Approved: March 1, 2006
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:30 P.M. on February 21, 2006, in Room 526-S of the Capitol.

All members were present except Representatives Watkins and Kilpatrick.

Committee staff present:
Melissa Calderwood, Kansas Legislative Research Department
Mary Galligan, Kansas Legislative Research Department
Renae Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:
Howard Rodenberg, Director, Division of Health, Kansas Department of Health and Environment
Joaquin Sumaya, Chair, Kansas Hispanic and Latino American Affairs Commission
Kerrie Bacon, Legislative Liaison, Kansas Commission on Disability
Leonard Hall, President, Kansas Association of the Deaf
Chad Austin, Vice President, Government Relations, Kansas Hospital Association

Others attending:
See attached sheet (not available on electronic copy).

The Chair opened discussion on **HB 2739**, which had a hearing on February 20.

Representative Bethell commented that the stringencies of the bill may add stress to individuals already under stress. He made a motion to amend the bill (page 1, line 27) to change the word *well-ventilated* to *separately ventilated.* The motion was seconded. Discussion focused on the meaning of *ventilated* and the evidence from a conferee that no ventilating system can remove all tobacco smoke from a room.

Representative Kirk offered a substitute amendment requiring all adult-care facilities to be included with hospitals under the bill's provisions, since the state of Kansas (through Medicaid) pays 50% of adult-care costs. The motion was seconded. Discussion included comments that making changes through rules and regulations would better serve citizens than blanket mandates. A member noted long-term-care facilities also have residents paying their own way and who deserve more latitude regarding smoking. Another commented that veterans in long-term-care were introduced to tobacco by government, which may now forbid its use. Another member said banning smoking would free up staff time, since staff often need to accompany resident smokers. The motion to amend failed.

Further discussion on the Bethell amendment noted that a facility need not create a new ventilating system, but could simply increase air pressure in a room to ventilate it separately.

The motion to amend failed.

A motion was made to table the bill. The motion failed 7-10.

A motion was made and seconded to accept the Revisor's technical amendment to the bill. (See Attachment 1) The motion passed.

A motion was made and seconded to recommend the bill as favorable for passage. The motion passed. Representative Flaharty volunteered to carry the bill.

Members considered **HB 2734**, which had a hearing on February 20.

The Chair stated that the information about Mr. Caporale's lawsuit has no effect on the merits of the bill.

A motion was made and seconded to amend the bill. (See Attachment 2) The motion to amend passed. Discussion centered on a credentialing agency's current authority to accept or deny credits, whether or not a bias presently exists against online courses with credentialing agencies, and comments that the bill may be trying to fix something that isn't broken. A motion to table consideration of the bill passed 13-4.

The Chair opened the hearing on **HB 2825** and referenced a fiscal note for the bill. (Attachment 3)

Representative Delia Garcia spoke as a proponent for the bill, (Attachment 4) referencing information from Attachment 5, and noting the national standards of practice for interpreters, which can serve as a guide to the advisory board. (Attachment 6) She stated that the Wichita school system recognizes 69 distinct languages and dialects and that her work with Healthy Kansans 2010 highlighted the need for minority health services. She said that the bill will provide a framework to minimize medical errors and enhance health care in Kansas.

Howard Rodenberg, Director, Division of Health, Kansas Department of Health and Environment (KDHE), testified in favor of the bill; acknowledging the diversity in Kansas, he said the bill establishes a mechanism that will create a database to increase access to health care and reduce health disparities in the state. (Attachment 7) His caveat was that being listed in the database should not be considered an endorsement by KDHE, nor should the database supersede other relationships or be considered a sole source for interpreters. Rather the database will offer resources for those who need them.

Joaquin Sumaya, Chair, Kansas Hispanic and Latino American Affairs Commission, testified as a proponent, saying that the bill sets standards for those who provide translation services, making the services available for any business, community agency, or other organization. (Attachment 8)

Kerrie Bacon, Legislative Liaison, Kansas Commission on Disability, gave a qualified endorsement for the bill. (Attachment 9) She listed several concerns regarding Kansas Commission for the Deaf and Hard of Hearing and details of certification, offering an

amendment to the bill. (Attachment 10)

Leonard Hall, President, Kansas Association of the Deaf, offered limited opposition to the proposed statute. (Attachment 11) He urged members to differentiate between foreign language interpreters and interpreters for the deaf, since the latter already have statutory standing.

Chad Austin, Vice President, Government Relations, Kansas Hospital Association, spoke in opposition to the bill. (Attachment 12) He commented that as the bill stands, the language appears to mandate interpreters to be registered, and he questioned that present contracts between organizations and interpreters might be in conflict with the bill were it to become law. He further questioned whether adopting a registry list might create the perception of a limited pool of interpreters.

The following written testimony was received in support of the bill:

Gabriela Flores, Executive Committee Member, Foreign Language Interpreter Consortium of Kansas Association of Interpreters, (Attachment 13) and Chair, Health and Social Services Committee, Coalition of Hispanic Organizations (Attachment 14);
Nancy Jorn, Director of Maternal Child Health Field Services, Lawrence-Douglas County Health Department (Attachment 15);
Kyle Kessler, Director of Legislative and Media Affairs, Kansas Department of Social and Rehabilitation Services (Attachment 16); and
further letters of support. (Attachment 17)

The Chair closed the hearing and invited members to consider discussing the bill.

A member commented that the bill covers a wide area of standards that seem beyond KDHE's mission. Answering a question, Dr. Rodenberg said that KDHE endorses the bill. Edwin Galan, with the U.S. Surgeon General's office, responded to a question, outlining federal support for the bill, noting its importance as a civil rights measure and listing the values of health care associated with passage of the bill.

Representative Garcia offered a motion for a substitute bill, which was seconded. (Attachment 18) She said the substitute bill will clarify that the database is voluntary, not mandated, that the advisory board will set standards but not regulate, and that the bill complies with Title VI. Answering a question, she said the bill differentiates between foreign-language interpreters and sign-language interpreters. Dr. Rodenberg replied that the bill will indirectly save money by providing better preventive care.

The motion to adopt the substitute bill passed.

Representative Garcia made a motion to amend the substitute bill by including the Executive Director of the Commission for the Deaf and Hard of Hearing on the board. The motion was seconded and passed.

A motion was made, seconded, and passed to recommend the bill as amended favorable for

passage.

The Chair opened the hearing on **HB 2830** and **HB 2831.** A fiscal note was included for members. (Attachment 19) Representative Hill briefly explained that the purpose of the bill was to allow a newly hired pharmacy technician up to 30 days before requiring the person to take the exam for registration. He also noted the bill requires a supermajority of the Board of Pharmacy to change the pharmacist/technician ratio. A motion was made, seconded, and passed to recommend the bill favorable for passage.

Representative Hill commented that **HB 2831** amends **KSA 65-1635a** to recognize the name change of the approval organization to Accreditation Council for Pharmacy. A fiscal note was included with the bill. (Attachment 20) A motion was made, seconded and passed to recommend the bill favorable for passage. Representative Hill volunteered to carry both bills.

The minutes for February 20 were approved.

The meeting was adjourned at 3:07 p.m. The next meeting is scheduled for Wednesday, March 1, 2006.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: February 21 2006

NAME	REPRESENTING
Kerrie J Bacon	KCDC
Connie Thurlow	KFMC
Kim Lynch	KFMC
Chad Austin	KHA
Brent Wilcox	SRS
[illegible] Smith	
Phyllis Gilmore	BSRB
Krista Scherrer	BSRB
FRED Lucky	KHA
Edwin Galan, CAPT	DHHS, Region VII
Christopher Zvolanek	
MaryJayne Hellebust	Tobacco Free Kansas Coalition
Gabriela Flores	Truman Medical Center
Josie Torrez	SILCK
Leonard Itall	Kansas Assoc. of Deaf
Sarah Hammar	Kansas School for the Deaf
Gina Schonthaler	Western Ks Deaf & Hard of Hearing Resource & Referral Agency
Jackie Williamson	Western KS Deaf & Hard of Hearing
SCOTT STEPHENSON	FRIENDS W/ KSD
Suzanne Dennis	Johnson County Mental Health

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

Page Two

DATE: 2/21/06

NAME	REPRESENTING
Patrice Stephenson	Sedgwick County / Wichita State Univ.
KATHERINE LANGAN, Ph.D.	KATESOL / BE
Nathan Weinert	Rep. Trimmer
Angélica M. López	KCSDV Kansas Coalition Against Sexual & Domestic Violence
Mary Hughes, MSW	Jo Co Mental Health - KCDHH - KAD
Jacqueline McVeigh	Jewish Vocational Services
Zach Campbell	~~Jewish Voc.~~ self
Cathy Anderson	Jewish Voc. Service
Rosetta Dunn	KAD
Brenda Eddy	KYEA
Bonnie Gobeh	Resource Center for Independent Living, Inc
CATHRINA RATHA	Student
Amy Braun	KU Pharmacy Student
Anne Spiess	KBSI / TAP - KHA
Linda DeCoursey	American Heart Assn.

