



COLORADO

**Department of
Regulatory Agencies**

Colorado Office of Policy, Research &
Regulatory Reform

2017 Sunrise Review: Language Interpreters

October 13, 2017



COLORADO

Department of
Regulatory Agencies

Executive Director's Office

October 13, 2017

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The General Assembly established the sunrise review process in 1985 as a way to determine whether regulation of a certain profession or occupation is necessary before enacting laws for such regulation and to determine the least restrictive regulatory alternative consistent with the public interest. Since that time, Colorado's sunrise process has gained national recognition and is routinely highlighted as a best practice as governments seek to streamline regulation and increase efficiencies.

Section 24-34-104.1, Colorado Revised Statutes, directs the Department of Regulatory Agencies to conduct an analysis and evaluation of proposed regulation to determine whether the public needs, and would benefit from, the regulation.

The Colorado Office of Policy, Research and Regulatory Reform (COPRRR), located within my office, is responsible for fulfilling these statutory mandates. Accordingly, COPRRR has completed its evaluation of the sunrise application for regulation of language interpreters and is pleased to submit this written report.

The report discusses the question of whether there is a need for regulation in order to protect the public from potential harm, whether regulation would serve to mitigate the potential harm, and whether the public can be adequately protected by other means in a more cost-effective manner.

Sincerely,

Marguerite Salazar
Executive Director



Table of Contents

Background	1
Licensure.....	1
Certification	2
Registration.....	2
Title Protection	2
Regulation of Businesses.....	3
Sunrise Process.....	3
Methodology	4
Profile of the Profession.....	5
The National Board of Certification for Medical Interpreters	6
The Certification Commission for Healthcare Interpreters.....	8
Proposal for Regulation.....	10
Summary of Current Regulation	11
Federal Laws and Regulations	11
The Colorado Regulatory Environment	12
Regulation in Other States	14
Analysis and Recommendations	17
Public Harm.....	17
Need for Regulation	23
Alternatives to Regulation.....	23
Collateral Consequences.....	24
Conclusion	24
Recommendation - Do not regulate language interpreters in Colorado.	27

Background

Consistent, flexible, and fair regulatory oversight assures consumers, professionals and businesses an equitable playing field. All Coloradans share a long-term, common interest in a fair marketplace where consumers are protected. Regulation, if done appropriately, should protect consumers. If consumers are not better protected and competition is hindered, then regulation may not be the answer.

As regulatory programs relate to individual professionals, such programs typically entail the establishment of minimum standards for initial entry and continued participation in a given profession or occupation. This serves to protect the public from incompetent practitioners. Similarly, such programs provide a vehicle for limiting or removing from practice those practitioners deemed to have harmed the public.

From a practitioner perspective, regulation can lead to increased prestige and higher income. Accordingly, regulatory programs are often championed by those who will be the subject of regulation.

On the other hand, by erecting barriers to entry into a given profession or occupation, even when justified, regulation can serve to restrict the supply of practitioners. This not only limits consumer choice, but can also lead to an increase in the cost of services.

There are also several levels of regulation.

Licensure

Licensure is the most restrictive form of regulation, yet it provides the greatest level of public protection. Licensing programs typically involve the completion of a prescribed educational program (usually college level or higher) and the passage of an examination that is designed to measure a minimal level of competency. These types of programs usually entail title protection - only those individuals who are properly licensed may use a particular title(s) - and practice exclusivity - only those individuals who are properly licensed may engage in the particular practice. While these requirements can be viewed as barriers to entry, they also afford the highest level of consumer protection in that they ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Certification

Certification programs offer a level of consumer protection similar to licensing programs, but the barriers to entry are generally lower. The required educational program may be more vocational in nature, but the required examination should still measure a minimal level of competency. Additionally, certification programs typically involve a non-governmental entity that establishes the training requirements and owns and administers the examination. State certification is made conditional upon the individual practitioner obtaining and maintaining the relevant private credential. These types of programs also usually entail title protection and practice exclusivity.

