 days. The Authority shall evaluate the complaint using available evidence.

(6) Complaints and all evidence obtained, including any documents or information received from the complainant, respondent, witnesses, Authority investigators or Authority staff, shall be referred to the Oregon Council on Health Care Interpreters for review and recommendations.

(7) During the review, the respondent's identity shall remain confidential

(8) The Authority may not consider oral arguments from the complainant or respondent unless the Authority determines that further information is required.

(9) If evidence is insufficient to show cause for action, the complainant and respondent shall be notified in writing.

(10) If evidence is sufficient to show cause for action, the Authority shall determine appropriate disciplinary action. The respondent shall be notified in writing and that determination shall become public record.

Stat. Auth.: ORS 413.558

Stats. Implemented: ORS 413.556 & 413.558

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

that, if proven, could result in a violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.

(5) If the complaint is determined to be valid, the Authority shall notify the respondent of the allegations by mail and request written comments.

(a) The respondent must submit written comments to the Authority within two weeks after the notification was first mailed, unless an extension is authorized by the Authority under the following circumstances;

(b) Only one extension may be allowed and the extension may not exceed 30 days.

(6) The Authority shall evaluate the complaint using available evidence.

~~(6) Complaints and all evidence obtained, including any documents or information received from the complainant, respondent, witnesses, Authority investigators or Authority staff, shall be referred to the Oregon Council on Health Care Interpreters for review and recommendations.~~

~~(7) During the review, the respondent's identity shall remain confidential~~

~~(8) The Authority may not consider oral arguments from the complainant or respondent unless the Authority determines that further information is required.~~

(9a) If evidence is insufficient to show cause for action, the complainant and respondent shall be notified in writing.

(10b) If evidence is sufficient to show cause for action, the Authority shall determine appropriate disciplinary action.

(7) The respondent shall be notified of the outcome in writing and that the determination shall become public record.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621 & 409.623

Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11

<p><b>333-002-0220</b></p> <p><b>Discipline</b></p> <p>The Authority may refuse to issue or renew, or may suspend or revoke qualification or certification, or impose remedial education or corrective actions if an applicant, registry enrollee, qualified or certified health care interpreter engages in any of the following conduct:</p> <p>(1) Represents that he or she is a qualified or certified health care interpreter without having been issued a valid letter of qualification or certificate by the Authority.</p> <p>(2) Knowingly gives misinformation or false information to the Authority.</p> <p>(3) Violates the credentialing process by:</p> <p>(a) Falsifying or misrepresenting educational credentials or other information required for admission to an evaluation or assessment;</p> <p>(b) Having an impersonator take an evaluation or assessment on one's behalf; or</p> <p>(c) Impersonating an applicant.</p> <p>(4) Has had a credential to practice health care interpreting in another state, territory or country suspended or revoked based upon acts by the HCI similar to acts described in this rule.</p> <p>(5) Has been convicted of a crime in this state, or any other state, territory or country, or convicted of a federal crime, which demonstrably relates to the practice of health care interpreting.</p> <p>(6) Has engaged in false, deceptive or misleading advertising of their qualification or certification credentials, which includes but is not limited to advertising health care interpreting using the titles of qualified or certified health care interpreter in any private or public communication or publication by an individual who is not credentialed by the Authority. For the purposes of this rule, "advertise" includes telephone directory listings, business cards, social media networking, or any other source of advertisement.</p> <p>(7) Allows the use of an Authority issued credential by a non-credentialed person.</p> <p>(8) Has presented as one's own credential, the credential of another.</p> <p>(9) Has practiced health care interpreting services under a false or assumed name without notification to the Authority.</p>		<p><b>333-002-0220-Omitted for this section</b></p> <p><b>Discipline Omitted and addressed in 0160</b></p>	
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<p>(10) Has impersonated another HCI.</p> <p>(11) Has used or attempted to use an HCI credential that has been revoked, suspended, or lapsed.</p> <p>(12) Has practiced or offered to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care.</p> <p>(13) Fails to cooperate with the Authority in any credentialing action or disciplinary proceeding. Such acts include but are not limited to:</p> <p>(a) Failure to furnish requested papers or documents;</p> <p>(b) Failure to furnish a written response to a matter contained in any complaint filed with the Authority; or</p> <p>(c) Failure to respond to requests for information issued by the Authority whether or not the recipient is accused in the proceeding.</p> <p>(14) Fails to comply with any request issued by the Authority or an assurance of discontinuance entered into with the Authority.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>			
<p><b>333-002-0230</b></p> <p><b>Hearings</b></p> <p>An individual who wishes to contest the denial, non-renewal, suspension or revocation of their registry enrollment, qualification or certification may request a contested case hearing. The contested case hearing process is conducted in accordance with ORS 183.441 through 183.497 and the Attorney General’s Uniform and Model Rules of Procedure for the Office of Administrative Hearings, OAR 137-003-0501 through 137-003-0700.</p> <p>Stat. Auth.: ORS 413.558  Stats. Implemented: ORS 413.556 &amp; 413.558  Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		<p><b>333-002-0160</b></p> <p><b>Hearings</b></p> <p>An individual who wishes to contest the denial, non-renewal, suspension or revocation of their qualification or certification may request a contested case hearing. The contested case hearing process is conducted in accordance with ORS 183.441 through 183.497 and the Attorney General’s Uniform and Model Rules of Procedure for the Office of Administrative Hearings, OAR 137-003-0501 through 137-003-0700.</p>	
<p><b>HEALTH CARE INTERPRETERS</b>  <b>Oregon Revised Statute 413.554</b>  <b>Oregon Council on Health Care Interpreters.</b>  (1) The Oregon Council on Health Care Interpreters is created in</p>	<p><b>SECTION 3.</b> ORS 413.554 is amended to read:  413.554.  (1) The Oregon Council on Health Care Interpreters is created in the Oregon Health</p>		

<p>the Oregon Health Authority. The council shall consist of 25 members appointed as follows:</p> <p>(a) The Governor shall appoint two members from each of the following groups:</p> <p>(A) Consumers of medical services who are persons with limited English proficiency and who use health care interpreters;</p> <p>(B) Educators who either teach interpreters or persons in related educational fields, or who train recent immigrants and persons with limited English proficiency;</p> <p>(C) Persons with expertise and experience in administration or policymaking related to the development and operation of policies, programs or services related to interpreters, and who have familiarity with the rulings of the federal Office for Civil Rights concerning interpreter services for various institutions;</p> <p>(D) Health care providers, consisting of one physician and one registered nurse, who utilize interpreter services regularly in their practice;</p> <p>(E) Representatives of safety net clinics that predominantly serve persons with limited English proficiency; and</p> <p>(F) Representatives of hospitals, health systems and health plans predominantly serving persons with limited English proficiency.</p> <p>(b) The Governor shall appoint one representative from each of the following agencies and organizations after consideration of nominations by the executive authority of each:</p> <p>(A) The Commission on Asian and Pacific Islander Affairs;</p> <p>(B) The Commission on Black Affairs;</p> <p>(C) The Commission on Hispanic Affairs;</p> <p>(D) The Commission on Indian Services;</p> <p>(E) The International Refugee Center of Oregon;</p> <p>(F) The Oregon Judicial Department's Certified Court Interpreter program;</p> <p>(G) The Commission for Women; and</p> <p>(H) The Institute for Health Professionals of Portland Community College.</p> <p>(c) The Director of the Oregon Health Authority shall appoint three members including:</p> <p>(A) One member with responsibility for administering mental health programs;</p> <p>(B) One member with responsibility for administering medical assistance programs; and</p> <p>(C) One member with responsibility for administering public health programs.</p> <p>(d) The Director of Human Services shall appoint:</p> <p>(A) One member with responsibility for administering developmental disabilities programs; and</p> <p>(B) One member with responsibility for administering programs for seniors and persons with disabilities.</p> <p>(e) The membership of the council shall be appointed so as to be representative of the racial, ethnic, cultural, social and economic diversity of the people of this state.</p> <p>(2) The term of a member shall be three years. A member may be reappointed.</p> <p>(3) If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term. The appointing authority may</p>	<p>Authority. The council shall consist of [25 members appointed as follows:] <b>no more than 15 members, appointed by the Director of the Oregon Health Authority, representing:</b></p> <p><b>(a) Persons with expertise and experience in the administration of or policymaking for programs or services related to interpreters;</b></p> <p><b>(b) Employers or contractors of health care interpreters;</b></p> <p><b>(c) Health care interpreter training programs;</b></p> <p><b>(d) Language access service providers; and</b></p> <p><b>(e) Practicing certified and qualified health care interpreters.</b></p> <p><i>[(a) The Governor shall appoint two members from each of the following groups:]</i></p> <p><i>[(A) Consumers of medical services who are persons with limited English proficiency and who use health care interpreters;]</i></p> <p><i>[(B) Educators who either teach interpreters or persons in related educational fields, or who train recent immigrants and persons with limited English proficiency;]</i></p> <p><i>[(C) Persons with expertise and experience in administration or policymaking related to the development and operation of policies, programs or services related to interpreters, and who have familiarity with the rulings of the federal Office for Civil Rights concerning interpreter services for various institutions;]</i></p> <p><i>[(D) Health care providers, consisting of one physician and one registered nurse, who utilize interpreter services regularly in their practice;]</i></p> <p><i>[(E) Representatives of safety net clinics that predominantly serve persons with limited English proficiency; and]</i></p> <p>Enrolled House Bill 2419 (HB 2419-B) Page 2</p> <p><i>[(F) Representatives of hospitals, health systems and health plans predominantly serving persons with limited English proficiency.]</i></p> <p><i>[(b) The Governor shall appoint one representative from each of the following agencies and organizations after consideration of nominations by the executive authority of each:]</i></p> <p><i>[(A) The Commission on Asian and Pacific Islander Affairs;]</i></p> <p><i>[(B) The Commission on Black Affairs;]</i></p> <p><i>[(C) The Commission on Hispanic Affairs;]</i></p> <p><i>[(D) The Commission on Indian Services;]</i></p> <p><i>[(E) The International Refugee Center of Oregon;]</i></p> <p><i>[(F) The Oregon Judicial Department's Certified Court Interpreter program;]</i></p> <p><i>[(G) The Commission for Women; and]</i></p> <p><i>[(H) The Institute for Health Professionals of</i></p>		
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appoint a replacement for any member of the council who misses more than two consecutive meetings of the council. The newly appointed member shall represent the same group as the vacating member.

(4) The council shall select one member as chairperson and one member as vice chairperson, for such terms and with duties and powers as the council determines necessary for the performance of the functions of such offices.

(5) The council may establish such advisory and technical committees as it considers necessary to aid and advise the council in the performance of its functions. The committees may be continuing or temporary committees. The council shall determine the representation, membership, terms and organization of the committees and shall appoint committee members.

(6) A majority of the members of the council shall constitute a quorum for the transaction of business.

(7) Members of the council are not entitled to compensation, but at the discretion of the Director of the Oregon Health Authority may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495.

(8) The council may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, for purposes consistent with the purposes of the council.