Session of 2006

HOUSE BILL No. 2739

By Committee on Health and Human Services

1-26

AN ACT concerning crimes and punishments; relating to tobacco use in medical care facility buildings and property; amending K.S.A. 21-4017 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 21-4017 is hereby amended to read as follows: 21-4017. (a) As used in this section:

~~(1)~~ "Medical care facility" means a general hospital, special hospital, ambulatory surgery center or recuperation center, as defined by K.S.A. 65-425 and amendments thereto, and any psychiatric hospital licensed under K.S.A. 75-3307b and amendments thereto; ~~and~~

~~(2) "Smoking" means possession of a lighted cigarette, cigar, pipe or burning tobacco in any other form or device designed for the use of tobacco.~~

(b) ~~On and after July 1, 1994, smoking~~ *The use of tobacco* in a medical care facility *building or on medical care facility property* is hereby prohibited except that ~~a smoking~~ *an* area may be established ~~within~~ *for residents of* a licensed long-term care unit of a medical care facility *for tobacco use* if such ~~smoking~~ area is well-ventilated. ~~On and after July 1, 1994,~~ The chief administrative officer of each medical care facility shall cause to be posted in conspicuous places signs stating that ~~smoking in the medical care facility~~ *tobacco use in medical care facility buildings and on medical care facility property* is prohibited by state law. *On or before January 1, 2007, ~~such~~ chief administrative officers shall adopt policies and procedures which describe the medical care facility buildings and property and how the prohibition shall be implemented at such facility.*

(c) Any person found guilty of ~~smoking in violation of~~ *violating* subsection (b) of this section is guilty of a misdemeanor punishable by a fine of not more than $20 for each violation. Any person found guilty of failing to post signs as required by subsection (b) of this section, is guilty of a misdemeanor punishable by a fine of not more than $50. In addition, the department of health and environment, or local department of health, may institute an action in any court of competent jurisdiction to enjoin repeated violations of subsection (b) of this section.

Sec. 2. K.S.A. 21-4017 is hereby repealed.

Revisors 1st
Technical Amendment
February 16, 2006

each

officer

Attachment 1
HHS 2-21-06

1-2

Sec. 3. This act shall take effect and be in force from and after January 1, 2007, and its publication in the statute book.

Sec. 3. This act shall take effect and be in force from and after January 1, 2007, and its publication in the statute book.

Session of 2006

HOUSE BILL No. 2734

By Committee on Health and Human Services

1-26

AN ACT concerning state boards, commissions and authorities; relating to online education and licensure.

Be it enacted by the Legislature of the State of Kansas:

Section 1. Notwithstanding any other provision of law, any person, board, commission or similar body who determines the qualifications of individuals for licensure, certification or registration shall not deny an applicant for licensure, certification or registration the right to take an examination for licensure, certification or registration because some or all of the applicant's course of study was obtained online through the internet, as long as the course of study was from an accredited institution or university ~~and all the requirements for taking the examination have been met~~.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

Representative Goico 3rd
Balloon Amendment
02-07-2006

accredited by an accrediting agency recognized by the United States department of education and all such requirements of the accredited institution or university have been met, including the requisite practical or clinical supervision hours. This act shall apply to all applicants whether the applicant's degree was obtained prior or subsequent to the passage of this act

Attachment 2
HHS 2-21-06

February 20, 2006

The Honorable Jim Morrison, Chairperson
House Committee on Health and Human Services
Statehouse, Room 143-N
Topeka, Kansas 66612

Dear Representative Morrison:

SUBJECT: Fiscal Note for HB 2825 by House Committee on Health and Human Services

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2825 is respectfully submitted to your committee.

HB 2825 would require the Kansas Department of Health and Environment (KDHE) to develop qualification standards for interpreters and establish a data bank of interpreters to assist in communicating with clients at facilities regulated by the Department. The bill would require the Secretary of KDHE to appoint an advisory committee to assist with the implementation of the bill.

Estimated State Fiscal Effect				
	FY 2006 SGF	FY 2006 All Funds	FY 2007 SGF	FY 2007 All Funds
Revenue	--	--	--	--
Expenditure	--	--	$41,514	$41,514
FTE Pos.	--	--	--	0.50

The Kansas Department of Health and Environment indicates that the bill would increase expenditures from the State General Fund by $41,514 and increase the agency's FTE position limitation by 0.50. The agency would hire a half-time Senior Administrative Assistant, who,

Attachment 3
HHS 2-21-06

with the assistance of the advisory committee, would screen and select potential members of the data bank. Once the list of qualified interpreters has been compiled, the list would be made available to local health and social organizations statewide. The salaries and wages and operating expenditures would include:

Sr. Administrative Assistant (0.50)	$23,346
Communications	2,340
Rent/Overhead	9,000
Office and Professional Supplies	2,578
Capital Outlay	4,250
Total	$41,514

Sincerely,

Duane A. Goossen
Director of the Budget

cc: Aaron Dunkel, Health & Environment

House Committee on Health and Human Services
Testimony for HB 2825
February 21, 2006
By Representative Delia Garcia

Chairman Morrison, Vice Chairwoman Mast, and Rep Holland, and Distinguished Committee Members:

Thank you for the opportunity to speak with you today in support of HB 2825 which provides for a mechanism to establish a voluntary, comprehensive data bank of available interpreters.

It was my honor to be a Committee Member of the Healthy Kansans 2010 along with Representative Peggy Mast during the interim in the summer and fall of 2005. In this collaborative effort with KDHE, and a part of this 25+ member committee of stakeholders, the concern of cultural competency and minority health arose in almost all the top areas of study. I was inspired to further research and collaborate on the idea of introducing a committee bill that asks for some form of organizational structure and framework to the healthcare interpreter resource community.

HB 2825 leads to greater safety and protection measures for all Kansans. It provides for this voluntary, comprehensive data bank to be a resource for persons to go to, in the interpreting health care language, and not just court interpreters. I know I would not want a court interpreter interpreting for my knee surgery if that was the case.
This bill minimizes medical errors, while increasing the quality of care for Kansans, because these interpreters will know the medical language. Therefore, this bill will encourage people to seek out early services by having an interpreter in a safe environment, resulting in a decrease some Medicaid funds and escalating emergency room visits.

I am excited that this bill demonstrates not only Kansas' commitment, but KDHE's commitment to Minority Health. In my home city of Wichita alone, the school district did a recent study where it recognized and discovered in its findings that there are 58-64 different languages and dialects. There is definitely a need. Other states are addressing this, including one of our neighboring states of Missouri.

This bill is part of a national movement concerning this need, which states have been working on for years. HB 2825 complies with the Federal Law, Title VI of Civil Rights Act of 1964 which promises "equal access to federally assisted programs and activities." I will refer to the KDHE power point on the Limited English Proficiency: A Guide to Compliance with OCR Regulations for Health Care Providers receiving Federal Financial Assistance from HHS. This power point includes the emphasis on increasing protection and safety measures as a direct result of the happenings of other states. This bill does not re-invent any wheel, quite the contrary; it compliments what movement is going on and provides a measure of an organizational structure to the health care services component that presently do not have this. HB 2825 is one of many important measures in this

Attachment 4
HHS 2-21-06

health care setting. This bill further strengthens greater safety and protection, while serving useful and as guidance to other entities.

I strongly urge you to pass HB 2825 out favorably. Thank you for your attention to this very important matter.

Thank You,

Representative Delia Garcia

Attachment 5
HHS 2-21-06

Limited English Proficiency

A Guide to Compliance with OCR Regulations for Health Care Providers receiving Federal Financial Assistance from HHS

Attachment 5
HHS 2-21-06

History of the Regulation / Guidance:

- .Office of Civil Rights Regulation
  - Related back to Title VI of 28 CFR 405(d)(1)
  - Which promises... " equal access to federally assisted programs and activities
- Department of Justice Opinion
  - Issued August 11, 2000
  - Became the standard used by federal agencies for establishment of their policy guidance
- HHS issued guidance August 30, 2000

Recipients of federal monies must assure that persons who are limited English proficient:

- . ...are not excluded from programs
- ....don't experience delays in service
- ....don't experience denial of service
- ....receive care based on accurate, and complete information

Who is Covered?

- Any state or local agency, private institution or organization, or any public or private individual who provides or engages in health or social services programs and that accepts federal financial assistance from HHS
- .Financial assistance can be: grants, loans, details of federal personnel, contracts, donations of federal property.

Let's get specific...

- Hospitals, Nursing homes, Home health agencies
- Managed care organizations
- Universities and others engaged in health research
- State, County, and Local Health agencies
- State, County, and Local Social Service agencies
- Head Start
- Private contractors, subcontractors, grantees

28 CFR 42.405 (d) (1)

- "...where a significant number or proportion of the population eligible to be served or likely to be directly affected by a federally assisted program (e.g. affected by relocation) needs service or information in a language other than English in order effectively to be informed of or to participate in the program, the recipient shall take reasonable steps, considering the scope of the program and the size and concentration of such population, to provide information in appropriate languages to such persons. This requirement applies with regard to written material of the type which is ordinarily distributed to the public."

Draft Contract Language

State Aid to Local Agencies

- **BOTH PARTIES AGREE THAT:**
  - The _____ (Local Agency Name), its agents or subcontractors, shall provide language assistance designed to ensure meaningful access to services for persons with Limited English Proficiency (LEP) pursuant to Title VI of the Civil Rights Act (42 U.S.C. § 2000d *et seq*.) and 45 C.F.R. § 80.3(b). Meaningful access will mean that the Provider, its agents or subcontractors, and LEP person(s) can communicate effectively when services are being provided to LEP persons.

Don't Panic!!!

There are qualifiers which make compliance with the program easier.

- "...significant number or proportion..."
- "...population eligible to be served..."
- "...reasonable steps..."
- "...Scope of the program..."
- "...size and concentration of such population"
- "...ordinarily distributed to the public"

The Four Keys to Compliance

We'll discuss each in detail later

- Assessment
- Development of Comprehensive Written Policies on Language Access
- Training of the Staff
- Vigilant Monitoring

Assessment:

This is the key to how extensive your program must be.

- What non-English languages are LIKELY to be encountered?
- How many LEP persons are eligible for services?

Assessment:

- What are the language needs of each LEP client? (This must be noted in the client's records)
- When during the client's interaction with the program is assistance likely to be needed?
- What resources will be used to meet the needs?
  - How are they accessed? When are they available?

"Relevant Service Area"

What does that term mean in conducting your assessment?

- While Title VI requires that no person be denied meaningful access, the "relevant service area"must be defined. For example:
  - A hospital may accept patients from several areas, but could define its RSA as those areas outlined in its marketing plan if indeed a majority of patients did come from that area.
  - A managed care plan would define its RSA as only those counties in which it contracted to provide services.