While the aforementioned requirements can still be viewed as barriers to entry, they afford a level of consumer protection that is lower than a licensing program. They ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Registration

Registration programs can serve to protect the public with minimal barriers to entry. A typical registration program involves an individual satisfying certain prescribed requirements - typically non-practice related items, such as insurance or the use of a disclosure form - and the state, in turn, placing that individual on the pertinent registry. These types of programs can entail title protection and practice exclusivity. Since the barriers to entry in registration programs are relatively low, registration programs are generally best suited to those professions and occupations where the risk of public harm is relatively low, but nevertheless present. In short, registration programs serve to notify the state of which individuals are engaging in the relevant practice and to notify the public of those who may practice by the title(s) used.

Title Protection

Finally, title protection programs represent one of the lowest levels of regulation. Only those who satisfy certain prescribed requirements may use the relevant prescribed title(s). Practitioners need not register or otherwise notify the state that they are engaging in the relevant practice, and practice exclusivity does not attach. In other words, anyone may engage in the particular practice, but only those who satisfy the prescribed requirements may use the enumerated title(s). This serves to indirectly ensure a minimal level of competency - depending upon the prescribed preconditions for use of the protected title(s) - and the public is alerted to the qualifications of those who may use the particular title(s).

Licensing, certification and registration programs also typically involve some kind of mechanism for removing individuals from practice when such individuals engage in enumerated proscribed activities. This is generally not the case with title protection programs.

Regulation of Businesses

Regulatory programs involving businesses are typically in place to enhance public safety, as with a salon or pharmacy. These programs also help to ensure financial solvency and reliability of continued service for consumers, such as with a public utility, a bank or an insurance company.

Activities can involve auditing of certain capital, bookkeeping and other recordkeeping requirements, such as filing quarterly financial statements with the regulator. Other programs may require onsite examinations of financial records, safety features or service records.

Although these programs are intended to enhance public protection and reliability of service for consumers, costs of compliance are a factor. These administrative costs, if too burdensome, may be passed on to consumers.

Sunrise Process

Colorado law, section 24-34-104.1, Colorado Revised Statutes (C.R.S.), requires that individuals or groups proposing legislation to regulate any occupation or profession first submit information to the Department of Regulatory Agencies (DORA) for the purposes of a sunrise review. The intent of the law is to impose regulation on occupations and professions only when it is necessary to protect the public health, safety or welfare. DORA's Colorado Office of Policy, Research and Regulatory Reform (COPRRR) must prepare a report evaluating the justification for regulation based upon the criteria contained in the sunrise statute:¹

- (I) Whether the unregulated practice of the occupation or profession clearly harms or endangers the health, safety, or welfare of the public, and whether the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- (II) Whether the public needs, and can reasonably be expected to benefit from, an assurance of initial and continuing professional or occupational competence;
- (III) Whether the public can be adequately protected by other means in a more cost-effective manner; and

¹ § 24-34-104.1(4)(b), C.R.S.

(IV) Whether the imposition of any disqualifications on applicants for licensure, certification, relicensure, or recertification based on criminal history serves public safety or commercial or consumer protection interests.

Any professional or occupational group or organization, any individual, or any other interested party may submit an application for the regulation of an unregulated occupation or profession. Applications must be accompanied by supporting signatures and must include a description of the proposed regulation and justification for such regulation.

Methodology

During the sunrise review process, COPRRR staff performed a literature search; contacted and interviewed the sunrise applicant; reviewed licensure laws in other states; and interviewed language interpreters and other stakeholders. To determine the number and types of complaints filed against language interpreters in Colorado, COPRRR staff contacted the Attorney General's Office, Consumer Protection Section; the Colorado Department of Education; Colorado Hospital Association; the Colorado Medical Society; the Denver/Boulder Better Business Bureau and the Colorado Civil Rights Division within the Department of Regulatory Agencies.

Profile of the Profession

Language interpreters provide services to consumers by facilitating communication between two or more parties who speak different languages. Specifically, language interpreters convert information from one language to another, which enables individuals or groups to communicate with one another without possessing proficiency in the same language.

Language interpreters offer services in a variety of settings including, but not limited to: hospitals, nursing homes, judicial courts and schools. For example, a patient at a hospital who does not speak English will often utilize a language interpreter to communicate with the physician. The language interpreter conveys information provided by the physician to the patient and vice versa. Language interpreters provide a critical service for individuals who have limited English proficiency.