(9) The Oregon Health Authority shall provide the council with such services and employees as the council requires to carry out its duties. [Formerly 409.619]

*Portland Community College.*]

*[(c) The Director of the Oregon Health Authority shall appoint three members including:]*

*[(A) One member with responsibility for administering mental health programs;]*

*[(B) One member with responsibility for administering medical assistance programs; and]*

*[(C) One member with responsibility for administering public health programs.]*

*[(d) The Director of Human Services shall appoint:]*

*[(A) One member with responsibility for administering developmental disabilities programs; and]*

*[(B) One member with responsibility for administering programs for seniors and persons with disabilities.]*

*[(e)] (2) The membership of the council shall be appointed so as to be representative of the racial, ethnic, cultural, social and economic diversity of the people of this state.*

*[(2)] (3) The term of a member shall be three years. A member may be reappointed.*

*[(3)] (4) If there is a vacancy for any cause, the [appointing authority] director shall make an appointment to become immediately effective for the unexpired term. The [appointing authority] director may appoint a replacement for any member of the council who misses more than two consecutive meetings of the council. The newly appointed member shall represent the same group as the vacating member.*

*[(4)] (5) The council shall select one member as chairperson and one member as vice chairperson, for such terms and with duties and powers as the council determines necessary for the performance of the functions of such offices.*

*[(5)] (6) The council may establish such advisory and technical committees as it considers necessary to aid and advise the council in the performance of its functions. The committees may be continuing or temporary committees. The council shall determine the representation, membership, terms and organization of the committees and shall appoint committee members.*

*[(6)] (7) A majority of the members of the council shall constitute a quorum for the transaction of business.*

*[(7)] (8) Members of the council are not entitled to compensation, but at the discretion of the director [of the Oregon Health Authority] may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495.*

*[(8)] (9) The council may accept contributions of funds and assistance from the United States Government or its agencies or from any other*

	source, public or private, for purposes consistent with the purposes of the council. [(9)] (10) The Oregon Health Authority shall provide the council with such services and employees as the council requires to carry out its duties.		
<b>Add Section on Denial, Suspension or Revocation of Training Program Approval? Do we have statutory authority to add this?</b>			

## Johnson April R

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**From:** Wetherson Sarah E  
**Sent:** Friday, October 09, 2015 2:00 PM  
**To:** CHENEY Carol I  
**Cc:** Johnson April R  
**Subject:** RE: FW: More questions on fluoride varnish!

Hi, Carol,

Thanks for your e-mail.

I talked with Nathan; health assistant isn't a term with which we're familiar. I see that it is not defined in the definitions for the ORS cited below. I searched online – it seems to be an informal title that is used for a variety of jobs with different standards in Oregon. That suggests that it is not defined in legislation.

Counselor, as Health Systems uses it, is pretty narrow and would not apply to Traditional Health Workers. On the other hand, it appears also to be undefined in this legislation.

Let me know if you have additional questions. Thanks again for looping me in.

SEW

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**From:** CHENEY Carol I  
**Sent:** Thursday, October 08, 2015 5:23 PM  
**To:** Wetherson Sarah E  
**Cc:** Johnson April R  
**Subject:** FW: FW: More questions on fluoride varnish!

Hi Sarah,  
Please see Mel's question below. Any thoughts on this re: health assistant/counselor definitions?

April, Sarah is taking over for Nathan Roberts from Health Systems on this. Can you make sure she is included on our e-list and knows about the upcoming meetings?

Thanks!  
Carol

Carol Cheney  
Equity Manager  
OHA Office of Equity and Inclusion  
421 SW Oak St, Suite 750  
Portland, OR 97204

Desk: 971-673-2960  
Cell: 971-302-0345  
[www.oregon.gov/oha/oei](http://www.oregon.gov/oha/oei)

**From:** Mel Rader [<mailto:mel@upstreampublichealth.org>]  
**Sent:** Wednesday, October 07, 2015 11:11 AM

**To:** UMPHLETT Amy M  
**Cc:** Austin Bruce W; JOHNSON Laurie; Kowalski Sarah E; CHENEY Carol I  
**Subject:** Re: FW: More questions on fluoride varnish!

Hi Amy,

This information is extremely helpful.

I do have one follow up questions, which is: Are there legal definitions for health assistant or counselor?

I can't find any clear definition for these, but it does seem like Health Assistant is a pretty general term representing a wide range of health workers. So, it seems like traditional health workers could be considered health assistant in this case, when they are working under the direction of a doctor or dentist.

In regards to application of varnish by health assistants and counselors, the law seems overly narrow here. For example, Head Start kids would be included but not Head Start waitlist kids, which are the same population. Also, there would only be about 1% of kids 1-3 years would fit into this category, since WIC ends at 1 year, and Early Head Start is a very limited program.

But, my understanding is that to expand this would require legislative change. Is that right? Or could this be done by Health Systems, without legislative change?

Thanks,

Mel

On Thu, Oct 1, 2015 at 6:30 PM, UMPHLETT Amy M <[amy.m.umphlett@state.or.us](mailto:amy.m.umphlett@state.or.us)> wrote:

Hello Mel,

Bruce Austin asked the Oral Health Program to help respond to some of your questions. Below are our responses in red. Please let me know if you have any more questions.

Thank you,

Amy

Amy Umphlett, MPH

Operations & Policy Analyst 2

Oral Health Program

OHA Public Health Division

800 NE Oregon Street, Suite 825

Portland, OR 97232

Phone: [\(971\) 673-1564](tel:(971)673-1564)

Email: [amy.m.umphlett@state.or.us](mailto:amy.m.umphlett@state.or.us)

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**From:** Mel Rader <[mel@upstreampublichealth.org](mailto:mel@upstreampublichealth.org)>

**Sent:** Wednesday, September 30, 2015 6:16 PM

**To:** Austin Bruce W

**Cc:** CHENEY Carol I

**Subject:** More questions on fluoride varnish!

Hi Bruce,

I hope you are doing well.

As you probably know, we've had the second meeting of the rulemaking committee for HB 2024, and just getting into the controversial stuff.

Related to that, I was hoping you could clarify the legal rules around fluoride varnish application and reimbursement. It was my understanding that the application of varnish, prescription system and reimbursement all have different rules involved. My understanding is that:

Reimbursement for varnish - It is my understanding that this is decided by a combination of the HERC and DMAP. So, the HERC set the recommendation that fluoride varnish is appropriate for children and youth, 0-18, at all risk levels. The HERC, though, doesn't specify who gets reimbursed. DMAP does this. And, DMAP, currently specifies that dentists, **dental hygienists**, doctors, medical assistants, and nurse practitioners can get reimbursement for varnish. Other providers can't get direct reimbursement. However, CCOs would still have the flexibility to reimburse different on this. DMAP could expand the providers that are allowed to be reimbursed directly, but would need authorization from CMS.

**I checked with Sarah at Health Systems (formerly DMAP) around the reimbursement issue. What you wrote is mostly correct, but you can add dental hygienists to the list of providers that can get reimbursed. In order to expand the list of**

practitioners who could be reimbursed, Health Systems would have to: 1) make sure that the changes would be within the scope of practice outlined by the governing medical board (Oregon Medical Board or Oregon Board of Dentistry); and 2) seek CMS's permission through a state plan amendment (SPA).

Prescription System - Varnish currently needs a prescription at a pharmacy, and only the approved providers listed above can give a prescription. But, once an individual or a parent has the varnish, they can apply it themselves.

There is no law that we are aware of that would prevent a parent from applying the fluoride varnish themselves if they received a prescription from a dentist. You may want to check with the Board of Pharmacy. But there are restrictions on who can actually prescribe fluoride varnish.

Based on OAR 818-035-0030(1)(f): Dental Hygienists may perform the following functions under the general supervision of a licensed dentist: Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

But Expanded Practice Hygienists (EPHDs) may write prescriptions for all applications of fluoride and apply fluoride without a dentist's supervision [ORS 680.205(5)].

[https://www.oregonlegislature.gov/bills\\_laws/lawsstatutes/2013ors680.html](https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2013ors680.html)

Who can apply varnish? - My understanding is that there is no restriction on who can apply varnish. So, individuals, school teachers, traditional health workers, etc., can all legally apply varnish. And, they wouldn't be liable for malpractice, since varnish is classified as a "medical device" and it is not a medical procedure.

There are some restrictions on who can apply fluoride varnish. Besides dental and medical providers, ORS 680.026 would have to be amended with the support of the Oregon Board of Dentistry. ORS 680.026 only allows "counselors and health assistants who have been trained in the application of fluoride varnishes to the teeth of children may apply fluoride varnishes to the teeth of children enrolled in or receiving services or benefits from the Women, Infants and Children Program, the Oregon prekindergarten program or a federal Head Start grant program."

[https://www.oregonlegislature.gov/bills\\_laws/lawsstatutes/2013ors680.html](https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2013ors680.html)

Also, dental assistants are currently not allowed to apply fluoride varnish unless supervised directly or indirectly (i.e. onsite) by a hygienist or dentist [ORS 818-042-0020 (1) and (2)].

[http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_818/818\\_042.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_818/818_042.html)

So, in this sense, it seems like the rules are the same as for fluoride tablets. Parents need a prescription for the tablets. But, at the same time, we have lots of programs where teachers pop the tablets in kid's mouths, etc.

Rules around fluoride varnish are different than fluoride tablets/rinses. The law specifically allows schools to administer "supplements," including fluoride tablets, for children.

Did I get this area of regulation right? Please confirm that this is right, or else let me know where I got this wrong.

Thanks,

Mel

## Johnson April R

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**From:** Castro Maria  
**Sent:** Wednesday, October 07, 2015 11:40 AM  
**To:** Johnson April R  
**Subject:** Fw: Rules Advisory Committee (RAC) for HB2419 Notice to Interested parties

Maria Elena Castro, M.Ed.  
Rural and Migrant Health Coordinator  
**Office of Equity and Inclusion**  
**Oregon Health Authority**  
(503) 884.4448  
421 SW Oak St., Suite 750  
Portland, OR 97204

[maria.castro@state.or.us](mailto:maria.castro@state.or.us)  
[www.oregon.gov/OHA/oei](http://www.oregon.gov/OHA/oei)

"Be kind, for everyone you meet is fighting a hard battle." - Plato

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**From:** Helen Eby <heby@gauchati.com>  
**Sent:** Monday, October 5, 2015 11:48 AM  
**To:** Castro Maria  
**Cc:** Erin Neff (erinkneff@gmail.com); CHENEY Carol I; CARDONA David  
**Subject:** RE: Rules Advisory Committee (RAC) for HB2419 Notice to Interested parties

I still have some updates to make, so I'll make the next updates in red ink for them to stand out. Coming soon.

Helen Eby  
Gaucha TI  
c: 503-929-8476  
o: 503-642-5879  
[heby@gauchati.com](mailto:heby@gauchati.com)  
[www.blog.gauchati.com](http://www.blog.gauchati.com)  
[Click here](#) to upload files securely through Citrix ShareFile.

---

**From:** Helen Eby  
**Sent:** Monday, October 5, 2015 11:16 AM  
**To:** 'Castro Maria' <maria.castro@state.or.us>  
**Cc:** Erin Neff (erinkneff@gmail.com) <erinkneff@gmail.com>; Carol Cheney (carol.i.cheney@state.or.us) <carol.i.cheney@state.or.us>; 'CARDONA David' <david.cardona@state.or.us>  
**Subject:** RE: Rules Advisory Committee (RAC) for HB2419 Notice to Interested parties

Dear Maria,

Since I hadn't received a draft of the suggested changes, I spent my morning working on what I believe the main changes should be at this point.

I believe I explained the reason for all the changes in the comments column in the far right for your reference.