Development of Written Policies

It's the gov't...if you didn't write it down, it didn't happen.

- Methods for identifying and assessing client needs
- Oral language assistance options
- Notices to persons that free language assistance is available
- Procedures / plans for periodic training of staff
- Procedures for monitoring the effectiveness of the program
- Written translations for certain written materials

Oral Language Interpretation:

"Trained" "Competent" "Timely"

- Hire bilingual staff who are trained and competent
- Hire staff interpreters who are trained and competent
- Contract with outside trained and competent interpreter services
- Arrange for trained and competent voluntary community interpreters
- These arrangements must be formalized.
- Contract for telephone language interpreter service

Potential problems with "homegrown" interpreters:

- Interpreters don't always understand medically terminology.
- Family member interpreters could present a social barrier to revealing important or intimate personal details.
- Minor children interpreters don't always have sufficient language skills

Translation of Written Materials:

"Vital Documents" "Routinely Provided"

- Consent forms
- Application for services
- Conditions for participation in programs/services
- Notices of denial for, reduction of, and/or termination of services or participation in programs
- Notices of 'right to appeal'
- Notice of availability of free language assistance

5-17

Safe Harbor for Written Translation

The minimum criteria for compliance

- For LEP eligible groups of 10% or 3,000 you must translate/provide "vital" documents and other documents
- For LEP eligible groups of 5% or 1,000 you must translate "vital" documents but can offer oral translation of other documents
- For LEP eligible groups of 100 or less (unless they meet criteria above) you may provide written statements that oral translations of written materials are available

Training of Staff

•Do they understand the policy, and can they do it?

- Orientation for new employees
  - Everyone with potential client contact
  - Don't forget temp workers
- Distribution of written policies / procedures
- Periodic refresher training
- Documentation
  - If you don't write it down, it didn't happen.

Monitoring of the Program:

You said you did it, did you really?

- Must be done at least annually
- Review makeup of LEP populations
- Review current communications needs of LEP
- Review employee training status
- Gather racial, ethinic, or linguistic population data and evaluate at least annually looking for gaps or disparities
- Look for ways to get feedback from LEP clients or advocates

An Inspection – Yikes!

OCR Assessments of Meaningful Access

- Assessment of compliance is on a case-by-case basis.
- Factors used in the assessment include:
  - Size of the entity
  - Size of the eligible LEP population
  - Objectives of the program
  - Total resources available
  - Frequency of languages encountered
  - Frequency of encounters with LEP clients

Additional Resources

- Department of Justice at :
  - www.usdoj.gov
- Health & Human Services at:
  - www.dhhs.gov
- Multi-cultural Educational Services at:
  - www.mcedservices.com
- Center for Cross-Cultural Health at:
  - www.crosshealth.com
- National Health Law Program at:
  - www.healthlaw.org

NATIONAL COUNCIL ON INTERPRETING IN HEALTH CARE

NATIONAL STANDARDS OF PRACTICE for Interpreters in Health Care

Funded by a grant from

National Council on Interpreting in Health Care
www.ncihc.org
September • 2005

CONTENTS

Attachment 6
HHS 2-22-06

COMMITTEE

PREPARED BY THE STANDARDS,TRAINING AND CERTIFICATION COMMITTEE

Co-Chairs

Karin Ruschke, MA

President, International Language Services, Inc.

Interpreter Trainer, Program Development Consultant

Shiva Bidar-Sielaff, MA
Manager of Interpreter Services/Minority Community Relations
University of Wisconsin Hospital and Clinics

Members

Maria-Paz Beltran Avery, PhD

Strategic Director, Education Development Center, Inc.

Member, Certification Committee of the Massachusetts Medical Interpreters Association

Bruce Downing, PhD
Associate Professor and Director of the Program in Translation and Interpreting
University of Minnesota

Carola E. Green
Interpreter, Translator, Interpreting Trainer
Project Coordinator, Vista Community Clinic

Linda Haffner
Freelance Consultant, Trainer, and Spanish Interpreter/Translator

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Karin Ruschke, MA, Co-chair of the Standards, Training and Certification Committee

ACKNOWLEDGEMENTS

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would like to thank the project coordinators, Esther Diaz and Patricia Ohmans/Health

Advocates, for
their commitment to this project and Marjory Bancroft for her work on the Environmental

Scan. We
would like to specially recognize the many interpreters and other individuals who

participated in
our focus groups and responded to our survey, and the expert consultants who provided us

with
valuable input.

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INTRODUCTION

This introduction to the National Standards of Practice for Interpreters in Health Care

explains the
context in which the standards were developed, describes the process of development, and

suggests ways in which the standards can be used.

In 2004, the National Council on Interpreting in Health Care1 (NCIHC) published the National

Code
of Ethics for Interpreters in Health Care. Development of the code of ethics followed an

extensive
period of gathering input and counsel from working interpreters and their colleagues.

Through a
similar consensus-building process, the NCIHC has now developed a set of standards of

practice
for interpreters working in health care settings. This project built on the work in

standards development at the individual state level, specifically on the pioneering work of

the Massachusetts
Medical Interpreters Association (MMIA)2 and the California Healthcare Interpreting

Association
(CHIA)3. While we reviewed the Registry of Interpreters for the Deaf (RID) standards of

practice4
and received input from American Sign Language interpreters, our focus and expertise lies in

spoken language interpreting and therefore these standards represent a consensus on

standards for
spoken language interpreters.

WHAT ARE STANDARDS OF PRACTICE?

Standards of practice are a set of guidelines that define what an interpreter does in the

performance of his or her role, that is, the tasks and skills the interpreter should be able

to perform in the
course of fulfilling the duties of the profession. Standards describe what is considered

“best
practice” by the profession and ensure a consistent quality of performance. For health care

interpreters, the standards define the acceptable ways by which they can meet the core

obligations of
their profession - the accurate and complete transmission of messages between a patient and
provider who do not speak the same language in order to support the patient-provider

therapeutic
relationship.

As in all professions, the field of interpreting is guided by ethical principles. These

standards for
health care interpreters show how professional interpreters respond to ethical and other

considerations in the performance of their duties. Standards of practice are concerned with

the "hows" of
performance as compared with codes of ethics that focus on the "shoulds." A code of ethics
provides "a set of principles or values that govern the conduct of members of a profession

while
they are engaged in the enactment of that profession."5 In other words, codes of ethics

provide
"guidelines for making judgments about what is acceptable and desirable behavior in a given
context or in a particular relationship"6 while standards focus on the practical concerns of

what
the interpreter does in the performance of his or her role, offering "best practice"

strategies for
observing the principles of the code of ethics in day-to-day practice.

1

A National Code of Ethics for Interpreters in Health Care. National Council on Interpreting

in Health Care, 2004.

2 Massachusetts Medical Interpreters Association and Education Development Center, Inc.

Medical Interpreting Standards of
Practice. Newton: EDC, 1996.
3 California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and

Guidance on Roles & Intervention; California

Healthcare Interpreting Association, 2002.
4 Registry of Interpreters for the Deaf; www.rid.org.

5

A National Code of Ethics for Interpreters in Health Care, National Council on Interpreting

in Health Care, 2004.

6

See Footnote 5.

WHY ARE PROFESSIONAL STANDARDS OF PRACTICE FOR INTERPRETERS IN HEALTH CARE NEEDED?
Health care interpreting is a distinctive and specialized area of practice. Interpreters

working in health
care facilitate communication between providers and patients or families who do not share a

language.
Although in recent years health care facilities and agencies across the United States have

made strides
in providing linguistically appropriate services, the lack of qualified interpreters

continues to be a
barrier to health care for limited English proficient (LEP) patients. There has been a lack

of clarity and
consistency at the national level in defining the characteristics and competencies of a

qualified health
care interpreter, leaving interpreters and health care facilities, as well as other

stakeholders, with little
or no guidance in identifying the performance requirements of the interpreter role. As a

result, the
quality of health care interpreting across the country is uneven and inconsistent, leading

to a dangerous potential for incomplete and inaccurate communication. The clinical and

financial ramifications are
documented in the research literature.

Nationally recognized standards of practice provide the necessary guideposts for improving

the training of health care interpreters, helping to raise the quality and consistency of

interpreting in health
care. Just like medical protocols for physicians, these standards will provide guidance to

interpreters
as to what is expected of them and what constitutes good practice.

HOW WERE THE STANDARDS DEVELOPED?
The NCIHC Standards, Training and Certification (STC) committee developed the National

Standards of
Practice for Interpreters in Health Care by first commissioning an environmental scan of

current
practices and existing published standards, both nationally and internationally.7 A series

of seven
targeted focus groups were then conducted across the country. After analyzing the focus

group and
environmental scan results, an initial standards document was drafted. The draft standards

were
presented for feedback through a national survey of interpreters and those who work with

them. The survey collected responses and comments from 632 interpreters and 141

non-interpreters.

In the survey, the question “Should this standard be included (in the professional standards

of practice
for health care interpreters)?” was asked about each of the proposed standards. Each was

approved for
inclusion by a large majority of respondents, both interpreters and non-interpreters; almost

all were
approved by over 90% of respondents. This final document incorporates changes made by the

STC
committee after careful consideration of all the input from survey respondents.

HOW ARE THE STANDARDS OF PRACTICE ORGANIZED IN THIS DOCUMENT?
There are 32 standards of practice grouped under nine headings. The headings show the

relationship
of the standards to the nine ethical principles of the National Code of Ethics. Under each

heading an
objective is stated defining the overall goal of that set of standards. In addition, each

ethical principle
is restated in the corresponding section of the standard to show the relationship between

the ethical
principles and the standards of practice.

7

Bancroft, Marjory. The Interpreter's World Tour: An Environmental Scan of Standards of

Practice for Interpreters. Prepared for
the National Council on Interpreting in Health Care. Woodland Hills: The California

Endowment, March 2005

The standards are numbered consecutively for ease of reference. Each standard is accompanied
by an example, intended to clarify the practical significance of the standard by

illustrating one
possible application. The examples are not comprehensive and should not be confused with the
standards. They simply suggest ways in which the standards may be applied. To keep the

document
brief, only one example is given for each standard. When the standards are discussed in

interpreter
training, we expect many other examples will be provided.