There are three major modes of language interpreting: simultaneous, consecutive and sight translation. Simultaneous language interpreting is a method of communicating a message from one language to another as quickly as possible. During this method of language interpreting, the interpreter listens to the speaker, translates the information in his or her head, and then speaks the message in the target language before the speaker finishes. During this mode of language interpreting there are no interruptions, resulting in a smooth uninterrupted interpretation. Simultaneous language interpretation is commonly used in forums such as the United Nations General Assembly.²

The consecutive mode of language interpreting entails communicating a message from one language to another in segments. This mode of language interpreting requires a speaker and an interpreter to coordinate and work more closely together. The original speaker often pauses between sentences and allows time for the interpreter to deliver the message.³

Sight translation is the oral interpretation of written documents. Language interpreters may review documents prior to providing sight translation services; however, more typically, language interpreters must read the documentation quickly and anticipate the content of the text without fully reading the entire text. Sight translation requires language interpreters to use predictive skills to help them process information and create context for an incomplete message. Language interpreters often read ahead and process upcoming information as they are conveying a unit of the text.⁴

The National Board of Certification for Medical Interpreters (National Board) and the Certification Commission for Healthcare Interpreters (CCHI) offer certifications related to the healthcare industries for language interpreter professionals.

² Corelanguages. *The Difference Between Simultaneous and Consecutive Interpretation*. Retrieved August 10, 2017, from <https://corelanguages.com/the-difference-between-simultaneous-and-consecutive-interpretation/>

³ Corelanguages. *The Difference Between Simultaneous and Consecutive Interpretation*. Retrieved August 10, 2017, from <https://corelanguages.com/the-difference-between-simultaneous-and-consecutive-interpretation/>

⁴ AltaLang Language Services. *The Modes of Court Interpreting*. Retrieved August 10, 2017, from <https://www.altalang.com/beyond-words/2008/06/20/the-modes-of-court-interpreting/>

The National Board of Certification for Medical Interpreters

The National Board's mission is,

to foster improved healthcare outcomes, patient safety and patient/provider communication by elevating the standards for and quality of medical interpreting through a nationally recognized and accredited certification for medical interpreters.⁵

The National Board offers a certification in six languages:⁶

- Spanish,
- Russian,
- Mandarin,
- Cantonese,
- Korean, and
- Vietnamese.

In order to qualify for the National Board certification, a candidate must meet the following prerequisites:⁷

- Be at least 18 years old.
- Have a high school (or equivalent) diploma.
- Possess a certificate of completion from a medical interpreter program (minimum of 40 hours).
- Possess oral proficiency in English, as demonstrated by the following:
 - Completing a Bachelor's, Master's, Ph.D or any other degree from any U.S. institution of higher education; or
 - Graduating from any high school from an English language country or from an American school abroad.
- Possess oral proficiency in the target language, as demonstrated by the following:
 - Completing a Bachelor's, Master's, Ph.D or any other degree from an institution of higher education where the target language is spoken;
 - Graduating from a high school of a country where the target language is spoken;

⁵ The National Board of Certification for Medical Interpreters. *Certified Medical Interpreter Candidate Handbook*. Retrieved August 10, 2017, from <http://www.certifiedmedicalinterpreters.org/assets/docs/national-board-candidate-handbook.pdf>

⁶ The National Board of Certification for Medical Interpreters. *Certified Medical Interpreter Candidate Handbook*. Retrieved August 10, 2017, from <http://www.certifiedmedicalinterpreters.org/assets/docs/national-board-candidate-handbook.pdf>

⁷ The National Board of Certification for Medical Interpreters. *Certified Medical Interpreter Candidate Handbook*. Retrieved August 10, 2017, from <http://www.certifiedmedicalinterpreters.org/assets/docs/national-board-candidate-handbook.pdf>

-
- Completing at least 24 semester college credit hours of the target language; or
 - Completing the American Council on the Teaching of Foreign Languages Oral Examinations.

Once the aforementioned requirements have been fulfilled, a candidate is eligible to take the National Board written and oral examinations. The written examination is a 51 question, multiple-choice test that must be completed within 75 minutes. The written examination is administered in English only. The fee to take the written examination is \$175.⁸

The written section contains the following seven topics (domains):⁹

- Roles of the Medical Interpreter,
- Medical Interpreter Ethics,
- Cultural Competence,
- Medical Terminology in Working Languages,
- Medical Specialties in Working Languages,
- Interpreter Standards of Practice, and
- Legislation and Regulations.