I am copying Erin Neff in her capacity of Chair of the Council and David Cardona in his capacity of Interpreting Policy, and Carol Cheney, since she had asked for input.

Regarding ASL testing, etc., and ASL interpreting certification path, I do not believe that has to be specified in the regulations. I took the listing of languages out of the regulations precisely because that listing can change at any time and make the regulations obsolete. The regulations should not become obsolete because an outside organization becomes available to offer an acceptable exam. By removing the listing of languages with a certification path, ASL is not precluded from becoming certified. The certification path and the acceptable exams can be discussed at length where they should, in the training committee. It makes the playing field level for all.

I also removed all the definitions that do not refer to anything that is discussed in these regulations. Only things that are discussed in the regulations should be defined.

I made sure that the same phrase was used to talk about the same thing. This is something I do to ensure consistency as a legal translator.

I highlighted all the ORS and OAR references for you to double check them.

I submitted the definitions of interpreting and sight translation from the ASTM standard, for you to include them, since they are widely accepted by all stakeholders, and were developed with input from court, medical, ASL, and all other fields. They are clear and concise, and should be usable.

I consolidated two requirements into one where the two requirements were redundant and therefore unclear.

I deleted repeated requirements, which create confusion, and referenced where that was already referenced and therefore unnecessary to be repeated.

I dropped in the text from the new law in every place where it was appropriate, in my opinion.

I replaced some of the terms with terms that are used in the industry, for better communication with professionals and better clarity.

This is all based on my experience, over the last two years, as the Technical Contact for the ASTM Standard for Translation. I work on making this kind of document clear, concise, and usable for others.

I hope I was able to help our Stakeholders.

Please let me know if this helps you.

Helen Eby

Gaucha TI

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o: 503-642-5879

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[Click here](#) to upload files securely through Citrix ShareFile.

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**From:** Helen Eby  
**Sent:** Saturday, October 3, 2015 9:33 PM  
**To:** Castro Maria <[maria.castro@state.or.us](mailto:maria.castro@state.or.us)>  
**Subject:** RE: Rules Advisory Committee (RAC) for HB2419 Notice to Interested parties

Dear Maria,

I have not seen the Notice of Proposed Rule Making listed on the Online Oregon Bulletin.

Could you please forward your first draft of the proposed rule changes to all the stakeholders you have invited on Monday? It would be extremely helpful to us as we prepare for the meeting.

Yours,

Helen Eby  
Spanish Translation and Interpreting  
Medical Interpreting Trainer  
[heby@gauchati.com](mailto:heby@gauchati.com)  
503-929-8476

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**From:** Castro Maria [<mailto:maria.castro@state.or.us>]  
**Sent:** Friday, October 2, 2015 5:42 PM  
**To:** Castro Maria <[maria.castro@state.or.us](mailto:maria.castro@state.or.us)>  
**Subject:** Rules Advisory Committee (RAC) for HB2419 Notice to Interested parties  
**Importance:** High



DIRECTOR'S OFFICE  
Office of Equity and Inclusion  
Kate Brown, Governor



421 SW Oak Street, Suite 750  
Portland, OR 97204  
971-673-1240  
971-673-1128  
<http://www.oregon.gov/OHA/oei/>

September 24, 2015

Dear Community Stakeholder:

As you may be aware, the Oregon Health Authority (OHA), Office of Equity and Inclusion will be convening a Rule Advisory Committee (RAC) for HB2419. This new law requires OHA to remove the fee requirements for qualification and certification and adds requirements for American Sign Language interpretation.

Inspired by your interest in this matter, we would like to invite you to be a member of the **Health Care Interpreter RAC**. The purpose of the RAC is to provide feedback and input on the development of the rules, as well as review the Statement of Fiscal Impact for the proposed rules.

We plan to meet two times, possibly three during the month of October. Below are the specific dates and times for the RAC meetings. Instructions for validated parking and travel reimbursement will be shared with confirmed RAC members.

If you are interested in participating, please send an email confirmation to Maria Elena Castro, OEI staff person, by **Monday October 5<sup>th</sup>, 2015**.

**First Meeting**

Wednesday October 7<sup>th</sup>, 2015  
11 am - 12:30 pm  
Oregon Health Authority-Lincoln Building-OEI Conference Room  
Ste. 750  
421 SW Oak St.  
Portland, OR 97204

**Second Meeting**

Wednesday October 21<sup>st</sup>, 2015  
11 am - 12:30 pm  
Oregon Health Authority-Lincoln  
Building- OEI Conference Room

Ste. 750 421 SW Oak St.  
Portland, OR 97204

Maria Elena can be reached at: [maria.castro@state.or.us](mailto:maria.castro@state.or.us) for any questions you may have. Thank you for your consideration to help inform this important work.

Sincerely,

Leann Johnson  
Director  
Office of Equity & Inclusion  
Oregon Health Authority

Maria Elena Castro, M.Ed.  
Rural and Migrant Health Coordinator  
**OHA Office of Equity and Inclusion**  
(503) 884.4448  
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[www.oregon.gov/OHA/oei/](http://www.oregon.gov/OHA/oei/)

*"Be kind, for everyone you meet is fighting a hard battle." - Plato*

	Changes recommended	Comments
<b>STANDARDS FOR REGISTRY ENROLLMENT, QUALIFICATION AND CERTIFICATION OF HEALTH CARE INTERPRETERS</b>		
<b>413.550.0000</b>		
<b>Purpose</b>		
(1) Title VI of the Civil Rights Act of 1964 mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The purpose of these rules is to establish a central registry and procedures for the qualification or certification of health care interpreters for persons with Limited English Proficiency (LEP).		
(2) Any individual providing <u>healthcare</u> interpreting services, either <del>in-person</del> <u>on-site</u> or remotely must participate in the Health Care Interpreter program.	<p>Add "<u>healthcare</u>"</p> <p>Delete <u>modes of interpreting</u></p>	<p><u>This regulation is specifically about healthcare.</u></p> <p><u>On site is the term for interpreting delivered in person.</u></p> <p><u>Delete the listing of modes. It is not necessary and creates unnecessary confusion as we try to be consistent later.</u></p>
Stat. Auth.: <u>ORS 413.558</u>		
s Stats. Implemented: <u>ORS 413.556 &amp; 419.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0010</b>		
<b>Definitions</b>		
As used in chapter 333, division 2 the following definitions apply:		
(1) "Applicant" means any individual who has applied under <u>OAR 333-002-0050</u> for <u>registry enrollment</u> , qualification, or certification as a health care interpreter <del>for any of the following languages: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. The state reserves the right to encompass additional languages at a later date.</del>	<p>Delete <u>registry enrollment.</u></p> <p>Delete <u>listing of languages.</u></p>	<p><u>Languages do not need to be listed because those without certification available have a qualification path.</u></p> <p><u>Besides, as languages get added, the document would be outdated. This way the supporting documents can be the ones the AUTHORITY updates</u></p>

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		<u>with flexibility.</u>
(2) "Authority" means the Oregon Health Authority.		
(3) "Central Registry" means a registry of individuals recognized as health care interpreters maintained by the Authority in accordance with <u>DAR 333-002-0030</u> .		
(4) " <u>Oregon</u> Certified Health Care Interpreter" means an individual who has been issued an approved certificate by the Authority under the provisions of <u>DAR 333-002-0150</u> .	<u>Add Oregon</u>	<u>to clarify in comparison with CHI which is a national certification</u>
<del>(5) "Consecutive Interpreting" means the conversion of a speaker's message into another language after the speaker pauses.</del>	<u>Delete.</u>	<u>This term is not used elsewhere in the Regulation and therefore does not need to be defined.</u>
<del>(6) "Formal Training" means training obtained in a formal academic setting, seminars, in-service trainings, or other substantive distance learning.</del>		<u>This term is generally understood and therefore does not require a definition.</u>
(75) " <u>Fluency Language proficiency</u> " means the ability to effectively communicate between the patient and the medical provider including, but not limited to, the ability to interpret the dialect, slang, or specialized vocabulary of a language to ensure the provision of high quality care.	<u>Replace fluency with language proficiency, the accepted term used by those in the industry</u>	
<del>(86) "Health Care" means medical, surgical or hospital care, or any other remedial care recognized by state law, including <del>mental health care</del> physical and behavioral health care.</del>	<u>Changed to match the 2016 law</u>	
(97) "Health Care Interpreter" (HCI) means an individual who is readily able to  <u>(a) Communicate with a person with limited English proficiency;</u>  <u>(b) Accurately interpret the oral statements of a person with limited English proficiency;</u>  <u>(c) Sight translate documents from a person with limited English proficiency</u>  <u>(d) Interpret the oral statements of other persons into the language of the person with limited English proficiency or into sign language and</u>	<u>Copied from 2016 law</u>	

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Comment [HE1]: Check definition with other sources.

<p>(e) Sight translate documents in English into the language of the person with limited English proficiency, communicate with an individual with limited English proficiency and to accurately translate <del>interpret</del> the written and interpret the oral statements of the individual with limited English proficiency into English, and who is readily able to translate <del>intepret</del> the written and interpret the oral statements of other individuals into the language of the individual with limited English proficiency.</p>		
<p>(108) "Interpreting" means <u>The process of first fully understanding, analyzing, and processing a spoken or signed message and then faithfully rendering it into another spoken or signed language.</u> <del>Sight translation</del> the process of understanding and analyzing a spoken message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social context into account.</p>	<p>Definition from ASTM Standard Practice for Language Interpreting, F2089-15</p>	<p>Definition needed based on 9d.</p> <p><u>The process of first fully understanding, analyzing, and processing a spoken or signed message and then faithfully rendering it into another spoken or signed language</u></p>
<p>"Sight translation" means <u>the rendering of a written document directly into a spoken or signed language, not for purposes of producing a written document.</u></p>	<p>Definition from ASTM Standard Practice for Language Interpreting, F2089-15</p>	<p>Added this definition here because it was in point e above.</p>
<p>(119) "Interpreting KnowledgeSkills and Abilities" <u>include medical terminology, anatomy and physiology, medical interpreting ethics and interpreting skills, language proficiency, and cultural competency.</u></p> <p>means an entry-level range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.</p>	<p>Replace "knowledge" with "<u>skills and abilities</u>"</p> <p>Replace language fluency with <u>language proficiency – the term used by ACTFL and others in the industry.</u></p>	<p><u>In the ASTM list of qualifications it lists knowledge as one of the skills and abilities, and not vice versa.</u></p>
<p>(12) "Interpreting Proficiency" means a wide range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and ability to translate the necessary information between the medical provider and the patient.</p>	<p><del>"translate the necessary information" should be "interpret the necessary information"</del></p>	<p><u>This second definition is unnecessary since it is not referenced anywhere else in the regulation. There is no reference to interpreters with knowledge as compared to interpreters with proficiency.</u></p>
<p>(1310) "Limited English Proficient" or (LEP) means <u>a legal concept referring to</u> a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.</p>	<p>delete "a legal concept referring to"</p>	