A glossary of specialized terms used in this document is included as Appendix A.

HOW TO USE THE STANDARDS
These standards of practice are intended to be used as a reference by interpreters and those

who
work with, train, and employ interpreters. They are intended to guide the practice of all

interpreters

and to acquaint non-interpreters with the standards recognized within the interpreting

profession.

The standards of practice in this document should be taken as a whole. While each standard

has
merit and can stand on its own, the full implication of each standard is best understood

when seen
in its connection and interdependence with the other standards. Therefore, each standard

should
be understood and practiced in the context of the whole.

It should also be understood that in every profession statements of ethical principles and

standards of practice are concise summary statements of expectations and skills that a

competent
professional in that field should have. Having these documents does not eliminate the need

for
training and education. In fact, training is central to the continued growth and development

of the
profession of health care interpreting.

Specifically, the standards should be used for:

A. TRAINING.
Supervisors, trainers, and training organizations are encouraged to adopt and promote these
standards and to incorporate them into their training for health care interpreters. For the

purposes of training, the examples that accompany each standard should be discussed and many
other examples considered as further illustrations of good interpreting practice.

B. HIRING.
Hiring authorities can refer to these standards when interviewing or testing candidates for
employment as interpreters in health care settings.

C. PERFORMANCE MONITORING.
These standards can be used, with other criteria, as a basis for performance evaluation and
on-going quality assessment of interpreting services.

D. DISCUSSION ON CERTIFICATION OF PROFESSIONAL COMPETENCE.
These standards, together with the NCIHC National Code of Ethics, are intended to provide

the

basis for discussion on the merits of a certification process to assess the qualifications

of
interpreters working or preparing to work in health care settings.

In conclusion, these standards are intended to provide a common base of understanding of the
profession, foster the consistency with which the profession is practiced, and improve the

quality of
interpreter services. They support existing policies in health care that focus on improving

communication and access. As such, the standards benefit all stakeholders involved in the

delivery of quality
health services to LEP patients: health care interpreters, the health care organizations who

contract
their services, regulatory organizations that oversee quality control and risk management

activities
within health care facilities, and the patients and providers who use their services.

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Health Care. Persons seeking to use this document should contact NCIHC.

STANDARDS OF PRACTICE

ACCURACY

OBJECTIVE:
To enable other parties to know precisely what each speaker has said.

1. The interpreter renders all messages accurately and completely,
Related ethical without adding, omitting, or substituting.
principle: For example, an interpreter repeats all that is said, even if it seems
Interpreters strive to render redundant, irrelevant, or rude.

the message accurately, 2. The interpreter replicates the register, style, and tone
of the

speaker.

conveying the content and For example, unless there is no equivalent in the
patient's

language,
spirit of the original mes-an interpreter does not substitute simpler explanations
for

medical
sage, taking into considera-terms a provider uses, but may ask the speaker to
re-express

themtion the cultural context. selves in language more easily understood by the
other party.

3. The interpreter advises parties that everything said will be
interpreted.
For example, an interpreter may explain the interpreting process to a
provider by saying "everything you say will be repeated to the patient."

4. The interpreter manages the flow of communication.
For example, an interpreter may ask a speaker to pause or slow down.

5. The interpreter corrects errors in interpretation.
For example, an interpreter who has omitted an important word
corrects the mistake as soon as possible.

6. The interpreter maintains transparency.
For example, when asking for clarification, an interpreter says to all
parties, "I, the interpreter, did not understand, so I am going to ask
for an explanation."

STANDARDS OF PRACTICE

CONFIDENTIALITY

OBJECTIVE:
To honor the private and personal nature of the health care interaction and maintain
trust
among all parties.

7. The interpreter maintains confidentiality and does not disclose
Related ethical information outside the treating team, except with the patient's
principle: consent or if required by law.
Interpreters treat as confi-For example, an interpreter does not discuss a patient's
case

with family
dential, within the treating or community members without the patient's consent.

team, all information learned 8. The interpreter protects written patient
information in his

or her
in the performance of their possession.

professional duties, while For example, an interpreter does not leave notes on an

interpreting session
observing relevant require-in public view.
ments regarding disclosure.

IMPARTIALITY

OBJECTIVE:
To eliminate the effect of interpreter bias or preference.

9. The interpreter does not allow personal judgments or cultural
Related ethical values to influence objectivity.
principle: For example, an interpreter does not reveal personal feelings through
Interpreters strive to main-words, tone of voice, or body language.

tain impartiality and refrain 10. The interpreter discloses potential conflicts of
interest,

withdrawing
from counseling, advising, from assignments if necessary.

or projecting personal bias-
For example, an interpreter avoids interpreting for a family member or
es or beliefs. close friend.

STANDARDS OF PRACTICE

RESPECT

OBJECTIVE:

To acknowledge the inherent dignity of all parties in the interpreted encounter.

Related ethical
principle:

Interpreters treat all parties
with respect.

11. The interpreter uses professional, culturally appropriate ways of showing respect.
For example, in greetings, an interpreter uses appropriate titles for both patient and provider.

12. The interpreter promotes direct communication among all parties in the encounter.
For example, an interpreter may tell the patient and provider to address each other, rather than the interpreter.

13. The interpreter promotes patient autonomy.
For example, an interpreter directs a patient who asks him or her for a ride home to appropriate resources within the institution.

CULTURAL AWARENESS

OBJECTIVE:
To facilitate communication across cultural differences.

Related ethical
principle:

Interpreters strive to develop
awareness of the cultures
encountered in the performance of interpreting duties.

14. The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.
For example, an interpreter learns about the traditional remedies some patients may use

15. The interpreter alerts all parties to any significant cultural misunderstanding that

arises.
For example, if a provider asks a patient who is fasting for religious reasons to take an oral medication, an interpreter may call attention to the potential conflict.

ROLE BOUNDARIES

OBJECTIVE:
To clarify the scope and limits of the interpreting role, in order to avoid conflicts of

interest.

16. The interpreter limits personal involvement with all parties during
Related ethical the interpreting assignment.
principle: For example, an interpreter does not share or elicit overly personal
The interpreter maintains information in conversations with a patient.

the boundaries of the pro-17. The interpreter limits his or her professional
activity to

interpreting
fessional role, refraining within an encounter.

from personal involvement.
For example, an interpreter never advises a patient on health care
questions, but redirects the patient to ask the provider.

18. The interpreter with an additional role adheres to all interpreting
standards of practice while interpreting.
For example, an interpreter who is also a nurse does not confer with another
provider in the

patient's presence, without reporting what is said.

STANDARDS OF PRACTICE

PROFESSIONALISM

OBJECTIVE:
To uphold the public's trust in the interpreting profession.

19. The interpreter is honest and ethical in all business practices.
Related ethical

principle: For example, an interpreter accurately represents his or her credentials.

20. The interpreter is prepared for all assignments.
Interpreters at all times act

in a professional and ethical For example, an interpreter asks about the nature of

the

assignment
and reviews relevant terminology.

manner.

21. The interpreter discloses skill limitations with respect to particular assignments.
For example, an interpreter who is unfamiliar with a highly technical

medical term asks for an explanation before continuing to interpret.

22. The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills.
For example, when asked to sight translate a surgery consent form, an interpreter instead asks the provider to explain its content and then interprets the explanation.

23. The interpreter is accountable for professional performance.
For example, an interpreter does not blame others for his or her

interpreting errors.

24 The interpreter advocates for working conditions that support quality interpreting.

For example, an interpreter on a lengthy assignment indicates when

fatigue might compromise interpreting accuracy.

25. The interpreter shows respect for professionals with whom he or she works.
For example, an interpreter does not spread rumors that would discredit

another interpreter.

26. The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting.
For example, an interpreter dresses appropriately and arrives on time

for appointments.

□
STANDARDS OF PRACTICE

PROFESSIONAL DEVELOPMENT

OBJECTIVE:
To attain the highest possible level of competence and service.

27. The interpreter continues to develop language and cultural
Related ethical knowledge and interpreting skills.
principle: For example, an interpreter stays up to date on changes in medical

Interpreters strive to further terminology or regional slang.

their knowledge and skills, 28. The interpreter seeks feedback to improve his or her

performance.
through independent study,

For example, an interpreter consults with colleagues about a challenging
continuing education, and
assignment.

actual interpreting practice.

29. The interpreter supports the professional development of fellow
interpreters.

For example, an experienced interpreter mentors novice interpreters.

30. The interpreter participates in organizations and activities that
contribute to the development of the profession.

For example, an interpreter attends professional workshops and

conferences.

ADVOCACY

OBJECTIVE:
To prevent harm to parties that the interpreter serves.

31. The interpreter may speak out to protect an individual from
Related ethical serious harm.
principle: For example, an interpreter may intervene on behalf of a patient with
When the patient's health, a life-threatening allergy, if the condition has been
overlooked.

well-being or dignity is at 32. The interpreter may advocate on behalf of a party or
group

to
risk, an interpreter may be correct mistreatment or abuse.

justified in acting as an
For example, an interpreter may alert his or her supervisor to patterns
advocate. of disrespect towards patients.

Health Care. Persons seeking to use this document should contact NCIHC.

APPENDIX A

GLOSSARY8

ADVOCACY: Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. In general, advocacy means that a third party (in this case, the interpreter) speaks for or pleads the cause of another party, thereby departing from an impartial role.

CERTIFICATION: A process by which a certifying body (usually a governmental or professional organization) attests to or certifies that an individual is qualified to provide a particular service. Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies have the qualifications needed to do the job.

