

FINAL BILL REPORT

2SSB 6245

C 253 L 18
Synopsis as Enacted

Brief Description: Concerning spoken language interpreter services.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Saldaña, Ranker, Conway, Hasegawa, McCoy, Hunt and Keiser).

Senate Committee on State Government, Tribal Relations & Elections
Senate Committee on Labor & Commerce
Senate Committee on Ways & Means
House Committee on Labor & Workplace Standards
House Committee on Appropriations

Background: Interpreter Services. The Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) provide equal access to social service and medical programs for all persons, including persons who have limited English proficiency. State law requires DSHS to ensure that bilingual services are provided to non-English speaking applicants for, or recipients of, public assistance. In community service offices, depending on the circumstances, DSHS may be required to employ bilingual personnel or contract with interpreters. DSHS must also provide interpreters at dependency hearings. In 2018, some programs and services administered by DSHS will be transferred to the Department of Children, Youth, and Families (DCYF).

DSHS and HCA have the authority to purchase interpreter services and interpreter brokerage services. This purchasing authority is exempt from the general authority of the Department of Enterprise Services (DES) to manage the overall policies, standards, and procedures for all state agency procurements for goods and services. HCA currently contracts with a single language access vendor that schedules and coordinates the delivery of interpreter services. DSHS also uses this vendor to provide its interpreter services. The Department of Enterprise Services (DES) currently has master contracts available for agency use for in-person and telephonic interpreter services.

Interpreting for an injured worker or a crime victim is covered by Labor and Industries (L&I). Health care providers can request interpreter services when they determine the patient needs communication assistance. Interpreter services can be provided in-person or over the phone. Interpreters must bill L&I or the self-insured employer for the services.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Public Employee Collective Bargaining Act (PECBA). Employees of cities, counties, and other political subdivisions of the state bargain their wages and working conditions under PECBA, which is administered by the Public Employment Relations Commission (PERC). Under PECBA, the employer and the exclusive bargaining representative have an obligation to negotiate in good faith over specified mandatory subjects of bargaining.

In 2010, the Legislature granted collective bargaining rights under PECBA to language access providers. Language access providers are defined as independent contractors who provide spoken language interpreter services for DSHS appointments or Medicaid enrollee appointments, but not owners, managers, or employees of brokers or language access agencies.

Mandatory subjects of bargaining for language access providers are limited to:

- economic compensation;
- professional development and training;
- labor-management committees; and
- grievance procedures.

Retirement benefits are not subject to collective bargaining.

Language access providers are included in one statewide bargaining unit and are subject to binding arbitration if negotiations for a contract reach an impasse and cannot be resolved through mediation.

Summary: Interpreter Services. By 2020, DSHS, HCA, DCYF, and L&I must purchase in-person spoken language interpreter services directly from language access providers or through contracts with scheduling and coordinating delivery organizations, or both. Each agency must have at least one contract with an entity that provides telephonic and video remote interpreter services. L&I may pay a language access provider directly for the costs of interpreter services when the services are necessary for use by a medical provider for emergency or urgent care, or where advance notice is not feasible.

By 2020, DES must develop and implement a model that all state agencies must use to purchase spoken language interpreter services directly from language access providers or through scheduling and coordinating delivery organizations, or both. DES must have at least one contract with an entity that provides telephonic and video remote interpreter services. If it is more cost effective, DES, DSHS, HCA, DCYF, and L&I may purchase these services jointly.

The provision exempting HCA and DSHS from the general contracting authority of DES with regard to interpreter services is removed.

All language access providers procured by DSHS, HCA, DCYF, L&I, and DES must be certified by the state or by the National Certification Commission for the Health Care Interpreters or the National Board for Certification of Medical Interpreters. An agency may contract with a language access provider with different qualifications if a nationally or state-certified language access provider is unavailable.

Spoken Language Interpreter Testing. DSHS may only offer spoken language interpreter testing to:

- individuals speaking languages for which 10 percent or more of the requests for spoken language interpreter services in the prior year went unfilled through the procurement method created in the bill;
- spoken language interpreters who were decertified or deauthorized due to noncompliance with any continuing education requirements; and
- current department-certified or authorized spoken language interpreters seeking to gain additional certification or authorization.

Collective Bargaining. Language service providers paid by a language access agency, broker, or respective state department may form three different statewide bargaining units, the bargaining units include:

- providers for DSHS appointments, DCYF appointments, or Medicaid enrollee appointments;
- providers for injured workers or crime victims receiving benefits from L&I; and
- other providers for any state agency through DES.

PERC may certify two or more authorized bargaining units to consolidate into a single larger bargaining unit, and negotiate a single collective bargaining agreement, if they are represented by the same labor organization.

Votes on Final Passage:

Senate	31	16	
House	53	44	(House amended)
Senate	32	16	(Senate concurred)

Effective: June 7, 2018
July 1, 2018 (Sections 6 and 8)