<del>(14) "Office of Multicultural Health and Services" (OMHS) means a central administrative support office of the Authority.</del>	<del>Delete</del>	<del>This term is not used elsewhere in the regulation and therefore does not need to be defined</del>
<del>(4511) "Oregon Council on Health Care Interpreters" means the advisory body of experts in the areas of language and health care interpreting, industry professionals, educators and community representatives body of experts in the interpreting field, representative of the diversity of the people of the state of Oregon.</del>	<del>This description was obsolete for the new law.</del>	<del>New description based on the new composition of the council: 15 members all related to interpreting field representative of Oregon diversity</del>
<del>(4612) "Oregon Qualified Health Care Interpreter" means an individual who has been issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140.</del>		
<del>(4713) "Remote Interpreting" means interpreting services provided via telephone, video, online or any other electronic means where at least one of the principal participants is physically present in Oregon.</del>		
<del>(18) "Sight Translation" means translation of a written document into spoken language.</del>	<del>This term is not used elsewhere in the regulation and therefore does not need to be defined</del>	<del>This term is not used elsewhere in the regulation and therefore does not need to be defined</del>
<del>(19) "Simultaneous Interpreting" means converting a speaker's message into another language while the speaker continues to speak.</del>	<del>Delete</del>	<del>This term is not used elsewhere in the regulation and therefore does not need to be defined.</del>
<del>(20) "Translation" means the conversion of written text into a corresponding written text in a different language.</del>	<del>Delete</del>	<del>This term is not used elsewhere in the regulation and therefore does not need to be defined.</del>
<del>(21) "Verifiable Evidence" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include employer endorsement, pay statement, services contract, remittance advice, student practicum, or intern time log.</del>	<del>Delete</del>	<del>Only referred to in references to internship proof, which is to be deleted in the 2016 law adjustments</del>
<del>(2214) "Written verification" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.</del>		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		

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<b>413.550-0020</b>		
<b>Health Care Interpreter Services</b>		
Any individual providing <del>Healthcare Interpreting Services Consecutive Interpreting, Interpreting Services, Remote Interpreting, Sight Translation or Simultaneous Interpreting</del> as defined in this division <del>may</del> <u>must</u> :	<u>Replace Consecutive Interpreting, Interpreting Services, Remote Interpreting, Sight Translation or Simultaneous Interpreting with "Interpreting Services"</u>  <u>I believe the law now says that using certified and qualified interpreters is mandatory, so registering must be mandatory too, right?</u>	<u>There is no need to separate out the modes of interpretation in this line. It creates confusion.</u>
<del>(1) Voluntarily meet the eligibility standards for registry enrollment established in OAR 333-002-0040 and be added to the central registry under the provisions of OAR 333-002-0130; or</del>	<u>There is no registry enrolment any more.</u>	
<del>(2) Voluntarily m</del> Meet the requirements of qualification established in <u>OAR 333-002-0040</u> and be issued a valid letter of qualification by the Authority under the provisions of <u>OAR 333-002-0140</u> ; or	<u>Delete voluntarily</u>	
<del>(3) Voluntarily m</del> Meet the requirements of certification established in <u>OAR 333-002-0040</u> and be issued a valid letter of certification by the Authority under the provisions of <u>OAR 333-002-0150</u> .	<u>Delete voluntarily</u>	
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0030</b>		
<b>Central Registry</b>		
The Authority will maintain a central registry of individuals who are <del>registered</del> , qualified, and certified to provide health care interpreter services as defined in <u>OAR 333-002-0020</u> .	<u>Delete registered</u>	
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0035</b>		
<b>Fees</b>		

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The Authority <del>charges no fees for</del> <del>establishes</del> the following Health Care Interpreter programs <del>fees</del> :		
<del>(1) An HCI Registry Enrollment Application shall require a fee of \$25 per application.</del>	<u>Does not exist</u>	
<del>(2) An HCI Registry Renewal Application shall require a fee of \$25 per application.</del>	<u>Does not exist</u>	
<del>(3) An HCI Qualification Application and Request for Evaluation shall require a fee of \$25 per application.</del>		
<del>(2) HCI Qualification Renewal for languages with no certification exam available</del>	<u>This was missing on the list.</u>	
<del>(4) An HCI Certification Application and Request for Evaluation shall require a fee of \$30 per application.</del>		
<del>(5) An HCI Interpreting Assessment for a subspecialty shall require a fee of \$400 per attempt.</del>		<u>Service not being offered</u>
<del>(6) An HCI Certification Renewal Application shall require a fee of \$30 per application.</del>		
<del>(7) An HCI External Transcript Review Request shall require a fee of \$125 per request.</del>		
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0040</b>		
<b>Eligibility Standards for <del>Registry Enrollment</del>, Qualification and Certification</b>		
<del>(1) Applicants seeking enrollment in the HCI registry must:</del>		
<del>(a) Be at least 18 years of age;</del>		
<del>(b) Submit applicable forms and fees;</del>		
<del>(c) Successfully complete the HCI orientation session set by the Authority. Information presented shall include but is not limited to the following topics:</del>	<u>Delete. This orientation session does not exist.</u>	
<del>(A) Presentation of ORS 413.550 through 413.558 and OAR chapter 333, division 2;</del>		
<del>(B) Review of Authority, health care interpreter, provider and patient roles and responsibilities; and</del>		
<del>(C) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.</del>		
<del>(d) Abide by the National Code of Ethics for Interpreters in Health Care as established by OAR 333-002-0100;</del>		

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<del>(e) Abide by the National Standards of Practice for Interpreters in Health Care as established by OAR 333-002-0110; and</del>		
<del>(f) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.</del>		
<del>(21) In addition to complying with the requirements set out in section (1) of this rule, a Applicants seeking <u>qualification</u> <u>Qualification</u> must be able to:</del>	<u>This becomes (1) because registration is deleted.</u>	
<del>(a) Be at least 18 years of age;</del>	<u>from registration, which is gone</u>	
<del>(b) Submit applicable forms;</del>	<u>from registration</u>	
<del>(c) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.</del>	<u>from registration</u>	
<del>(d) Sign a statement that the Candidate has: reviewed ORS 413.550 through 413.558 and OAR chapter 333, division 2;</del>	<u>from registration</u>	
<del>(e) Sign statement that the Candidate will Abide by the National Code of Ethics for Interpreters in Health Care and the National Standards of Practice for Interpreters in Health Care as established by OAR 333-002-0100</del>	<u>from registration – but instead of attending session, sign statement (current reality)</u>	
<del>(æ) Provide written verification of at least 60 hours of formal training as defined in <b>OAR 333-002-0060</b>;</del>		
(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours. <u>The individual must submit a signed letter from an accredited institution to be eligible for this exception.</u>		
<del>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</del>		
<del>(b) Provide verifiable evidence of 40 hours of experience; and</del>	<u>not needed per 2016 law</u>	
<del>(ef) Demonstrate <u>health care interpreting knowledge-oral language proficiency</u> by passing a qualification skill evaluation offered by an Authority approved language proficiency testing center as defined in <b>OAR 333-002-0070</b> <del>or</del> to meet equivalent language proficiency requirements set by the Authority.</del>	<u>replace health care interpreter knowledge with oral language proficiency</u>	<u>At the qualification level, we are testing oral language proficiency, not asking for a certification exam.</u>
<del>(32) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking <u>Oregon cCertification</u></del>		

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must be able to:		
<del>(a) Provide written verification of at least 60 hours of formal training as defined in <u>OAR 333-002-0060</u>;</del>	<u>This is already required for Qualification.</u>	
<del>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</del>	<u>This is already required for Qualification.</u>	
<del>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</del>	<u>This is already required for Qualification.</u>	
<del>(b) Provide verifiable evidence of 80 hours of work experience as an HCI; and</del>	<u>delete per 2016 law</u>	
(c) Demonstrate health care interpreting proficiency by passing an approved national certification test as defined <u>in OAR 333-002-0070</u> .		
<del>(4) Each HCI applicant seeking certification must first have completed all required documentation to become an Oregon Qualified HCI. Each HCI applicant seeking certification must show proof of national certification.</del>	<u>Delete</u>	<u>Stated in point 2. Causes confusion.</u>
<del>(5) The Authority shall accept formal training from entities outside of Oregon that can demonstrate that their criteria are equal to or exceed Oregon criteria as established by these rules. The Authority shall maintain a list of Authority approved training centers where applicants may receive the required education.</del>		
<del>(6) An applicant who has <u>taken and</u> passed a health care interpreter or medical an approved national certification test as defined <u>in OAR 333-002-0070</u> interpreter certification test from an Authority approved testing center prior to March 1, 2011 is not required to comply with subsection <del>(3)</del>(c) of this rule.</del>	<u>Delete "taken and"</u> <u>consistent terminology with 2 (c above to avoid confusion.</u>	<u>Keeping phrases and terminology consistent avoids confusion.</u>
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0050</b>		
<b>Application Procedure</b>		
(1) Upon request, the Authority shall provide an application packet or a link to the HCI webpage where the applicant may complete an	<u>Deleted registry</u>	

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online application, download an application, or obtain a printable paper application, to any individual seeking <del>registry</del> enrollment for qualification or certification as an HCI.		
(2) Applicants must submit standard forms along with required documentation <del>and applicable fees</del> to the Authority.	<del>delete and applicable fees</del>	
(3) All application materials submitted in a language other than English must be accompanied by:		
(a) An accurate translation of those documents into English; and		
(b) A translator's certificate certifying that the documents that have been translated are true and accurate, by an independent translator other than the applicant.		
(4) The applicant shall pay for any translation costs for documents required by the Authority.		
(5) If the Authority determines that the application is not complete or that the required documentation is not acceptable, the Authority shall notify the applicant within 30 days of receipt. An incomplete application includes, but is not limited to, an application that lacks:		
(a) Required information or original signatures; or		
(b) Required forms, documentation or fees.		
(6) Applicants may withdraw from the process at any time by submitting written notification to the Authority; however the Authority shall not refund any fees <del>that are paid</del> .	<del>delete "that are paid"</del>	
(7) <del>Qualification A</del> applicants must submit a request for <del>qualification</del> <u>language proficiency</u> testing directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.	<u>Start paragraph with Qualification</u>  <u>replace qualification with language proficiency</u>	<u>Starting the paragraph with Qualification clarifies who this paragraph is for right away.</u>  <u>There is no qualification testing.</u>  <u>The test for qualified interpreters is language proficiency.</u>
(8) <u>Certification A</u> applicants must submit a request for certification directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once the testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.	<u>Start paragraph with Certification</u>	<u>Starting the paragraph with Certification clarifies who this paragraph is for right away.</u>

Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0060</b>		
<b>Training and Work Experience Requirement</b>		
(1) Applicants seeking <del>Oregon HCI Q</del> qualification or <del>certification</del> <b>Certification</b> must provide written verification of the successful completion of formal training at an Authority approved training center. Required subjects include Medical Terminology, Anatomy, <del>P</del> <b>and physiology, Concepts and Modes of Health Care Interpreting and Health Care</b> <del>Medical</del> Interpreting Ethics, <b>and Interpreting skills. Applicants must meet or exceed the minimum training requirement for the credential being sought.</b>	<del>Took the list of topics straight from the law.</del>  <del>Delete "meet or exceed". Redundant since it is listed in point 2.</del>	<del>"Concepts and modes of healthcare interpreting" is too narrow. Interpreting skills is more appropriate to cover the skills acquired in other fields of interpreting.</del>
(2) Each HCI applicant seeking qualification or certification must complete at least 60 hours of Authority approved training, including a minimum of:		
(a) Fifty-two hours of integrated <del>Medical Terminology, Anatomy and physiology, and Interpreting skills</del> <b>Medical Terminology, Anatomy and Physiology, Introductory Health Care Interpreting Concepts and Modes; and</b>	<del>Replaced text to be consistent with point 1, deleting ethics because it is in (b).</del>	
(b) Eight hours of <del>Health Care</del> <b>Medical</b> Interpreting Ethics.	<del>Replace Health Care with Medical</del>	<del>Consistent with text in law</del>
<del>(3) Each HCI applicant seeking qualification must show proof of 40 working professional hours as a health care interpreter, which may include practical experience as an intern with a practicing health care interpreter, by providing verifiable evidence from an employer where the applicant has previously worked.</del>	<del>Delete per 2016 law</del>	
<del>(4) Each HCI applicant seeking certification must show proof of 80 working professional hours as a health care interpreter by providing verifiable evidence from a previous employer.</del>	<del>Delete per 2016 law</del>	
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0070</b>		
<b>Approval of Testing Centers, Skill Evaluation and Assessment</b>		
(1) The Authority shall enter into a Memorandum of Agreement		