HEALTH CARE INTERPRETING: Interpreting that takes place in health care settings of any sort, including doctor's offices, clinics, hospitals, home health visits, mental health clinics, and public health presentations. Typically the interpretation occurs during an interview or encounter between a health care provider (doctor, nurse, lab technician) and a patient (or the patient and one or more family members).

INTERPRETER: A person who renders a message spoken or signed in one language into a second language. (See Professional Interpreter)

INTERPRETING: The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account. [Within the language profession, the term translation is restricted to the process of converting written messages.]

INTERPRETING ASSIGNMENT: A period of time during which an interpreter performs his or her
duties. An interpreting assignment may involve multiple encounters with patients and

providers.

LIMITED ENGLISH PROFICIENCY (LEP): The inability to speak, read, write or understand the
English language at a level that permits an individual to interact effectively with health

care
providers and social service agencies.9

PARTIES: Individuals present during an interpreted encounter.

PROFESSIONAL INTERPRETER: Those who abide by a code of professional ethics.

REGISTER: A stylistic level of language used by a speaker. A speaker's choice of register
is generally adapted to a particular topic, the parties spoken to, and the perceived

formality of
the situation.

8

These are selected definitions from Terminology of Health Care Interpreting: A Glossary of

Terms. National Council on
Interpreting in Health Care, 2001, 2005.

9

US Department of Health and Human Services: Guidance to Federal Financial Assistance

Recipients Regarding Title VI

Prohibition Against National Origin Discrimination Affecting Limited English Proficient

Persons. Federal Register. August 8,

2003; Volume 68 (153):47311-47323.

APPENDIX A

GLOSSARY

SIGHT TRANSLATION: Translation of a written document into spoken or signed language. An interpreter reads a document written in one language and simultaneously interprets it into a second language.

TRANSPARENCY: The principle that during the encounter the interpreter informs all parties of any action he or she takes, including speaking for him- or herself, outside of direct interpreting.

TREATING TEAM: All health care providers involved in the care of a particular patient within a single facility.

NOTES

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The National Standards of Practice for Interpreters in Health Care, produced by the National Council on Interpreting in Health Care (NCIHC), Inc., is the result of a systematic, deliberate, and reflective process. The NCIHC is confident that this document represents the standards that working interpreters believe are important in the practice of their profession. The document is designed as a guide for both interpreters and the health care systems in which they work, and is not meant to supplant or expand policy or regulations pertinent to the provision of competent interpreter services. The NCIHC regrets any inadvertent result which may arise from the application

of these standards of practice.

1217 SUNSET AVENUE
SANTA ROSA, CA 95407

House Health and Services Committee Agenda for 2/21/2006

Staff Briefing and Hearing on

HB 2825 – development by secretary of health and environment of mechanism to establish data bank of interpreters and standards for qualifications

Representative Delia Garcia, proponent, PowerPoint, national standards of practice
Howard Rodenberg, Director, Division of Health, Kansas Department of Health and Environment, proponent
Joaquin Sumaya, Chair, Kansas Hispanic and Latino American Affairs Commission, proponent
Kerrie Bacon, Legislative Liaison, Kansas Commission on Disability, proponent with amendments
Leonard Hall, President, Kansas Association of the Deaf, opponent

Written only:
Gabriela Flores, Executive Committee Members, Foreign Language Interpreter Consortium of Kansas Association of Interpreters, proponent, and Chair, Health and Social Services Committee, Coalition of Hispanic Organizations, proponent
Nancy Jorn, Director of Maternal Child Health Field Services, Lawrence-Douglas County Health Department, proponent
Kyle Kessler, Director of Legislative and Media Affairs, Kansas Department of Social and Rehabilitation Services, neutral

HB 2830 – registration of pharmacy technicians, ratio of pharmacy technicians to pharmacists
(fiscal note)

HB 2831 – amending **KSA 65-1635a** to change name of approval organization to Accreditation Council for Pharmacy
(fiscal note on 2831)

Approval of Minutes for 2-20-06

KANSAS

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on
House Bill 2825

To:
House Health and Human Services Committee

By:
Howard Rodenberg, M. D., M. P. H.
Director, Division of Health

Kansas Department of Health and Environment

Date: February 21, 2006

Chairman Morrison and Members of the Committee, I am Dr. Howard Rodenberg. I serve as Director of the Division of Health of the Kansas Department of Health and Environment and as State health Officer. Thank you for the opportunity to provide testimony in support of the revised HB 2825. This bill provides for a mechanism to establish a data bank and directory of available interpreters to assist Kansans in obtaining needed health care.

It comes as no surprise to anyone in this room that Kansas has become a state of diversity. Fully 17% of us are Hispanic, African-American, Native American, or Asian. These segments of our population continue to grow, and new immigrants add to these vital segments of our communities. However, with a growing number of Kansans still learning the English language, health facilities and professionals across the state may have difficulty communicating with our newest residents. Our health care system is increasingly reliant upon bi-lingual persons to provide communication assistance that is culturally and clinically accurate, impartial, and effective. The intent of the bill is to support access to health care for individuals with limited English skills. This bill helps to meet our goals of reducing health disparities and enhancing healthcare provider cultural competency, two of the three key goals of our Healthy Kansans 2010 Project that I've previously shared with this Committee. We also envision this project as a "kickoff" for our new Office of Minority Health, as early success in an effort like this can translate into more federal and private grant funding in the future.

KDHE is in support of the bill as revised. Our central concern with the bill as originally introduced involved the definition of "qualified interpreter." To identify an individual qualified interpreter, the Secretary would need to define the qualifications. Despite receiving advice or direction from an appointed expert committee, adoption by the Secretary of rules and regulations defining who is and who is not a "qualified interpreter," would be engaging in a form of professional credentialing. The agency would be attempting a professional certification project that other states are not yet prepared to manage.

Attachment 7
HHS 2-21-06

Under the terms of the revision, the self-reported possession of experience, education or completion of certain training programs will be the basis of the initial participation. In the absence of certification process for medical interpreters, we must assure within the statute that employers, clients, and the public understand that finding a person's name in the proposed resource directory is not endorsement by KDHE of the qualifications of any individual interpreter. We do believe that notation of the translator's obligation to translate to "the best of their ability" underscores the seriousness of this task.

It is also important to note that the establishment of this data bank does not imply that it is the required source of interpreters, nor the only source or the preferred source. Hospitals, county health departments, and individual health care providers may have long-standing relationships with formal interpreter services, employees, or community volunteers who offer to help when translation needs arise. This data bank in no way is intended to upset or supercede these relationships. It is intended to provide a resource for those who, when faced with a problem of communication, currently do not know where to turn.

Thank you for the opportunity to support this bill. I'll be happy to respond to any questions you might have.

DIVISION OF HEALTH
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 300, TOPEKA, KS 66612-1365
Voice 785-296-1086 Fax 785-296-1562 http://www.kdheks.state.ks.us/

Health and Human Services

HB2825

Joaquin Sumaya

February 21, 2006

Mr. Chairman and honorable members of the Committee, my name is Joaquin Sumaya from the Kansas Hispanic and Latino American Affairs Commission and I thank you for the opportunity to speak as a proponent to HB2825.

This bill is sought to set standards for persons who translate in the public sector. Through the many different languages spoken here in Kansas, it makes sense to have a qualified translator "bank" created for any business, community agency, and other organization whether it is for the private or public sector to dip into when needed.

Communication is the bottom line here, and this bill would serve to enhance communication in an industry whose every word is vital for the patients they serve. We strongly support HB2825 and hope the committee will forward it on for passage.

Attachment 8
HHS 2-21-06

Kansas Commission on Disability Concerns

Testimony to Health and Human Services Committee
HB 2825; An act providing for a mechanism to establish a data bank of interpreters
February 21, 2006

Chairperson Morrison and members of the committee, I am Kerrie Bacon, Legislative Liaison for the Kansas Commission on Disability Concerns (KCDC). We are charged with providing information to the Governor, the Legislature, and to State agencies about issues of concern to Kansans with disabilities (K.S.A. 74-6706).

The Kansas Commission on Disability Concerns urges you to support HB 2825 with some proposed amendments. The concern is that just as there is a need for a listing of language interpreters across Kansas, there is also a need for a listing of sign language interpreters for those who are deaf or hearing impaired. There is some clarification we would like to make and a few additions to the bill. Please refer to the second page of the testimony as we go through this.

1. The Kansas Commission for the Deaf and Hard of Hearing (KCDHH), by statute, registers and certifies interpreters of sign language (see K.S.A. 75-5393). KCDHH has a listing of interpreters that is available internally in order to fill requests for interpreters. There are other referral groups that fill interpreting requests as well. Including sign language interpreters in this directory and data bank will provide a central location for Kansans to seek this information.
2. The data bank needs to include information on registration or certification, type of certification, and any area of specialty (such as general health, mental health, legal, etc.). This type of information will be useful in choosing the interpreter most likely to suit the particular need of the individual.
3. The data bank needs to be available to local, state, federal and private organizations and to individuals. As it reads now, the information is for use by the Kansas Department of Health and Environment services, programs, and facilities. The need for interpreters in the medical field is extremely important, but the need goes beyond medical and can include any other areas of life.
4. Having the directory on the internet make the information much more accessible to people in Kansas. KCDHH has some information on the SRS web site. However, it is not easy to find and it does not list individuals, it lists groups who provide referral services.
5. To ensure ongoing and open communication, KCDC recommends that the Kansas Commission for Deaf and Hard of Hearing be included as an active member of the advisory committee.

The commission is supportive of this bill with the proposed amendments and encourages you to recommend it favorably for passage to the full House.

Thank you for your time.

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Attachment 9
AHS 2-21-06

Session of 2006

HOUSE BILL No. 2825

By Committee on Health and Human Services

2-6

AN ACT providing for a mechanism to establish a data bank of qualified interpreters for certain purposes and to develop qualifications for such interpreters.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) As used in this section:

(1) "Interpreter" means a person who translates orally or by signing for parties requiring translation to facilitate communication.

(2) "Qualified interpreter" means an interpreter who meets standards established by rules and regulations adopted by the secretary.