A candidate for certification who successfully completes the written examination is then eligible to take the oral examination. A candidate must take the oral examination within six months of the date he or she passes the written examination. A candidate must complete two sight translation passages in 10 minutes, and 12 mini-scenarios within 30 minutes. The fee to take the oral examination is \$275.¹⁰

The oral examination evaluates the following topics:¹¹

- Mastery of Linguistic Knowledge of English,
- Mastery of Linguistic Knowledge of the Target Language,
- Interpreting Knowledge and Skills,
- Cultural Competence,
- Medical Terminology in Working Languages, and
- Medical Specialties in Working Languages.

⁸ The National Board of Certification for Medical Interpreters. *Certified Medical Interpreter Candidate Handbook*. Retrieved August 10, 2017, from <http://www.certifiedmedicalinterpreters.org/assets/docs/national-board-candidate-handbook.pdf>

⁹ The National Board of Certification for Medical Interpreters. *Certified Medical Interpreter Candidate Handbook*. Retrieved August 10, 2017, from <http://www.certifiedmedicalinterpreters.org/assets/docs/national-board-candidate-handbook.pdf>

¹⁰ The National Board of Certification for Medical Interpreters. *Certified Medical Interpreter Candidate Handbook*. Retrieved August 10, 2017, from <http://www.certifiedmedicalinterpreters.org/assets/docs/national-board-candidate-handbook.pdf>

¹¹ The National Board of Certification for Medical Interpreters. *Certified Medical Interpreter Candidate Handbook*. Retrieved August 10, 2017, from <http://www.certifiedmedicalinterpreters.org/assets/docs/national-board-candidate-handbook.pdf>

Candidates who do not pass the written or oral examinations may re-take the respective examination after a three-month waiting period.

Once certified, language interpreters must recertify every five years. Recertification requirements include completing three continuing education units, equivalent to 30 contact hours of approved training.¹²

The Certification Commission for Healthcare Interpreters

The CCHI's primary goal is to provide a process that will enhance the healthcare interpreting profession, which would, in turn, benefit the communities that are in need of healthcare interpreters.¹³

The CCHI offers two certifications: the Core Certification Healthcare Interpreter (CoreCHI) and the Certified Healthcare Interpreter (CHI). The CoreCHI certification is a general, non-language-specific certification and in order to achieve this certification, a candidate must pass the written examination, which demonstrates the candidate's specialized skills concerning knowledge in healthcare interpreting.

The CHI certification is language-specific, and requires a candidate to pass the written examination and an oral examination. The current languages offered for CHI certification are Spanish, Arabic and Mandarin.¹⁴

To be eligible for either the CoreCHI or the CHI certification, a candidate must:¹⁵

- Be at least 18 years of age,
- Graduate from a U.S. high school or its equivalent,
- Possess language proficiency in English and the target language, and
- Complete a minimum of 40 hours of training in healthcare interpreting.

If a candidate meets the minimum eligibility requirements, he or she may register to take the written examination. The written examination consists of 100 multiple-choice questions, and must be completed within two hours. The written examination is administered in English only. The fee to take the written examination is \$175.¹⁶

¹² The National Board of Certification for Medical Interpreters. *Certified Medical Interpreter Candidate Handbook*. Retrieved August 10, 2017, from <http://www.ccmcertification.org/assets/docs/national-board-candidate-handbook.pdf>

¹³ Certification Commission for Healthcare interpreters. *Candidate's Examination Handbook*. Retrieved August 10, 2017, from <http://www.cchicertification.org/images/pdfs/candidatehandbook.pdf>

¹⁴ Certification Commission for Healthcare interpreters. *Candidate's Examination Handbook*. Retrieved August 10, 2017, from <http://www.cchicertification.org/images/pdfs/candidatehandbook.pdf>

¹⁵ Certification Commission for Healthcare interpreters. *Candidate's Examination Handbook*. Retrieved August 10, 2017, from <http://www.cchicertification.org/images/pdfs/candidatehandbook.pdf>

¹⁶ Certification Commission for Healthcare interpreters. *Candidate's Examination Handbook*. Retrieved August 10, 2017, from <http://www.cchicertification.org/images/pdfs/candidatehandbook.pdf>

The written examination consists of five domains, including:¹⁷

- Managing an Interpreting Encounter,
- Understanding Healthcare Terminology,
- Interacting with Other Healthcare Professionals,
- Preparing for an Interpreting Encounter, and
- Cultural Responsiveness.