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with health care interpreter or medical interpreter testing centers and language proficiency testing centers that are approved for testing. The Agreement shall establish the manner and means for testing Oregon applicants for health care interpreter testing, and shall include a process for sharing testing information with the Authority and the applicant.		
(2) The Authority shall maintain a list of approved health care interpreter or medical interpreter certification testing centers. This list shall be made readily available to the public at all times.		
(3) The Authority may proctor testing and may determine testing locations, unless the approved testing centers have their own testing centers available and can verify the applicant's identity before testing.		
(4) Government issued photo identification showing the name and address of the applicant must be presented to enter an evaluation or assessment. This identification could be a valid driver's license, state identification card, military identification, current passport, or immigration or naturalization documents.		
(5) An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluations and assessments. Such conduct includes but is not limited to the following behaviors:		
(a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process;		
(b) Failure to follow written or oral instructions relative to conducting the evaluation or assessment, including termination times and procedures;		
(c) Introducing unauthorized materials during any portion of the evaluation or assessment;		
(d) Attempting to remove evaluation or assessment materials or notations from the testing site; or		
(e) Violating the credentialing process by:		
(A) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment;		
(B) Having an impersonator take the evaluation or assessment on one's behalf; or		

(C) Impersonating an applicant.		
(6) Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under <b>ORS 192.410 through 192.505.</b>		
(7) The Authority may release statistical information regarding evaluation or assessment pass/fail rates by group, evaluation or assessment type, and subject area to any interested party.		
(8) Applicants needing accommodation because of a disability may apply to the testing center for accommodations to complete an evaluation or assessment.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0080</b>		
<b>Skill Evaluation or Assessment Appeal</b>		
Applicants who fail to pass a test at an Authority approved testing center may appeal the results with the testing center directly and pay any fees associated with the request. The testing center's determination is final. Applicants have no further appeal rights with the Authority.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0100</b>		
<b>Code of Ethics and Standards of Practice for Interpreters in Health Care</b>		
(1) Health care interpreters must adhere to the National Code of Ethics for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.		
(2) Health care interpreters must adhere to the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0120</b>		
<b>Continuing Education</b>		
(1) Upon application for renewal of certification, an HCI must:		

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(a) Have completed 30 hours of continuing education; and		
(b) Sign and submit an Authority supplied continuing education form and written verification indicating they have completed the required number of hours of continuing education.		
(2) Continuing education must be completed within the renewal period. Continuing education hours taken in excess of the total number required may only be carried over to the next subsequent renewal period.		
(3) Continuing education records must be maintained by the HCI for a minimum of three years.		
(4) If the Authority finds indications of fraud or falsification of records, investigative action will be instituted. Findings may result in disciplinary action including revocation of the certificate.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0130</b>		
<b>Registry Enrollment</b>		
<del>(1) If the Authority determines that the applicant has met all requirements of these rules or meets all eligibility standards, the applicant shall be added to the central registry of health care interpreters.</del>	<del>Delete. Registration no longer being used.</del>	
<del>(2) Registry enrollment is valid for 12 months from the date of enrollment and is renewable.</del>		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: <b>PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</b>		
<b>413.550-0140</b>		
<b>Letter of Qualification</b>		
(1) If the Authority determines that <b>DAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090</b> have been met, a letter of qualification shall be issued.		
(2) Letters of Qualification are valid for 36 months from the date of issue and are not renewable for languages for which certification is available. For other languages, qualification may be renewed every 36 months.		
Stat. Auth.: <b>ORS 413.558</b>		

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Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0150</b>		
<b>Certificate</b>		
(1) If the Authority determines that <b>OR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090</b> have been met, a <del>certificate</del> <u>Certificate of Qualification</u> shall be issued.	<u>Insert "of Qualification"</u>	
(2) Certificates are valid for 36 months from the date of issue and are renewable.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0160</b>		
<b>Registry Enrollment Renewal</b>		
(1) Applicants for registry enrollment renewal must provide the Authority with:		
(a) The completed renewal form provided by the Authority;		
(b) Applicable fees;		
(c) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and		
(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.		
(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the enrollment expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.		
Stat. Auth.: ORS 413.558		
Stats. Implemented: ORS 413.556 & 413.558		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0170</b>		
<b>Certification Renewal</b>		

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(1) An <del>Oregon certified</del> -Certified HCI must renew certification every 36 months and provide the Authority with:	<u>Consistency. Elsewhere, I see Oregon Qualified.</u>	
(a) The completed renewal form provided by the Authority;		
<del>(b) All applicable fees;</del>	<u>no fees as of 2016</u>	
(c) Written verification of a minimum of 30 hours of continuing education as defined in <u>DAR 333-002-0120</u> during the preceding three years;		
(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care <u>and the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care;</u> <del>and</del>	<u>(d) and (e) are redundant. It should be one form for the Code of Ethics and the Standards of Practice.</u>	<u>Consolidate both in one document.</u>
<del>(e) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.</del>		
(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the letter of certificate expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or <del>if not postmarked, by the date they are received by the Authority</del> <u>the date they are delivered electronically to the AUTHORITY.</u>	<u>Since there are no fees, these documents can be delivered as scanned pdfs with a very accurate time stamp.</u>	
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0180</b>		
<b>Denial, Revocation, Suspension or Refusal to Renew Registry Enrollment</b>		
The Authority shall deny, revoke, suspend or refuse to renew registry enrollment under the following conditions:		
(1) Applicant for initial registry enrollment fails to meet the eligibility standards of <u>DAR 333-002-0040;</u>		
<del>(2) Applicant for registry enrollment renewal fails to comply with the requirements of DAR 333-002-0160;</del>		
(3) Applicant submits information that cannot be verified; or		
(4) Applicant engages in conduct or practices found by the		

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Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0190</b>		
<b>Denial, Revocation, or Suspension of Letters of Qualification</b>		
The Authority shall deny, revoke, or suspend a letter of qualification under the following conditions:		
(1) Applicant for an initial letter of qualification fails to meet the requirements of <b>DAR 333-002-0040</b> ;		
(2) Applicant submits information that cannot be verified; or		
(3) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0200</b>		
<b>Denial, Revocation, Suspension or Refusal to Renew Certification</b>		
The Authority shall deny, revoke, suspend or refuse to renew a certificate under the following conditions:		
(1) Applicant for an initial certification fails to meet the requirements of <b>DAR 333-002-0040</b> ;		
(2) Applicant for a certification renewal fails to comply with the requirements of <b>DAR 333-002-0170</b> ;		
(3) Applicant submits information that cannot be verified; or		
(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0210</b>		

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<b>Complaints</b>		
(1) Any affected party or witness may submit a complaint against an <a href="#">Oregon Qualified or Certified</a> HCI. Complaints must be submitted on the standard form provided by the Authority, signed and dated by the person alleging the complaint. A complaint that does not comply with the requirements of this rule will not be accepted, responded to or acted upon by the Authority.	<a href="#">Added Oregon Qualified or Certified</a>	<a href="#">The OHA AUTHORITY doesn't have jurisdiction over those who are not in the registry. Or does it?</a>
(2) The Authority may commence an investigation of an <a href="#">Oregon Qualified or Certified</a> HCI as a result of information received from any party.	<a href="#">Added Oregon Qualified or Certified</a>	
(3) Complaint forms received by the Authority shall be made available to the accused <a href="#">Oregon Qualified or Certified</a> HCI and others involved in the investigation of the allegations.	<a href="#">Added Oregon Qualified or Certified</a>	
(4) The Authority shall conduct a preliminary review of the complaint to ensure there is sufficient cause to justify proceeding and that the allegations against the respondent are such that, if proven, could result in a violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.		
(5) If the complaint is determined to be valid, the Authority shall notify the respondent of the allegations by mail and request written comments. The respondent must submit written comments to the Authority within two weeks after the notification was first mailed, unless an extension is authorized by the Authority under the following circumstances; only one extension may be allowed and the extension may not exceed 30 days. The Authority shall evaluate the complaint using available evidence.		
(6) Complaints and all evidence obtained, including any documents or information received from the complainant, respondent, witnesses, Authority investigators or Authority staff, shall be referred to the Oregon Council on Health Care Interpreters for review and recommendations.		
(7) During the review, the respondent's identity shall remain confidential		
(8) The Authority may not consider oral arguments from the complainant or respondent unless the Authority determines that further information is required.		

(9) If evidence is insufficient to show cause for action, the complainant and respondent shall be notified in writing.		
(10) If evidence is sufficient to show cause for action, the Authority shall determine appropriate disciplinary action. The respondent shall be notified in writing and that determination shall become public record.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>333-002-0220</b>		
<b>Discipline</b>		
The Authority may refuse to issue or renew, or may suspend or revoke qualification or certification, or impose remedial education or corrective actions if <del>an applicant, registry enrollee, an Oregon Q</del> <u>Qualified or certified-Certified health Health care Care interpreter Interpreter</u> engages in any of the following conduct:	<u>Adding Oregon Qualified or Certified clarifies that these are specific qualifications, not generic designations</u>	
	<u>Capitalized Health Care Interpreter for the same reason.</u>	
(1) Represents that he or she is an <del>an Oregon -Q</del> <u>Qualified or certified Certified health Health care Care interpreter-Interpreter</u> without having been issued a valid letter of qualification or certificate by the Authority.	<u>see above</u>	
(2) Knowingly gives misinformation or false information to the Authority.		
(3) Violates the credentialing process by:		
(a) Falsifying or misrepresenting educational credentials or other information required for admission to an evaluation or assessment;		
(b) Having an impersonator take an evaluation or assessment on one's behalf; or		
(c) Impersonating an applicant.		
(4) Has had a credential to practice health care interpreting in another state, territory or country suspended or revoked based upon acts by the <u>Oregon Qualified or Certified</u> HCI similar to acts described in this rule.		
(5) Has been convicted of a crime in this state, or any other state, territory or country, or convicted of a federal crime, which demonstrably relates to the practice of health care interpreting.	<u>To prevent these issues, Washington State requires a background check of all HCIs.</u>	