(3) "Services, programs and facilities under the secretary" means adult care homes, hospitals, local health departments, community mental health centers and other programs or facilities which provide medical, health care or mental health care services and which are licensed or regulated by the secretary or receive moneys from grants administered by the secretary.

(4) "Secretary" means the secretary of health and environment.

(b) The secretary shall develop a mechanism to:

(1) Establish a data bank of qualified interpreters to assist clients in communications with providers of services, programs and facilities under the secretary; and

(2) develop standards for qualification of interpreters which will provide quality interpretation which is cost effective for providers, clients and interpreters.

(c) The secretary, pursuant to K.S.A 75-5616, and amendments thereto, shall appoint an advisory committee to consult with and advise the secretary on the implementation of this section.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

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(1) "Interpreter" means a person who translates, orally or by signing, for parties requiring translation to facilitate communication. *"Sign Language Interpreter" means a person who has been registered or certified by the Kansas Commission for the Deaf and Hard of Hearing. K.S.A. 75-5393*

(2) "Interpreter data-bank" means a directory listing the names of individual interpreters by language spoken, by location, or by the interpreter's last name. *The data bank shall include if the individual is registered or certified, the organization providing the certification, the name of the certification, and any specialty the individual may have(health, legal, etc).*

(1) Establish a data bank to assist clients in communications with providers of services, programs and facilities

(A) Establish a web site to make such interpreter information available to local, state, federal and private organizations and to individuals.

(c) The secretary, pursuant to K.S.A. 75-5616, and amendments thereto, shall appoint an advisory committee to consult with and advise the secretary on the implementation of this section.

(1) The executive director for the commission on deaf and hard of hearing, or a designee, will be a member of the advisory committee.

TESTIMONY ON HB 2825
FOREIGN LANGUAGE INTERPRETERS

My name is Leonard Hall. I am President of the Kansas Association of the Deaf and have been a former member of the Kansas Commission for the Deaf and Hard of Hearing (KCDHH) and the Kansas Commission for Disability Concerns. I am also an attorney for the City of Olathe and have been involved in the original legislation and several subsequent amendments for the KCDHH.

I am in opposition to HB No. 2825 for the reason that the bill would include interpreters for deaf and hard of hearing people and people who speech impaired. HB No. 2825 should apply only to Foreign Language Interpreters.

Recommended Changes HB 2825

It is recommended that the bill be amended to apply to **Foreign Language Interpreters** and not to interpreters for deaf, hard of hearing, and speech impaired people as covered under K.S.A. 75-5391, et. seq. The common language usage is Sign Language Interpreters and Foreign Language Interpreters.

1. Section 1 (a) (1) should be amended to read as follows:

   (1) "Foreign Language Interpreter" means a person who is qualified to effectively accurately and impartially in any primary language other than English, except for those interpreters who provide interpreter services for deaf, hard of hearing, and speech impaired people as provided under K.S.A. 75-5391, et seq.

Under Section (b), the word "interpreters" shall be substituted with the words "Foreign Language Interpreters".

2. It will be very difficult and time consuming to provide standards for qualification of Foreign Language Interpreters just for program under the Secretary of KDHE. It would be better to provide such standards for all providers of services, programs and facilities **in Kansas. There is a major need to provide standards for Foreign Language Interpreters in many settings across Kansas.**

Section (a) (3) relating to "services, programs, and facilities under the secretary" should be deleted.

Section (b) (1) – "under secretary" should be deleted. (To apply to all providers, programs, etc. in Kansas.)

Support of KCDHH

KCDHH was established in 1982 and quickly became one of the foremost experts in setting standards and evaluation of qualified sign language interpreters across the country as KCDHH

Attachment 11
HHS 2-21-06

established a series of videotapes and standards for evaluation of Level 1 to 5 interpreters that was used by other state agencies throughout the country.

Several years ago, KCDHH has upgraded their evaluation system and videotapes for evaluation of qualified sign language interpreters.

KCDHH currently has a database of several hundreds qualified interpreters. It is much more than providing a database. KCDHH has one full-time employee responsible for interpreters' related matters and an executive director who probably spends the majority of her time on interpreters related business.

KCDHH has 14 to 17 evaluators (who are contracted at very low pay to provide the evaluation services) and several committees with at least 50 volunteers, who work on interpreter-related matters.

Currently, there is one task force committee (of which I am a member of) that is drafting proposed SRS regulations (of at least 12 pages) that cover everything relating to qualified sign language interpreters, including interpreters being provided in legal setting (including municipal and district courts), medical setting, mental health setting, government setting (including hearings, meetings, counseling, etc), education setting (public schools, community colleges, and universities), and many other different type of settings where sign language interpreters may be used. There are thousands of situations in Kansas where interpreters may be used. We have been working on the proposed regulations for several years and had numerous town hall meetings across the state.

Do not discard an excellent interpreter system already in place at KCDHH. Ask anyone across the country and they will tell you that KCDHH has one of the better interpreter program in place.

<u>Questions about HB No. 2825.</u>

1. The first question is if you develop standards for qualification of Foreign Language Interpreters as set forth in (b)(2), how will the agency determines the standards and determine the qualification of each individual Foreign Language Interpreter who may work in certain situation? What about the evaluation process? At what level of qualification? What about code of ethics? What about grievance policy? What about enforcement policy?
2. Will the standards be broaden to include legal setting, government setting, education setting, and other situations where Foreign Language Interpreters are used in Kansas? What are the impacts on Municipal and District Courts; cities, counties, and state government; public school, community colleges, and universities?
3. How many state employees will be needed? It is important to note that KCDHH with 3 full time employees has many programs that Deaf and Hard of Hearing people like to be provided. Currently 2 of the 3 state employees are working mostly on interpreter related matters.

KANSAS HOSPITAL ASSOCIATION

TO: House Health and Human Services Committee

FROM: Chad Austin
Vice President, Government Relations

SUBJECT: House Bill 2825

DATE: February 21, 2006

The Kansas Hospital Association appreciates the opportunity to provide testimony in opposition of House Bill 2825. The proposed legislation would require the Secretary of the Kansas Department of Health and Environment to establish standards for qualified interpreters and accumulate those qualified interpreters in a statewide data bank.

The practice of creating a list of qualified interpreters is already underway in hospitals throughout Kansas. As the population of Kansas becomes more diverse, hospitals have taken safeguards to avoid any communication barriers. These precautions include creating a list of community members and employees that may serve as an interpreter. Other hospitals have contracted with qualified organizations such as AT & T Language Line Services where an interpreter can be reached within seconds every day of the year. Another concern regarding House Bill 2825 is that the legislation may require health care providers to use only those interpreters that are registered in the data bank. This would require hospitals to constantly register those employees that may be providing language assistance.

The proposed legislation, as currently written, seems to require all interpreters be registered with the Kansas Department of Health and Environment. Not only could this practice be an administrative challenge for many providers, it could be very costly as well. Further, it is unclear how the development of standards for qualified interpreters will be implemented in a cost-effective manner.

The Kansas Hospital Association and its members believe House Bill 2825 should be opposed based upon duplicating the current practice of health care providers in Kansas. Thank you for your consideration of our comments.

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FOREIGN LANGUAGE INTERPRETER CONSORTIUM

Kansas Association of Interpreters
PO Box 14731
Lenexa, Kansas 66285
http://kai4terps.tripod.com

To: The Honorable Jim Morrison, Chairman and Honorable Members of the House Health and Human Services Committee

From: Gabriela Flores, Executive Committee Member, Foreign Language Interpreter Consortium of Kansas Association of Interpreters

Date: February 19, 2006

Subject: Proponent in Support of HB 2825

I am writing to express my sincere gratitude for this opportunity to support HB 2825. My name is Gabriela Flores. I am an active member of the Kansas Association of Interpreters, Foreign Language Interpreters Consortium.

Over the last several years, our group has worked diligently to increase the competency and professionalism of interpreters in the local community, in order to ensure that limited English proficient (LEP) citizens and residents of the state of Kansas receive equal access to the legal and healthcare systems. Our work to develop awareness in the general community and to provide professional development opportunities for interpreters, minimizes the potential for discrimination and unequal treatment.

The need to develop a statewide registry of qualified and competent interpreters is critical. It would provide invaluable resources of qualified interpreters to statewide institutions that are struggling to comply with Title VI of the 1964 Civil Rights Act and the Executive Order #13166. By creating a statewide registry of Interpreters, this would ensure that LEP Kansans would receive fair and equitable access to services, delivered via a trained and competent interpreter. This important legislation would equate to minimized liability for Kansas hospitals and clinics, improved quality of care and patient safety, as well as access to a fair and equitable legal system.

I strongly urge you to pass HB 2825 out favorably. Thank you for your attention to this very important matter.

Attachment 13
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Coalition of Hispanic Organizations
207 West Linwood Blvd., Suite 16
Kansas City, Missouri 64111
816-531-2251
www.coho-prez.blogspot.com

To: The Honorable Jim Morrison, Chairman and Honorable Members of the House Health and Human Services Committee

From: Gabriela Flores, Chair, Health and Social Services Committee, Coalition of Hispanic Organizations

Date: February 20, 2006

Subject: Proponent in Support of HB 2825

It is with great pleasure that I write this letter of support for HB 2825, on behalf of the Coalition of Hispanic Organization's (COHO) Health and Social Services Committee.

Our goal as the Health and Social Service Committee of COHO is to assess the health status of Latinos in the greater Kansas City area (both Kansas and Missouri), advocate for improved access to health care, and develop systems of culturally competent health care.

Since improving access to health care is one of our missives, we must not neglect that a critical factor is language access. It is vital that patients and consumers be able to communicate to their healthcare providers through trained and qualified interpreters, in order to ensure patient safety, minimize risk and provide non-discriminatory care. Importantly, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has recently implemented several new National Patient Safety Goals and Standards that speak to this very issue of language access and communication with health care providers. In order to maintain their accreditation, hospitals must begin to take language access, communication with patients and interpreter competency very seriously.

