

BILL ANALYSIS

C.S.H.B. 233
By: Rodriguez
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Approximately one-third of the people in Texas speak a language other than English. Current federal law requires people with limited English proficiency to have meaningful access to programs and services. Guidance from the U.S. Department of Health and Human Services describes various options available for providing oral language assistance, including the use of bilingual staff, staff interpreters, or contract interpreters. Such guidance stresses that the interpreters need to be trained and competent. However, there are no specific guidelines for interpreters to follow.

C.S.H.B. 233 requires the executive commissioner of the Health and Human Services Commission to establish an Advisory Committee on Qualifications for Health Care Translators and Interpreters. The bill establishes provisions concerning the committee's composition and duties, which include establishing and recommending qualifications for health care interpreters and health care translators, advising the commission in certain areas regarding such interpreters and translators, developing strategies for implementing the regulation of such interpreters and translators, and recommending legislation as necessary.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 233 amends the Government Code to require the executive commissioner of the Health and Human Services Commission (HHSC) to establish the Advisory Committee on Qualifications for Health Care Translators and Interpreters not later than January 1, 2010. The bill requires the advisory committee to be composed of not fewer than 10 members appointed by the executive commissioner and sets forth membership requirements.

C.S.H.B. 233 requires the advisory committee to establish and recommend qualifications for health care interpreters and health care translators and specifies certain requirements for a person to be qualified as a health care translator or health care interpreter.

C.S.H.B. 233 requires the advisory committee to advise HHSC on health care interpreter and health care translator language proficiency requirements for certification training requirements, standards of practice, certification examinations, testing, qualification, certification procedures, and reciprocity agreements with other states.

C.S.H.B. 233 requires the advisory committee to develop strategies for implementing the regulation of health care interpreters and health care translators, make recommendations to HHSC for any legislation necessary to establish and enforce qualifications or for the adoption of rules by state agencies regulating health care practitioners and facilities that hire health care interpreters or health care translators, and perform other activities assigned by HHSC related to

health care interpreters or health care translators.

C.S.H.B. 233 makes the advisory committee subject to general provisions of law relating to state agency advisory committees and to the Texas Sunset Act and provides that the committee is abolished January 1, 2021, unless otherwise continued. The bill prohibits a member of the advisory committee from receiving compensation, but entitles the member to reimbursement of travel expenses incurred while conducting the business of the committee.

C.S.H.B. 233 defines "health care interpreter" to mean a person who is trained to communicate with a person who has limited English proficiency or who is deaf or hard of hearing by accurately conveying in English and the language of the person who has limited English proficiency or who is deaf or hard of hearing the meaning of health care related statements made orally. The bill defines "health care translator" to mean a person who is trained to communicate in writing with a person with limited English proficiency by accurately translating into English and the language of the person who has limited English proficiency written health care related statements. The bill defines "advisory committee," "health care," "health care practitioner," and "person who has limited English proficiency."

EFFECTIVE DATE

September 1, 2009.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.H.B. 233 differs from the original by changing the composition of the Advisory Committee on Qualifications for Health Care Translators and Interpreters. The substitute includes in the composition two members who are health care interpreters, one working with people who have limited English proficiency and the other working with people who are deaf or hard of hearing, whereas the original includes one member who is a health care interpreter without specification as to with whom the interpreter is working. The substitute differs from the original by including in the composition one member who is a representative of a hospital, rather than one member who is a risk manager for a hospital as in the original.

C.S.H.B. 233 differs from the original by changing the qualifications for health care interpreters and health care translators that the committee is required to establish and recommend. The substitute differs from the original by establishing as a requirement for a person to be qualified as a health care translator that the person fluently understand a written foreign language and demonstrate the ability to accurately translate messages communicated in that language into English and to accurately translate messages communicated in English into that language, rather than to fluently interpret another language and convey the message communicated in that language into English and the message communicated in English into the other language. The substitute adds a provision not in the original establishing that, as an alternative to the requirement that a health care translator have practical experience as a translator, the person hold professional certification as a translator. The substitute omits a provision in the original establishing a requirement for a person to be qualified as a health care translator that the person have successfully completed at least 60 hours of training that includes training in anatomy, physiology, medical interpretation, and interpreter ethics.

C.S.H.B. 233 differs from the original by establishing a separate set of requirements for a person to be qualified as a health care interpreter, whereas the original applied the qualification requirements for a health care translator to a health care interpreter. The substitute adds provisions not in the original requiring a person, to be qualified as a health care interpreter, to fluently understand a spoken foreign language and demonstrate the ability to accurately interpret messages communicated in that language into English and to interpret messages communicated in English into that language and to have practical experience as an interpreter or hold professional certification or licensure as an interpreter. The substitute omits a provision in the

original requiring a person, to be certified as a health care interpreter, in addition to meeting the requirements regarding qualification as a health care translator, to pass a written and oral exam on medical terminology in English and at least one other language.

C.S.H.B. 233 differs from the original by removing from the definition of "health care interpreter" the specification that the manner in which such an interpreter is trained to communicate be oral, and adding to the definition that such an interpreter is trained to communicate with a person who is deaf or hard of hearing, as an alternative to a person who has limited English proficiency.

C.S.H.B. 233 differs from the original in nonsubstantive ways by using language reflective of certain bill drafting conventions.