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(6) Has engaged in false, deceptive or misleading advertising of their qualification or certification credentials, which includes but is not limited to advertising health care interpreting using the titles of <del>Oregon Qualified or certified-Certified health-Health care-Care interpreter-Interpreter</del> in any private or public communication or publication by an individual who is not credentialed by the Authority. For the purposes of this rule, "advertise" includes telephone directory listings, business cards, social media networking, or any other source of advertisement.	<u>Added Oregon, and capitalized credential</u>	<u>Health Care Interpreter is a trademarked designation by CCHI. Adding Oregon clarifies this and allows those with the CHI certification to not be breaking the Oregon law.</u>
(7) Allows the use of an Authority issued credential by a non-credentialed person.		
(8) Has presented as one's own credential, the credential of another.		
(9) Has practiced health care interpreting services under a false or assumed name without notification to the Authority.		
(10) Has impersonated another <u>the Oregon Qualified or Certified HCI</u> .	<u>Inserted the Oregon Qualified or Certified</u>	<u>HCI is a national credential</u>
(11) Has used or attempted to use an <u>Oregon Qualified or Certified HCI</u> credential that has been revoked, suspended, or lapsed.	<u>Inserted the Oregon Qualified or Certified</u>	<u>HCI is a national credential</u>
(12) Has practiced or offered to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care.		
(13) Fails to cooperate with the Authority in any credentialing action or disciplinary proceeding. Such acts include but are not limited to:		
(a) Failure to furnish requested papers or documents;		
(b) Failure to furnish a written response to a matter contained in any complaint filed with the Authority; or		
(c) Failure to respond to requests for information issued by the Authority whether or not the recipient is accused in the proceeding.		
(14) Fails to comply with any request issued by the Authority or an assurance of discontinuance entered into with the Authority.		
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0230</b>		
<b>Hearings</b>		

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<p>An individual who wishes to contest the denial, non-renewal, suspension or revocation of their registry enrollment, qualification or certification may request a contested case hearing. The contested case hearing process is conducted in accordance with <b>ORS 183.441 through 183.497</b> and the Attorney General's Uniform and Model Rules of Procedure for the Office of Administrative Hearings, <b>OAR 137-003-0501 through 137-003-0700</b>.</p>		
<p>Stat. Auth.: <b>ORS 413.558</b></p>		
<p>Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b></p>		
<p>Hist.: PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</p>		

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	Changes recommended	Comments
<b>STANDARDS FOR REGISTRY ENROLLMENT, QUALIFICATION AND CERTIFICATION OF HEALTH CARE INTERPRETERS</b>		
<b>413.550.0000-552</b>		
<b>Purpose</b>		
(1) Title VI of the Civil Rights Act of 1964 mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The purpose of these rules is to establish a central registry and procedures for the qualification or certification of health care interpreters for persons with Limited English Proficiency (LEP).		
(2) Any individual providing <u>healthcare</u> interpreting services, either <del>in-person</del> <u>on-site</u> or remotely must participate in the Health Care Interpreter program.	<p>Add "<u>healthcare</u>"</p> <p>Delete <u>modes of interpreting</u></p>	<p><u>This regulation is specifically about healthcare.</u></p> <p><u>On site is the term for interpreting delivered in person.</u></p> <p><u>Delete the listing of modes. It is not necessary and creates unnecessary confusion as we try to be consistent later.</u></p>
Stat. Auth.: <u>ORS 413.558</u>		
s Stats. Implemented: <u>ORS 413.556 &amp; 419.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0010</b>		
<b>Definitions</b>		
As used in chapter 333, division 2 the following definitions apply:		
(1) "Applicant" means any individual who has applied under <u>OAR 333-002-0050</u> for <u>registry enrollment</u> , qualification, or certification as a health care interpreter <del>for any of the following languages: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. The state reserves the right to encompass additional languages at a later date.</del>	<p>Delete <u>registry enrollment.</u></p> <p>Delete <u>listing of languages.</u></p>	<p><u>Languages do not need to be listed because those without certification available have a qualification path.</u></p> <p><u>Besides, as languages get added, the document would be outdated. This way the supporting documents can be the ones the AUTHORITY updates</u></p>

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		<u>with flexibility.</u>
(2) "Authority" means the Oregon Health Authority.		
(3) "Central Registry" means a registry of individuals recognized as health care interpreters maintained by the Authority in accordance with <u>OAR 333-002-0030</u> .		
(4) " <u>Oregon</u> Certified Health Care Interpreter" means an individual who has been issued an approved certificate by the Authority under the provisions of <u>OAR 333-002-0150</u> .	<u>Add Oregon</u>	<u>to clarify in comparison with CHI which is a national certification</u>
<del>(5) "Consecutive Interpreting" means the conversion of a speaker's message into another language after the speaker pauses.</del>	<u>Delete.</u>	<u>This term is not used elsewhere in the Regulation and therefore does not need to be defined.</u>
<del>(6) "Formal Training" means training obtained in a formal academic setting, seminars, in-service trainings, or other substantive distance learning.</del>		<u>This term is generally understood and therefore does not require a definition.</u>
(75) " <u>Fluency Language proficiency</u> " means the ability to effectively communicate between the patient and the medical provider including, but not limited to, the ability to interpret the dialect, slang, or specialized vocabulary of a language to ensure the provision of high quality care.	<u>Replace fluency with language proficiency, the accepted term used by those in the industry</u>	
<del>(86) "Health Care" means medical, surgical or hospital care, or any other remedial care recognized by state law, including <u>mental health care</u> physical and behavioral health care.</del>	<u>Changed to match the 2016 law</u>	
<del>(97) "Health Care Interpreter" (HCI) means an individual who <u>is readily able to proficiency communicate</u> meets the requirements for <u>Qualification or Certification in Oregon as stated in <u>OAR 413.558</u></u> with an individual with limited English proficiency and to accurately translate interpret the written and interpret the oral statements of the individual with limited English proficiency into English, and who is readily able to translate <u>intepret</u> the written and interpret the oral statements of other individuals into the language of the individual with limited English proficiency.</del>	<u>Cross referenced to certification and qualification requirements.</u>	
<del>(108) "Interpreting" means <u>The process of first fully understanding, analyzing, and processing a spoken or signed message and then faithfully rendering it into another spoken or signed language. Sight translation</u> the process of understanding and analyzing a spoken message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social</del>	<u>Definition from ASTM Standard Practice for Language Interpreting, F2089-15</u>	

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Comment [HE1]: Check definition with other sources.

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<del>context into account.</del> <del>translation” means</del>	Delete	<u>Sight translation and Translation are not referenced in this document</u>
<del>(119) "Interpreting KnowledgeSkills and Abilities" include medical terminology, anatomy and physiology, medical interpreting ethics and interpreting skills, language proficiency, and cultural competency.</del>  <del>means an entry-level range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.</del>	Replace “knowledge” with <u>“skills and abilities”</u>  Replace language fluency with <u>language proficiency – the term used by ACTFL and others in the industry.</u>	<u>In the ASTM list of qualifications it lists knowledge as one of the skills and abilities, and not vice versa.</u>
<del>(12) "Interpreting Proficiency" means a wide range of interpreting knowledge and skills that includes but is not limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and ability to translate the necessary information between the medical provider and the patient.</del>	<del>“translate the necessary information” should be “interpret the necessary information”.</del>	<u>This second definition is unnecessary since it is not referenced anywhere else in the regulation. There is no reference to interpreters with knowledge as compared to interpreters with proficiency.</u>
<del>(1310) "Limited English Proficient" or (LEP) means a legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.</del>	delete “a legal concept referring to”	
<del>(14) "Office of Multicultural Health and Services" (OMHS) means a central administrative support office of the Authority.</del>	Delete	<u>This term is not used elsewhere in the regulation and therefore does not need to be defined</u>
<del>(1511) "Oregon Council on Health Care Interpreters" means the advisory body of experts in the areas of language and health care interpreting, industry professionals, educators and community representativesbody of experts in the interpreting field, representative of the diversity of the people of the state of Oregon.</del>	<u>This description was obsolete for the new law.</u>	<u>New description based on the new composition of the council: 15 members all related to interpreting field representative of Oregon diversity</u>
<del>(1612) "Oregon Qualified Health Care Interpreter" means an individual who has been issued a valid letter of qualification by the Authority under the provisions of OAR 333-002-0140.</del>	Delete valid	
<del>(1713) "Remote Interpreting" means interpreting services provided via telephone, video, online or any other electronic means where at least one of the principal participants is physically present in Oregon.</del>	Delete everything starting with <u>“where at least one of the principal participants is physical participants is present in Oregon”</u>	<u>The OHA has no jurisdiction outside of Oregon. Unnecessary. This is simply a definition of remote interpreting.</u>

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(18) " <del>Sight Translation</del> " means <del>translation of a written document into spoken language.</del>	<del>This term is not used elsewhere in the regulation and therefore does not need to be defined</del>	<del>This term is not used elsewhere in the regulation and therefore does not need to be defined</del>
(19) " <del>Simultaneous Interpreting</del> " means <del>converting a speaker's message into another language while the speaker continues to speak.</del>	<del>Delete</del>	<del>This term is not used elsewhere in the regulation and therefore does not need to be defined.</del>
(20) " <del>Translation</del> " means <del>the conversion of written text into a corresponding written text in a different language.</del>	<del>Delete</del>	<del>This term is not used elsewhere in the regulation and therefore does not need to be defined.</del>
(21) " <del>Verifiable Evidence</del> " means <del>documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include employer endorsement, pay statement, services contract, remittance advice, student practicum, or intern time log.</del>	<del>Delete</del>	<del>Only referred to in references to internship proof, which is to be deleted in the 2016 law adjustments</del>
(22) " <del>Written verification</del> " means <del>documented proof by means that are reasonably reliable to establish authenticity of submitted documents. Documentation may include official transcripts, a certificate of completion, or an endorsement from an agency or institution whose training curriculum is approved by the Authority.</del>	<del>Delete</del>	<del>Unnecessary definition.</del>
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0020</b>		
<b>Health Care Interpreter Services</b>		
Any individual providing <u>Healthcare Interpreting Services</u> <del>Consecutive Interpreting, Interpreting Services, Remote Interpreting, Sight Translation or Simultaneous Interpreting</del> as defined in this <del>division</del> <u>chapter</u> <del>may</del> <u>must</u> :	<u>Chapter, not division</u>  <u>Replace Consecutive Interpreting, Interpreting Services, Remote Interpreting, Sight Translation or Simultaneous Interpreting with "Interpreting Services"</u>  <u>I believe the law now says that using certified and qualified interpreters is mandatory, so registering must be mandatory</u>	<u>There is no need to separate out the modes of interpretation in this line. It creates confusion.</u>

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	<u>too, right?</u>	
<del>(1) Voluntarily meet the eligibility standards for registry enrollment established in <u>ORAR 333-002-0040</u> and be added to the central registry under the provisions of <u>ORAR 333-002-0130</u>; or</del>	<del>There is no registry enrolment any more.</del>	
<del>(2) Voluntarily <del>m</del> Meet the requirements of qualification established in <u>ORAR 333-002-0040</u> and be issued a <del>valid</del> letter of qualification by the Authority under the provisions of <u>ORAR 333-002-0140</u>; or</del>	<del>Delete voluntarily and valid</del>	
<del>(3) Voluntarily <del>m</del> Meet the requirements of certification established in <u>ORAR 333-002-0040</u> and be issued a <del>valid</del> letter of certification by the Authority under the provisions of <u>ORAR 333-002-0150</u>.</del>	<del>Delete voluntarily and valid</del>	
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0030</b>		
<b>Central Registry</b>		
The Authority will maintain a central registry of individuals who are <del>registered</del> , qualified; and certified to provide health care <del>interpreter-interpreting</del> services as defined in <u>ORAR 333-002-0020</u> .	<u>Delete registered</u>	
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0035</b>		
<b><u>Fees</u></b>		
<del><i>The Authority establishes the following Health Care Interpreter program fees:</i></del>		
<del>(1) An HCI Registry Enrollment Application shall require a fee of \$25 per application.</del>		
<del>(2) An HCI Registry Renewal Application shall require a fee of \$25 per application.</del>	<del>exist</del>	
<del>(3) An HCI Qualification Application and Request for Evaluation shall require a fee of \$25 per application.</del>		
<del>(4) An HCI Certification Application and Request for Evaluation shall require a fee of \$30 per application.</del>		
<del>(5) An HCI Interpreting Assessment for a subspecialty shall require a</del>		