For these reasons stated above, it is vital that Kansas implement a statewide registry. It would encourage Kansas hospitals to comply with accreditation mandates and would facilitate the process to ensure that Kansas Latinos receive high quality healthcare.

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I urge you to pass House Bill 2825 out favorably. Thank you for your attention to this important matter.

LAWRENCE-DOUGLAS COUNTY HEALTH DEPARTMENT

200 Maine, Suite B
Lawrence, Kansas 66044-1357
Office: 785-843-3060 Fax: 785-843-3161
Clinic: 785-843-0721 Fax: 785-843-2930

House Committee on Health and Human Services
February 21, 2006

Written Testimony presented by
Nancy Jorn, MN, ARNP
Director of Maternal Child Health Field Services
Lawrence-Douglas County Health Department

Chairman Morrison and members of the committee, thank you for the opportunity to share comments on the proposal to establish a centralized interpreter database as proposed in House Bill 2825.

Over the past five years, the Lawrence-Douglas County Health Department has experienced a rapid increase in the number of English language learners seeking services from our agency. Currently, 20% of families served through our maternal and infant program do not speak English fluently. In surrounding urban counties, the proportion is even greater.

Clear communication with those using health services is critical to obtaining an accurate health history, providing health education and treatment, and assuring follow-through on the treatment plan. Unless bilingual health care professionals are available, it is essential to use an interpreter to provide health care services for those who do not speak English fluently.

Finding interpreters has presented a significant challenge for our agency, even in a university community where one finds more than the usual number of bilingual individuals. Having established our own internal database of interpreters, we now find many other community health and social service providers turning to our agency for help finding interpreters. In the past two weeks, I have been contacted by our community mental health center and the local child care resource and referral agency, both seeking information on available interpretation services. We receive similar calls from physicians' offices working to communicate with their non-English speaking patients.

By providing a single point of contact for providers and a means for interpreters to make themselves known to those needing their services, a centralized, statewide data bank of interpreters would significantly aid those working throughout Kansas to provide quality health and social services for English language learners.

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Kansas Department of

Social and Rehabilitation Services

Gary Daniels, Secretary

For additional information contact:

House Health and Human Services Committee
February 21, 2006

HB 2825 – Interpreter Data Bank and Qualifications

Integrated Service Delivery Division
Candy Shively, Deputy Secretary
785.296.3271

Public and Governmental Services Division
Kyle Kessler, Director of Legislative and Media Affairs

Docking State Office Building
915 SW Harrison, 6th Floor North
Topeka, Kansas 66612-1570
phone: 785.296.0141
fax: 785.296.4685
www.srskansas.org

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Kansas Department of Social and Rehabilitation Services
Gary Daniels, Secretary

House Health and Human Services Committee
February 21, 2006

HB 2825 – Interpreter Data Bank and Qualifications

Thank you for the opportunity to provide information about the Kansas Commission for the Deaf and Hard of Hearing (KCDHH) and its existing registry of sign language interpreters.

In accordance with KSA 75-5393, KCDHH maintains a registry of qualified sign language interpreters.

* The registry identifies whether interpreters are qualified in American Sign Language, transliteration, or Signed Exact English. The registry also identifies their certification level through the Kansas Quality Assurance Screening (KQAS) program or other national recognized certifications.
* Participation in the registry on the part of interpreters is currently voluntary. There is no fee to be listed, and KCDHH periodically undertakes activities to encourage participation and to keep the listing current.
* A total of 522 sign language interpreters are currently listed on the registry, with 280 of them having KQAS Certification Level 3 or higher. This certification level means they are qualified to work in any setting, including the health care arena.
* Individuals, organizations or agencies seeking an interpreter may contact KCDHH at 785-267-6100 or 800-432-0698 for statewide referral. Individuals may also contact one of six other private regional interpreter referral/coordinating agencies operating in Kansas. These agencies are listed on the KCDHH web site at: http://www.srskansas.org/kcdhh/text/coord_agencies.htm

SRS and KCDHH stand ready and willing to collaborate with the Kansas Department of Health and Environment to assure that customers, programs and facilities have access to this resource and to avoid duplication of this data bank function.

Thank you for the opportunity to present this written testimony.

LETTERS OF SUPPORT FOR HB 2825

Gary,

I will be sending you my Testimony soon, but I wanted to make sure you had down on our list of Informative/ Neutral Conferees for tomorrow's HB 2825:

Informative/ Neutral
Capt. Edwin Galan, MSN, MA, FNP-C
Federal DHHS (Department of Health & Human Services)
Office of the U.S. Surgeon General

* In addition to his testimony, he will be referring to some websites, could you please include all of these websites listed below for our Committee's reference:

www.ncihc.org (National Council of Interpreter Health Care)
www.omhrc.gov/clas (Office of Minority Health Resource Center Cultural Linguistic Appropriate Standards)
www.NRHArural.org (National Rural Health Assoc Winter 2004 Newsletter) KS
www.healthlaw.org
www.lep.gov (Presidential Executive Order 13166)
www.healthtranslations.com
www.mhanet.com (Missouri Hospital Association)

Thank You,

Delia Garcia
Kansas State House Representative

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Honorable Chairman Morrison and honorable members of Health & Human Services Committee:

I would like to thank you for this opportunity to express my support for HB 2825.

My name is Marcela Renna and I am a freelance Spanish interpreter in the Kansas City metropolitan area. I am a certified interpreter for federal and state courts. I am well aware of the need for trained and qualified interpreters in the medical and legal fields and I look forward to increasing the pool of accredited medical interpreters to better serve the minority populations in our city.

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Having knowledgeable interpreters would benefit Latinos and other minority groups by allowing them to interact with their health care providers and would assure proper communication during these medical situations, which are of vital importance to the patients' lives.

I urge you to pass out favorably House Bill 2825.

Thank You.

Sincerely,

Marcela Renna
World Languages
P.O. Box 4447
Overland Park, KS 66204
913.383.0400 (phone)
913.406.5311 (cell)
913.383.0401 (fax)
worldlanguagesinc@yahoo.com

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TO: The Honorable Jim Morrison, Chairman and Honorable Members of the House
Health and Human Services Committee

FROM: Zach Campbell, Jewish Vocational Service trilingual employment specialist

DATE: February 20, 2006

SUBJECT: Proponent in Support of HB 2825

Thank you Chairman Morrison and honorable members of the Health & Human Services Committee for this opportunity to express my support of HB 2825. My name is Zach Campbell, and I am writing as a constituent of Sue Storm, and on behalf of Jewish Vocational Service (JVS), where I am a trilingual employment specialist.

Through our Interpreter Services department, JVS has worked diligently to increase the competency and professionalism of interpreters in the local community through the development of an interpreter database and through offering a medical interpreter training program, Bridging the Gap®. Through our work to develop systems of culturally competent health care, our agency strives to ensure that residents of the state of Kansas receive equal access to the legal

and healthcare systems, and our work minimizes the potential for discrimination and unequal treatment.

The need to develop a statewide registry of qualified and competent interpreters is critical. By creating a statewide registry of interpreters, this would ensure that limited English proficient Kansans would receive fair and equitable access to services, delivered through a trained and competent interpreter. This important legislation would equate to minimized liability for Kansas hospitals and clinics and improve quality of care and patient safety as well.

I strongly urge you to pass out favorably House Bill 2825. Should you have any questions, please feel to contact me at my office at 816-471-2808 ext. 1110. Thank You.

Sincerely,

Zach Campbell
Trilingual Employment Specialist
Jewish Vocational Service
1608 Baltimore, Kansas City, MO 64108
(816) 471 2808
zcampbel@jvskc.org <mailto:zcampbel@jvskc.org>
zachcampbell@gmail.com <mailto:zachcampbell@gmail.com>

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To: The Honorable Jim Morrison, Chairman and Honorable Members of the House Health and Human Services Committee

From: Maria Cecilia Ysaac-Belmares, A+ Communications, Owner; Executive Committee Member, Foreign Language Interpreter Consortium of Kansas Association of Interpreters

Date: February 20, 2006

Subject: Proponent in Support of HB 2825

As a citizen of Kansas, I am writing to express my sincere gratitude for this opportunity to support HB 2825. My name is M. Cecilia Ysaac-Belmares. I am a Certified Spanish Language Court Interpreter by the Consortium for State Court Interpreter Certification and I have over 7 years of experience as a Medical Interpreter.

Over the last several years, our group has worked diligently to increase the competency and professionalism of interpreters in the local community, in order

to ensure that limited English proficient (LEP) citizens and residents of the state of Kansas receive equal access to the legal and healthcare systems. Our work to develop awareness in the general community and to provide professional development opportunities for interpreters minimizes the potential for discrimination and unequal treatment.

The need to develop a statewide registry of qualified and competent interpreters is critical. It would provide invaluable resources of qualified interpreters to statewide institutions that are struggling to comply with Title VI of the 1964 Civil Rights Act and the Executive Order #13166. By creating a statewide registry of Interpreters, this would ensure that LEP Kansans would receive fair and equitable access to services, delivered via a trained and competent interpreter. This important legislation would equate to minimized liability for Kansas hospitals and clinics, improved quality of care and patient safety, as well as access to a fair and equitable legal system.

I strongly urge you to pass HB 2825 out favorably. Thank you for your attention to this very important matter.

++

To: The Honorable Jim Morrisison, Chairman
Hon. Members of the House Health & Human Svcs. Subcommittee

From: Edwin M. Galan, ARNP, FNP-C (KS # 45557)

Subj: Support for HB- 2825

This is to respectfully request your consideration in my following thoughts regarding your HB-2825. I am a Kansas licensed and board certified Family Nurse Practitioner and request your support in this proposed Bill.