A candidate who passes the written examination is then eligible to take the oral examination, which is a language-specific examination for Spanish, Arabic or Mandarin. The oral examination must be completed in 60 minutes. The fee to take the oral examination is \$275.¹⁸

The oral examination consists of four consecutive vignettes (bidirectional, English to/from the target language) and two simultaneous interpreting vignettes (unidirectional, one non-English language and one English).¹⁹

The oral examination also includes three sight translation passages from documents that healthcare language interpreters may encounter in their work to sight translate into the target language.²⁰

The oral examination incorporates one multiple-choice question, which tests a candidate's translation skills from English to the target language.

The CoreCHI and CHI certifications are valid for four years. In order to continue a certification, certificate holders must complete 32 hours of continuing education during the four-year period for which the individual's certification is valid.

¹⁷ Certification Commission for Healthcare interpreters. *Candidate's Examination Handbook*. Retrieved August 10, 2017, from <http://www.cchicertification.org/images/pdfs/candidatehandbook.pdf>

¹⁸ Certification Commission for Healthcare interpreters. *Candidate's Examination Handbook*. Retrieved August 10, 2017, from <http://www.cchicertification.org/images/pdfs/candidatehandbook.pdf>

¹⁹ Certification Commission for Healthcare interpreters. *Candidate's Examination Handbook*. Retrieved August 10, 2017, from <http://www.cchicertification.org/images/pdfs/candidatehandbook.pdf>

²⁰ Certification Commission for Healthcare interpreters. *Candidate's Examination Handbook*. Retrieved August 10, 2017, from <http://www.cchicertification.org/images/pdfs/candidatehandbook.pdf>

Proposal for Regulation

An individual (Applicant) submitted a sunrise application to the Colorado Office of Policy, Research and Regulatory Reform for review in accordance with the provisions of section 24-34-104.1, Colorado Revised Statutes. The application does not request a formal regulatory program such as licensure or registration of language interpreters; instead, it requests utilizing existing private certifications to establish a baseline level of competency in Colorado.

The sunrise application states that requiring certification would create uniform standards for language interpreters. The application further states that without standards in place, it is too easy for unqualified individuals to enter the profession and compete in the marketplace.

The application also asserts that requiring certification of language interpreters would enhance consumer protection by improving the level of services rendered and mitigating risks of inaccurate, sub-standard interpreting, which may cause negative health outcomes, miscarriages of justice or lawsuits.

The application delineated that criminal history should be utilized in determining a language interpreter's eligibility to practice in Colorado.

Summary of Current Regulation

Federal Laws and Regulations

There are several relevant federal laws and regulations in place to provide protection to consumers concerning language interpretation services, including, but not limited to:

- Title VI of the Civil Rights Act of 1964;
- Executive Order 13166, Improving Access for Persons with Limited English Proficiency (LEP); and
- Medicare Regulations for the Medicare Advantage Program.

Title VI of the Civil Rights Act of 1964, among other things, states no person shall,

on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.²¹

Federal assistance includes, but is not limited to, the following:²²

- Grants and loans of federal funds,
- Grants or donations of federal property, and
- Agreements or arrangements or other contracts with the purpose of providing assistance to consumers.

Examples of federal financial assistance include the Department of Justice providing federal financial assistance to agencies such as state and local law enforcement and the departments of corrections.²³

Importantly, the United States Supreme Court, in *Lau v. Nichols* in 1974, determined that failure to provide linguistically appropriate services is discrimination on the basis of national origin.²⁴

²¹ New York Lawyers for the Public Interest, Inc. *Language Access Legal 'Cheat Sheet.'* Retrieved August 17, 2017, from <http://www.nylpi.org/images/FE/chain234siteType8/site203/client/Language%20Access%20Legal%20Cheat%20Sheet%20Final%20-%20February%202012.pdf>

²² LEP.gov. *Limited English Proficiency (LEP). A Federal Interagency Website.* Retrieved August 17, 2017, from https://www.lep.gov/faqs/042511_QA_EO_13166.pdf

²³ LEP.gov. *Limited English Proficiency (LEP). A Federal Interagency Website.* Retrieved August 17, 2017, from https://www.lep.gov/faqs/042511_QA_EO_13166.pdf