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fee of \$400 per attempt.		
(6) An HCI Certification Renewal Application shall require a fee of \$30 per application.		
(7) An HCI External Transcript Review Request shall require a fee of \$125 per request.		
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0040</b>		
<b>Eligibility <del>Standards</del> Requirements for Registry Enrollment, Oregon Healthcare Interpreter Qualification and Certification</b>		
(1) Applicants seeking enrollment in the HCI registry must:		
(a) Be at least 18 years of age;		
(b) Submit applicable forms and fees;		
(c) Successfully complete the HCI orientation session set by the Authority. Information presented shall include but is not limited to the following topics:	<u>Delete. This orientation session does not exist.</u>	
(A) Presentation of ORS 413.550 through 413.558 and OAR chapter 333, division 2;		
(B) Review of Authority, health care interpreter, provider and patient roles and responsibilities; and		
(C) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.		
(d) Abide by the National Code of Ethics for Interpreters in Health Care as established by OAR 333-002-0100;		
(e) Abide by the National Standards of Practice for Interpreters in Health Care as established by OAR 333-002-0110; and		
(f) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.		
(2) In addition to complying with the requirements set out in section (1) of this rule, a Applicant seeking <u>qualification</u> <u>Qualification</u> must be able to:	<u>This becomes (1) because registration is deleted.</u>	
(a) Be at least 18 years of age;	<u>from registration, which is gone</u>	
(b) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.	<u>from registration</u>	
(c) Sign a statement that the Candidate has: reviewed ORS 413.550	<u>from registration</u>	

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<del>through 413.558 and OAR chapter 333, division 2;</del>		
<del>(d) Sign statement that the Candidate shall abide by the National Code of Ethics for Interpreters in Health Care and the National Standards of Practice for Interpreters in Health Care as established by OAR 333-002-0100</del>	<del>from registration – but instead of attending session, sign statement (current reality)</del>	
<del>(ad) Provide written verification proof of at least 60 hours of formal training as defined in OAR 333-002-0060;</del>		
<del>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</del>	<del>Delete</del>	<del>This is a way to provide proof and belongs elsewhere</del>
<del>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</del>		
<del>(b) Provide verifiable evidence of 40 hours of experience; and</del>	<del>not needed per 2016 law</del>	
<del>(ef) Demonstrate Provide proof of health care interpreting knowledge oral language proficiency in both working languages pursuant to the requirements listed in the Authority's Healthcare Interpreter Program application form, by passing a qualification skill evaluation offered by an Authority approved language proficiency testing center as defined in OAR 333-002-0070 or to meet equivalent language proficiency requirements set by the Authority.</del>	<del>makes the listing much simpler to update as needed.</del>	<del>At the qualification level, we are testing oral language proficiency, not asking for a certification exam.</del>
<del>(32) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking Oregon eHealthcare Interpreter Certification must be able to:</del>		
<del>(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;</del>	<del>This is already required for Qualification.</del>	
<del>(A) Educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to the present may count time spent training health care interpreters toward the 60 credit hours, up to 40 hours.</del>	<del>This is already required for Qualification.</del>	
<del>(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.</del>	<del>This is already required for Qualification.</del>	
<del>(b) Provide verifiable evidence of 80 hours of work experience as an HCL; and</del>	<del>delete per 2016 law</del>	
<del>(c) Demonstrate Pass a health care interpreting proficiency by</del>		

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<del>passing</del> an approved national <u>healthcare interpreter</u> certification test as defined <u>in OAR 333-002-0070</u> .		
<del>(4) Each HCI applicant seeking certification must first have completed all required documentation to become an Oregon Qualified HCI. Each HCI applicant seeking certification must show proof of national certification.</del>	<u>Delete</u>	<u>Stated in point 2. Causes confusion.</u>
<del>(5) The Authority shall accept formal training from entities outside of Oregon that can demonstrate that their criteria are equal to or exceed Oregon criteria as established by these rules. The Authority shall maintain a list of Authority approved training centers where applicants may receive the required education.</del>	<u>Delete</u>	<u>The regulations don't say that the training has to be taken in Oregon. Redundant.</u>
<del>(64) An applicant who has <u>taken and</u> passed a <u>health care interpreter or medical an approved national healthcare interpreter certification test as defined in OAR 333-002-0070</u> interpreter certification test from an Authority approved testing center prior to March 1, 2011 is not required to comply with subsection <del>(32)</del>(c) of this rule.</del>	<u>Delete "taken and"</u> <u>consistent terminology with 2 (c) above to avoid confusion.</u>	<u>Keeping phrases and terminology consistent avoids confusion.</u>
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0050</b>		
<b>Application Procedure</b>		
(1) Upon request, the Authority shall provide an application packet or a link to the HCI webpage where the applicant may complete an online application, download an application, or obtain a printable paper application, to any individual seeking <del>registry</del> enrollment for qualification or certification as an HCI.	<u>Deleted registry</u>	
(2) Applicants must submit standard forms along with required documentation <del>and applicable fees</del> to the Authority.	<u>delete and applicable fees</u>	
(3) All application materials submitted in a language other than English must be accompanied by:		
(a) An accurate translation of those documents into English; and		
(b) A translator's certificate certifying that the documents that have been translated are true and accurate, by an independent translator other than the applicant.		
(4) The applicant shall pay for any translation costs for documents		

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required by the Authority.		
(5) If the Authority determines that the application is not complete or that the required documentation is not acceptable, the Authority shall notify the applicant within 30 days of receipt. An incomplete application includes, but is not limited to, an application that lacks:		
(a) Required information or original signatures; or		
(b) Required forms, documentation or fees.		
(6) Applicants may withdraw from the process at any time by submitting written notification to the Authority; however the Authority shall not refund any fees <del>that are paid</del> .	<del>delete "that are paid"</del>	
(7) <del>Qualification A</del> applicants must submit a request for <del>qualification language proficiency</del> testing directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.	Start paragraph with <u>Qualification</u>  replace qualification with <u>language proficiency</u>	Starting the paragraph with <u>Qualification clarifies who this paragraph is for right away.</u>  <u>There is no qualification testing.</u>  <u>The test for qualified interpreters is language proficiency.</u>
(8) <del>Certification A</del> applicants must submit a request for certification directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once the testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.	Start paragraph with <u>Certification</u>	Starting the paragraph with <u>Certification clarifies who this paragraph is for right away.</u>
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0060</b>		
<b>Training and Work Experience Requirement</b>		
(1) Applicants seeking <u>Oregon HCI Q</u> qualification or <del>certification</del> <u>Certification</u> must provide written verification of the successful completion of formal training at an Authority approved training center. Required subjects include Medical Terminology, Anatomy, <del>P</del> <u>and physiology, Concepts and Modes of Health Care Interpreting and Health Care</u> <del>Medical</del> Interpreting Ethics, <u>and Interpreting skills.</u> <del>Applicants must meet or exceed the minimum training requirement</del>	Took the list of topics straight from the law.  <del>Delete "meet or exceed".</del> <u>Redundant since it is listed in point 2.</u>	<u>"Concepts and modes of healthcare interpreting" is too narrow.</u> <u>Interpreting skills is more appropriate to cover the skills acquired in other fields of interpreting.</u>

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<del>for the credential being sought.</del>		
(2) Each HCI applicant seeking qualification or certification must complete at least 60 hours of Authority approved training, including a minimum of:		
(a) Fifty-two hours of integrated <del>Medical Terminology, Anatomy and physiology, and Interpreting skills</del> <del>Medical Terminology, Anatomy and Physiology, Introductory Health Care Interpreting Concepts and Modes</del> ; and	<u>Replaced text to be consistent with point 1, deleting ethics because it is in (b).</u>	
(b) Eight hours of <del>Health Care</del> <u>Medical</u> Interpreting Ethics.	<u>Replace Health Care with Medical</u>	<u>Consistent with text in law</u>
<del>(3) Each HCI applicant seeking qualification must show proof of 40 working professional hours as a health care interpreter, which may include practical experience as an intern with a practicing health care interpreter, by providing verifiable evidence from an employer where the applicant has previously worked.</del>	<u>Delete per 2016 law</u>	
<del>(4) Each HCI applicant seeking certification must show proof of 80 working professional hours as a health care interpreter by providing verifiable evidence from a previous employer.</del>	<u>Delete per 2016 law</u>	
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 15, 2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 1-10-11; Administrative correction 1-25-11; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0070</b>		
<b>Approval of Testing Centers, Skill Evaluation and Assessment</b>		
(1) The Authority shall enter into a Memorandum of Agreement with health care interpreter or medical interpreter testing centers and language proficiency testing centers that are approved for testing. The Agreement shall establish the manner and means for testing Oregon applicants for health care interpreter testing, and shall include a process for sharing testing information with the Authority and the applicant.		
(2) The Authority shall maintain a list of approved health care interpreter or medical interpreter certification testing centers. This list shall be made readily available to the public at all times.		
(3) The Authority may proctor testing and may determine testing locations, unless the approved testing centers have their own testing centers available and can verify the applicant's identity		

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before testing.		
(4) Government issued photo identification showing the name and address of the applicant must be presented to enter an evaluation or assessment. This identification could be a valid driver's license, state identification card, military identification, current passport, or immigration or naturalization documents.		
(5) An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluations and assessments. Such conduct includes but is not limited to the following behaviors:		
(a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process;		
(b) Failure to follow written or oral instructions relative to conducting the evaluation or assessment, including termination times and procedures;		
(c) Introducing unauthorized materials during any portion of the evaluation or assessment;		
(d) Attempting to remove evaluation or assessment materials or notations from the testing site; or		
(e) Violating the credentialing process by:		
(A) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment;		
(B) Having an impersonator take the evaluation or assessment on one's behalf; or		
(C) Impersonating an applicant.		
(6) Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under <b>ORS 192.410 through 192.505.</b>		
(7) The Authority may release statistical information regarding evaluation or assessment pass/fail rates by group, evaluation or assessment type, and subject area to any interested party.		
(8) Applicants needing accommodation because of a disability may apply to the testing center for accommodations to complete an evaluation or assessment.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		

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Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0080</b>		
<b>Skill Evaluation or Assessment Appeal</b>		
Applicants who fail to pass a test at an Authority approved testing center may appeal the results with the testing center directly and pay any fees associated with the request. The testing center's determination is final. Applicants have no further appeal rights with the Authority.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0100</b>		
<b>Code of Ethics and Standards of Practice for Interpreters in Health Care</b>		
(1) Health care interpreters must adhere to the National Code of Ethics for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.		
(2) Health care interpreters must adhere to the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0120</b>		
<b>Continuing Education</b>		
(1) Upon application for renewal of certification, an HCI must:		
(a) <del>Show proof of having</del> Have completed 30 hours of continuing education <u>approved by the Oregon Council on Health Care Interpreters</u> ; and		
<del>(b) Sign and submit an Authority supplied continuing education form and written verification indicating they have completed the required number of hours of continuing education.</del>	<u>Delete</u>	<del>-The logistics should be flexible</del>
<del>(2) Continuing education must be completed within the renewal period. Continuing education hours taken in excess of the total number required may only be carried over to the next subsequent renewal period.</del>	<u>Delete</u>	<u>This should be in the Council guidelines.</u>
<del>(3) Continuing education records must be maintained by the HCI for a minimum of three years.</del>	<u>Delete</u>	<u>Once approved, the OHA has approved it.</u>