My personal experiences over the past 30+ years in the health care arena have offered ample opportunity to witness first-hand the need for better organization and State level support for medical and health care interpretation across the entire U.S., but in Kansas also for all Kansans. I have been able to see this personally both as a primary care provider and as a qualified medical interpreter in all clinical settings. The legal refugee and immigrant population growth in Kansas also demonstrates a need for MANY languages being needed for optimal health care.

The needs are vital simply for achieving (in part) the overall betterment of the best care possible for ALL Kansans. A HB like this one will initiate steps to helping for better protections and safety for not only patients who are limited in their English proficiency (LEP), but it will lead to secondary benefits of reduced medical error rates and costs for all providers, hospitals, etc., in Kansas. Sound evidenced based medical literature strongly supports the benefits of how using qualified medical interpreters can help in this manner but also with any state Medicaid program (including Kansas') by shorter

hospitalization rates and costs, less diagnostic testing, less misdiagnosing and greater patient comprehension. This benefits the coffers of Kansas health care dollars for every Kansan. It also helps improve quality of care for all as well.

Some of the websites that support this are at:
www.aafp.org/fpm for Amer. Academy of Family Physicians article of June 2004 "Getting the Most From Language Interpreters" by E. Herndon, MD and L. Joyce.
www.ncihc.org with a Sept 2005 publication of National Standards of Practice for Health Care Interpreters;
www.omhrc.gov/clas for the federally developed Culturally and Linguistically Appropriate Services (CLAS) national standards
www.lep.gov for federal Limited English Proficiency (LEP) guidelines and resources
www.healthlaw.org for the Nat'l Health Law PRogram with physician & hospital helps
www.NRHArural.org for the Nat'l Rural Health Assn, Winter 2004 Newsletter devoted to vast information sources applicable throughout all Kansas
www.healthtranslations.com for help with less common language interpretation needs
www.mhanet.com for the Missouri Hosp. Assn, who avidly supports interpreter use for all their member hospitals and is a neighbor state of KS... and the list goes on.

I strongly urge you and your other Honorable House Representatives to give a favorable passing of this HB-2825. I would be happy to provide any other information to help support this Bill and I can be contacted at home (816) 246-9393 or my cell (816) 536-3518. Thank you.

Sincerely,

Edwin M. Galan, ARNP, FNP-C (KS License # 45557)

++

To: Hon. Jim Morrison, Chairman and other Hon. Health Subcommittee Members

Re: HB- 2825 Health Care Interpreters in Kansas

From: CAPT Edwin Galan, USPHS, Region VII, DHHS
Office of Minority Health

Due to this federal holiday and complications with my federal email access, I am writing from my private email at home. Consequently, please excuse the delay in sharing this email with you. In the federal capacity that I hold, I offer these thoughts only as requested by some of you in a technical advisory, informational and neutral stance. I serve as the federal DHHS officer coordinating our Region VII states (Missouri, Iowa, Nebraska & Kansas) on public health care issues relevant to underrepresented populations via our Office of Minority Health. I have learned of your HB-2825 and desire to respectfully share neutral but highly informational remarks that you may desire to consider in discussing this Bill.

As both an active primary care provider and health care administrator my personal experiences during 3 decades in the health care arena have offered great opportunity to witness first-hand the need for better organization and State level support for medical and health care interpretation across the entire U.S. but in particular for our Region VII states of which Kansas is a leader. The exponential growth of legal refugee and immigrant populations in Kansas demonstrates a need for many languages to be interpreted across the State for optimal health care.

Our federal stance of course on matters of improving the health care for people of Limited English Proficiency (LEP) is widely shared via the Presidential Executive Order #13166 of August 2000. Likewise supporting guidelines and mandates in this area are expounded via our U.S. Civil Rights enactions of Title VI. The federal Office of Civil Rights has vigorously pursued wide dissemination of information in this area and in Region VII they are also available to further share any direct information that your distinguished legislative body may need.

Personally, I have endeavored to work with the Kansas Dept. of Health and Environment (KDHE) and your recently conceived Office of Minority Health in this area by offering technical assistance and guidance as needed in this matter of qualified interpretation for medical and health care of LEP Kansans. We have found great interest in this public health matter and related health strategies on the part of the Hon. Secretary Bremby and his staff. Of course, the optimal goal is for all Kansans to be English proficient as soon as possible, but in the meantime, for the greater objective of assuring safety and protection of LEP Kansans, your proposed HB- 2825 may offer a strong "first-step" in rendering much needed structure and organization to the current health interpretation entities located throughout Kansas.

It is highly plausible that via such a House Bill, all Kansans (not just the LEP) may reap the added benefits of reduced medical error rates and costs for all providers, hospitals, etc., in Kansas. Sound evidenced based medical literature strongly supports the benefits of how using qualified medical interpreters can help in this manner but also with any state Medicaid program (including Kansas') by shorter hospitalization rates and decreased costs, less diagnostic testing, less misdiagnosing and greater patient comprehension. This could positively impact the budget of Kansas health care dollars for every Kansan. It is widely understood that such measures can also help improve quality of care for all as well.

Some of the websites that support this are located at:

www.whitehouse.gov/omb/inforeg/lepfinal3-14.pdf for Federal Tips & Tools from the Field on LEP, dated 9/21/04
www.aafp.org/fpm for Amer. Academy of Family Physicians article of June 2004 "Getting the Most From Language Interpreters" by E. Herndon, MD and L. Joyce.
www.ncihc.org with a Sept 2005 publication on National Standards of Practice for Health Care Interpreters;

www.omhrc.gov/clas for the federally developed Culturally and Linguistically Appropriate Services (CLAS) national standards
www.lep.gov for federal Limited English Proficiency (LEP) guidelines and resources
www.healthlaw.org for the Nat'l Health Law Program with physician & hospital helps
www.NRHArural.org for the Nat'l Rural Health Assn, Winter 2004 Newsletter devoted to vast information sources applicable throughout all Kansas
www.healthtranslations.com for help with less common language interpretation needs
www.mhanet.com for the Missouri Hosp. Assn, who avidly supports interpreter use for all their member hospitals and is a neighbor state of KS... and the list goes on.

I ask you and your distinguished House colleagues to perhaps give consultation of our neighboring states in this area for other examples that might be of help in your decision making process for this Bill. Of course I too would be pleased to provide any other needed information in your deciding process for this Bill. I can be contacted at my office at (816) 426-3295 or via my cell (816) 536-3518. Thank you.

Sincerely,

Edwin M. Galan, MSN, MA, FNP-C
CAPT, USPHS, Region VII
Regional Minority Health Coordinator
DHHS, OPHS, Office of Minority Health
601 East 12th Street, Suite: S-1801
Kansas City, Missouri 64106

O: 816- 426-3291, 3295
F: 816- 426-2178
E: EGalan@osophs.dhhs.gov

PROPOSED Substitute for HOUSE BILL NO. ____

By Committee on Health and Human Services

AN ACT providing for establishment of a voluntary data bank of available interpreters for certain purposes and development of qualifications for interpreters.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) As used in this section:

(1) "Available interpreter" means a person 18 or more years of age who reports possessing the experience, skills or other qualifications to fulfill the role of interpreter.

(2) "Interpreter" means a person who translates orally, in writing or by signing for parties requiring translation to facilitate communication when they do not share a language.

(3) "Interpreter data bank" means a directory listing the names of individual interpreters by each of the following: Language spoken, location and surname.

(4) "Secretary" means the secretary of health and environment.

(5) "Services, programs and facilities" means adult care homes, hospitals, local health departments, community mental health centers and other programs or facilities which provide medical, health care or mental health care services.

(b) The secretary shall:

(1) Establish a data bank of available interpreters to assist clients in communications with providers of services, programs and facilities; and

(2) adopt, with the advice of the advisory committee appointed pursuant to subsection (d), rules and regulations establishing standards for interpreters, including, but not limited to, a code of ethics which would ensure that interpreters provided impartial and unbiased translations which (A) reflect precisely what is said by all parties and (B) place persons with limited proficiency in the English language on an equal footing with persons who understand English.

(c) Nothing in this section shall be construed to require any interpreter to be included in the data bank provided for by

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this section or to require any client to use the services of an interpreter who is included in such data bank.

(d) The secretary, pursuant to K.S.A 75-5616, and amendments thereto, shall appoint an advisory committee to consult with and advise the secretary on implementation of this section.

(e) The secretary shall adopt such rules and regulations as necessary to implement the provisions of this section.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

February 17, 2006

The Honorable Jim Morrison, Chairperson
House Committee on Health and Human Services
Statehouse, Room 143-N
Topeka, Kansas 66612

Dear Representative Morrison:

SUBJECT: Fiscal Note for HB 2830 by House Committee on Health and Human Services

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2830 is respectfully submitted to your committee.

Current law requires pharmacy technicians to pass an approved examination prior to registering with the Board of Pharmacy. HB 2830 would require pharmacy technicians to pass the exam within 30 days after registering with the Board. The bill would also require a super majority vote of not less than five of the six members approving a change in the pharmacist-to-technician ratio.

Enactment of HB 2830 would have no fiscal effect.

Sincerely,

Duane A. Goossen

Duane A. Goossen
Director of the Budget

cc: Debra Billingsley, Board of Pharmacy

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February 17, 2006

The Honorable Jim Morrison, Chairperson
House Committee on Health and Human Services
Statehouse, Room 143-N
Topeka, Kansas 66612

Dear Representative Morrison:

SUBJECT: Fiscal Note for HB 2831 by House Committee on Health and Human Services

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2831 is respectfully submitted to your committee.

In order to administer a vaccine, a Kansas pharmacist must have completed a course in vaccination protocol that is approved by the American Council on Pharmaceutical Education. The American Council on Pharmaceutical Education recently changed its name to the Accreditation Council for Pharmacy. HB 2831 would make the appropriate change in the Pharmacy Act.

Enactment of HB 2831 would have no fiscal effect.

Sincerely,

Duane A. Goossen

Duane A. Goossen
Director of the Budget

cc: Debra Billingsley, Board of Pharmacy

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