²⁴ New York Lawyers for the Public Interest, Inc. *Language Access Legal 'Cheat Sheet.'* Retrieved August 17, 2017, from <http://www.nylpi.org/images/FE/chain234siteType8/site203/client/Language%20Access%20Legal%20Cheat%20Sheet%20Final%20-%20February%202012.pdf>

Additionally, Executive Order 13166, Improving Access for Persons with Limited English Proficiency, was signed on August 11, 2000, by President Bill Clinton:

The Executive Order requires federal agencies to examine the services they provide, identify any need for services to those services with LEP and develop and implement a system to provide those services so LEP persons can have meaningful access to them.²⁵

The Executive Order also requires federal agencies to work to ensure that recipients of federal assistance provide meaningful access to LEP applicants and beneficiaries.²⁶

Additionally, Medicare Advantage Program regulations state,²⁷

Medicare Advantage plans, which are private health plans receiving Medicare payments, are required to provide multilingual marketing materials in areas where there is a significant non-English speaking population. Medicare Advantage plans must also ensure that services are provided in a culturally and linguistically competent manner to all enrollees.

The Colorado Regulatory Environment

Currently, the State of Colorado requires language interpreters who provide interpreting services in Colorado courts to either possess a certification from the National Center for State Courts (NCSC) or a “credential.” The NCSC certification is limited to 20 languages, including:

- Arabic,
- Bosnian/Serbian/Croatian,
- Cantonese,
- French,
- Haitian Creole,
- Hmong,
- Ilocano,
- Khmer,
- Korean,
- Laotian,
- Mandarin,
- Marshallese,

²⁵ The United States Department of Justice. *Executive Order 13166*. Retrieved August 17, 2017, from <https://www.justice.gov/crt/executive-order-13166>

²⁶ The United States Department of Justice. *Executive Order 13166*. Retrieved August 17, 2017, from <https://www.justice.gov/crt/executive-order-13166>

²⁷ New York Lawyers for the Public Interest, Inc. *Language Access Legal ‘Cheat Sheet.’* Retrieved August 17, 2017, from <http://www.nylpi.org/images/FE/chain234siteType8/site203/client/Language%20Access%20Legal%20Cheat%20Sheet%20Final%20-%20February%202012.pdf>

- Polish,
- Portuguese,
- Russian,
- Somali,
- Spanish,
- Tagalog,
- Turkish, and
- Vietnamese.

Language interpreters interested in providing interpretation services as a certified interpreter in Colorado's courts must complete a four-step certification process. The first step is to attend an orientation seminar, which is a one-day introductory class to legal interpreting.²⁸ The fee to attend the orientation class is \$200.²⁹

The second step in the certification process includes passing the NCSC written examination, which is administered in English only. The NCSC written examination consists of 135 multiple-choice questions and it measures candidates' knowledge of three content areas: English language, court-related terms and usage and ethics and professional conduct.³⁰ The NCSC written examination must be completed within two hours and 15 minutes.³¹ The cost to take the NCSC written examination is \$50.³²

The third step in the process for candidates who are seeking certification is to pass the NCSC oral examination. The oral examination tests a candidate's knowledge and fluency in simultaneous and consecutive interpreting and sight translation of documents.³³ The oral examination includes four parts:³⁴

- Sight translation of a document written in English interpreted orally into the non-English language,
- Sight translation of a document written in the non-English language interpreted into oral English,

²⁸ Colorado Judicial Branch. *Certification & Credentialing Events*. Retrieved August 10, 2017, from https://www.courts.state.co.us/Administration/Custom.cfm?Unit=interp&Page_ID=115

²⁹ Colorado Judicial Branch. *Orientation to Court Interpreting*. Retrieved August 10, 2017, from https://www.courts.state.co.us/Administration/Custom.cfm?Unit=interp&Page_ID=583

³⁰ National Center for State Courts. *Court Interpreter Written Examination Overview*. Retrieved August 10, 2017, from http://www.ncsc.org/-/media/Files/PDF/Services%20and%20Experts/Areas%20of%20expertise/Language%20Access/Written%20and%20Oral/2014%20January_Written%20Exam%20Overview%201%2029%2014.ashx