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(4) If the Authority finds indications of fraud or falsification of records, investigative action will be instituted. Findings may result in disciplinary action including revocation of the certificate.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0130</b>		
<b>Registry Enrollment</b>		
(1) If the Authority determines that the applicant has met all requirements of these rules or meets all eligibility standards, the applicant shall be added to the central registry of health care interpreters.	<del>Delete. Registration no longer being used.</del>	
(2) Registry enrollment is valid for 12 months from the date of enrollment and is renewable.		
Stat. Auth.: <del>ORS 413.558</del>		
Stats. Implemented: <del>ORS 413.556 &amp; 413.558</del>		
Hist.: <del>PH 18-2006, f. &amp; cert. ef. 8-2-06; PH 26-2006, f. &amp; cert. ef. 11-16-06; PH 2-2011, f. &amp; cert. ef. 3-1-11</del>		
<b>413.550-0140</b>		
<b>Letter of Qualification</b>		
(1) If the Authority determines that <b>OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090</b> have been met, a letter of qualification shall be issued.		
(2) Letters of Qualification are valid for 36 months from the date of issue and are not renewable for languages for which certification is available. For other languages, qualification may be renewed every 36 months.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0150</b>		
<b>Certificate</b>		
(1) If the Authority determines that <b>OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090</b> have been met, a <del>certificate</del> <u>Certificate of Qualification</u> shall be issued.	<u>Insert "of Qualification"</u>	
(2) Certificates are valid for 36 months from the date of issue and are renewable.		
Stat. Auth.: <b>ORS 413.558</b>		

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Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0160</b>		
<b>Registry Enrollment Renewal</b>		
(1) Applicants for registry enrollment renewal must provide the Authority with:		
(a) The completed renewal form provided by the Authority;		
(b) Applicable fees;		
(c) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care; and		
(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.		
(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the enrollment expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Authority.		
Stat. Auth.: ORS 413.558		
Stats. Implemented: ORS 413.556 & 413.558		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0170</b>		
<b>Certification Renewal</b>		
(1) An <del>Oregon certified</del> <b>Certified</b> HCI must renew certification every 36 months and provide the Authority with:	<u>Consistency. Elsewhere, I see Oregon Qualified.</u>	
(a) The completed renewal form provided by the Authority;		
(b) <del>All applicable fees;</del>	<u>no fees as of 2016</u>	
(c) Written verification of a minimum of 30 hours of continuing education as defined in <b>DAR 333-002-0120</b> during the preceding three years;		
(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in	<u>(d) and (e) are redundant. It should be one form for the Code of Ethics and the Standards of</u>	<u>Consolidate both in one document.</u>

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Health Care <del>and the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care, and</del>	<u>Practice.</u>	
<del>(e) A current signed copy of the commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care.</del>		
(2) The materials required by section (1) of this rule must be submitted to the Authority no less than 30 days prior to the letter of certificate expiration date. The date of submission of these materials shall be considered to be the date postmarked by the US Postal Service, or <del>if not postmarked, by the date they are received by the Authority</del> <u>the date they are delivered electronically to the AUTHORITY..</u>	<u>Since there are no fees, these documents can be delivered as scanned pdfs with a very accurate time stamp.</u>	
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0180</b>		
<b>Denial, Revocation, Suspension or Refusal to Renew Registry Enrollment</b>		
The Authority shall deny, revoke, suspend or refuse to renew registry enrollment under the following conditions:		
(1) Applicant for initial registry enrollment fails to meet the eligibility standards of <u>OAR 333-002-0040</u> ;		
<del>(2) Applicant for registry enrollment renewal fails to comply with the requirements of OAR 333-002-0160;</del>		
(3) Applicant submits information that cannot be verified; or		
(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.		
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0190</b>		
<b>Denial, Revocation, or Suspension of Letters of Qualification</b>		
The Authority shall deny, revoke, or suspend a letter of qualification under the following conditions:		

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(1) Applicant for an initial letter of qualification fails to meet the requirements of <b>DAR 333-002-0040</b> ;		
(2) Applicant submits information that cannot be verified; or		
(3) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0200</b>		
<b>Denial, Revocation, Suspension or Refusal to Renew Certification</b>		
The Authority shall deny, revoke, suspend or refuse to renew a certificate under the following conditions:		
(1) Applicant for an initial certification fails to meet the requirements of <b>DAR 333-002-0040</b> ;		
(2) Applicant for a certification renewal fails to comply with the requirements of <b>DAR 333-002-0170</b> ;		
(3) Applicant submits information that cannot be verified; or		
(4) Applicant engages in conduct or practices found by the Authority to be in violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.		
Stat. Auth.: <b>ORS 413.558</b>		
Stats. Implemented: <b>ORS 413.556 &amp; 413.558</b>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0210</b>		
<b>Complaints</b>		
(1) Any affected party or witness may submit a complaint against an <u>Oregon Qualified or Certified</u> HCI. Complaints must be submitted on the standard form provided by the Authority, signed and dated by the person alleging the complaint. A complaint that does not comply with the requirements of this rule will not be accepted, responded to or acted upon by the Authority.	<u>Added Oregon Qualified or Certified</u>	<u>The OHA AUTHORITY doesn't have jurisdiction over those who are not in the registry. Or does it?</u>
(2) The Authority may commence an investigation of an <u>Oregon Qualified or Certified</u> HCI as a result of information received from any party.	<u>Added Oregon Qualified or Certified</u>	

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(3) Complaint forms received by the Authority shall be made available to the accused <u>Oregon Qualified or Certified</u> HCI and others involved in the investigation of the allegations.	<u>Added Oregon Qualified or Certified</u>	
(4) The Authority shall conduct a preliminary review of the complaint to ensure there is sufficient cause to justify proceeding and that the allegations against the respondent are such that, if proven, could result in a violation of the National Code of Ethics for Interpreters in Health Care or the National Standards of Practice for Interpreters in Health Care.		
(5) If the complaint is determined to be valid, the Authority shall notify the respondent of the allegations by mail and request written comments. The respondent must submit written comments to the Authority within two weeks after the notification was first mailed, unless an extension is authorized by the Authority under the following circumstances; only one extension may be allowed and the extension may not exceed 30 days. The Authority shall evaluate the complaint using available evidence.		
(6) Complaints and all evidence obtained, including any documents or information received from the complainant, respondent, witnesses, Authority investigators or Authority staff, shall be referred to the Oregon Council on Health Care Interpreters for review and recommendations.		
(7) During the review, the respondent's identity shall remain confidential		
(8) The Authority may not consider oral arguments from the complainant or respondent unless the Authority determines that further information is required.		
(9) If evidence is insufficient to show cause for action, the complainant and respondent shall be notified in writing.		
(10) If evidence is sufficient to show cause for action, the Authority shall determine appropriate disciplinary action. The respondent shall be notified in writing and that determination shall become public record.		
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>333-002-0220</b>		

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<b>Discipline</b>		
The Authority may refuse to issue or renew, or may suspend or revoke qualification or certification, or impose remedial education or corrective actions if <del>an applicant, registry enrollee, an Oregon Q</del> qualified or <del>certified Certified health Health care Care interpreter Interpreter</del> engages in any of the following conduct:	<u><a href="#">Adding Oregon Qualified or Certified clarifies that these are specific qualifications, not generic designations</a></u>	
	<u><a href="#">Capitalized Health Care Interpreter for the same reason.</a></u>	
(1) Represents that he or she is a <del>n Oregon -Q</del> qualified or <del>certified Certified health Health care Care interpreter Interpreter</del> without having been issued a valid letter of qualification or certificate by the Authority.	<u><a href="#">see above</a></u>	
(2) Knowingly gives misinformation or false information to the Authority.		
(3) Violates the credentialing process by:		
(a) Falsifying or misrepresenting educational credentials or other information required for admission to an evaluation or assessment;		
(b) Having an impersonator take an evaluation or assessment on one's behalf; or		
(c) Impersonating an applicant.		
(4) Has had a credential to practice health care interpreting in another state, territory or country suspended or revoked based upon acts by the <u><a href="#">Oregon Qualified or Certified</a></u> HCI similar to acts described in this rule.		
(5) Has been convicted of a crime in this state, or any other state, territory or country, or convicted of a federal crime, which demonstrably relates to the practice of health care interpreting.	<u><a href="#">To prevent these issues, Washington State requires a background check of all HCIs.</a></u>	
(6) Has engaged in false, deceptive or misleading advertising of their qualification or certification credentials, which includes but is not limited to advertising health care interpreting using the titles of <del>Oregon Q</del> qualified or <del>certified Certified health Health care Care interpreter Interpreter</del> in any private or public communication or publication by an individual who is not credentialed by the Authority. For the purposes of this rule, "advertise" includes telephone directory listings, business cards, social media networking, or any other source of advertisement.	<u><a href="#">Added Oregon, and capitalized credential</a></u>	<u><a href="#">Health Care Interpreter is a trademarked designation by CCHI. Adding Oregon clarifies this and allows those with the CHI certification to not be breaking the Oregon law.</a></u>
(7) Allows the use of an Authority issued credential by a non-		

credentialed person.		
(8) Has presented as one's own credential, the credential of another.		
(9) Has practiced health care interpreting services under a false or assumed name without notification to the Authority.		
(10) Has impersonated another <u>the Oregon Qualified or Certified HCI</u> .	<u>Inserted the Oregon Qualified or Certified</u>	<u>HCI is a national credential</u>
(11) Has used or attempted to use an <u>Oregon Qualified or Certified HCI credential that has been revoked, suspended, or lapsed</u> .	<u>Inserted the Oregon Qualified or Certified</u>	<u>HCI is a national credential</u>
(12) Has practiced or offered to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care.		
(13) Fails to cooperate with the Authority in any credentialing action or disciplinary proceeding. Such acts include but are not limited to:		
(a) Failure to furnish requested papers or documents;		
(b) Failure to furnish a written response to a matter contained in any complaint filed with the Authority; or		
(c) Failure to respond to requests for information issued by the Authority whether or not the recipient is accused in the proceeding.		
(14) Fails to comply with any request issued by the Authority or an assurance of discontinuance entered into with the Authority.		
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		
<b>413.550-0230</b>		
<b>Hearings</b>		
An individual who wishes to contest the denial, non-renewal, suspension or revocation of their registry enrollment, qualification or certification may request a contested case hearing. The contested case hearing process is conducted in accordance with <u>ORS 183.441 through 183.497</u> and the Attorney General's Uniform and Model Rules of Procedure for the Office of Administrative Hearings, <u>DAR 137-003-0501 through 137-003-0700</u> .		
Stat. Auth.: <u>ORS 413.558</u>		
Stats. Implemented: <u>ORS 413.556 &amp; 413.558</u>		
Hist.: PH 18-2006, f. & cert. ef. 8-2-06; PH 26-2006, f. & cert. ef. 11-16-06; PH 2-2011, f. & cert. ef. 3-1-11		

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