³¹ National Center for State Courts. *Court Interpreter Written Examination Overview*. Retrieved August 10, 2017, from http://www.ncsc.org/-/media/Files/PDF/Services%20and%20Experts/Areas%20of%20expertise/Language%20Access/Written%20and%20Oral/2014%20January_Written%20Exam%20Overview%201%2029%2014.ashx

³² Colorado Judicial Branch. *Written Exam*. Retrieved August 10, 2017, from https://www.courts.state.co.us/Administration/Custom.cfm?Unit=interp&Page_ID=584

³³ National Center for State Courts. *Court Interpreter Oral Examination Overview*. Retrieved August 10, 2017, from https://www.ncsc.org/-/media/Files/PDF/Services%20and%20Experts/Areas%20of%20expertise/Language%20Access/Written%20and%20Oral/2014%20January_Oral%20Exam%20Overview%20for%20Candidates%201%2029%2014.ashx

³⁴ National Center for State Courts. *Court Interpreter Oral Examination Overview*. Retrieved August 10, 2017, from https://www.ncsc.org/-/media/Files/PDF/Services%20and%20Experts/Areas%20of%20expertise/Language%20Access/Written%20and%20Oral/2014%20January_Oral%20Exam%20Overview%20for%20Candidates%201%2029%2014.ashx

-
- Consecutive interpreting from English into the non-English language and from the non-English language into English, and
 - Simultaneous interpreting from English into the non-English language.

The fee to take the NCSC oral examination is \$350.³⁵

The final step in the certification process is to complete the ethics and protocol training offered by Colorado Judicial Branch staff. Currently, there are approximately 800 NCSC-certified language interpreters in Colorado.

Candidates who are interested in court interpreting for a language for which NCSC certification is not available, may seek a “credential.” Credential-seeking candidates are required to complete the four-step process highlighted above, with the exception of taking the NCSC oral examination. Instead, a candidate pursuing a credential must complete the oral proficiency portion through private companies, such as AltaLang Language Services, that offer language interpreting proficiency examinations in the desired target language. Once a candidate successfully passes the general oral language examination, he or she is eligible to secure a credential to interpret in the Colorado courts. To date, there is only one credentialed court interpreter in Colorado.

All recently certified and credentialed court interpreters must complete required paperwork identifying themselves as eligible independent contractors for the courts. Certified and credentialed court interpreters are sworn in before a Chief Judge.

Regulation in Other States

According to interviews of several stakeholders, including the sunrise applicant, the vast majority of states require language interpreters in the courts to achieve certification, or similar designation, prior to providing language interpreting services.

Additionally, according to the sunrise application, four states have programs for language interpreters in other settings, including: California, Oregon, Minnesota and Washington. Importantly, all of these states also require certification of court interpreters.

California

The State of California requires language interpreters in medical settings to obtain a certification from the National Board of Certification for Medical Interpreters (National Board) or Certification Commission for Healthcare Interpreters (CCHI) prior to providing services.

A candidate who possesses a certification from the National Board or CCHI is eligible to be included on California’s list of approved healthcare language interpreters.

³⁵ Colorado Judicial Branch. *Oral Certification or Credentialing Exam*. Retrieved August 10, 2017, from https://www.courts.state.co.us/Administration/Custom.cfm?Unit=interp&Page_ID=586

Oregon

The State of Oregon requires language interpreters in healthcare settings to achieve appropriate credentialing prior to providing services. Currently, there are two levels of credentialing: qualification and certification. Securing a qualification credential entails:³⁶

- Passing a background check,
- Possessing at least 60 hours of formal healthcare interpreter training,
- Passing a language proficiency examination, and
- Possessing at least 15 hours of documented interpreting experience.

Healthcare language interpreters who pursue certification must possess:³⁷

- At least 60 hours of formal healthcare interpreter training,
- At least 30 hours of documented interpreting experience, and
- A language interpreter certification from the National Board or the CCHI.

Once a candidate completes the requirements highlighted above for qualification or certification credentialing, he or she is eligible to be included on Oregon's roster for approved healthcare language interpreters.

Minnesota

The State of Minnesota, Department of Education, maintains an online database of language interpreters and translators. The database is available to public schools and other organizations that utilize language interpreters and translators.³⁸ The database includes the following information concerning language interpreters and translators:³⁹

- Names and contact information,
- Languages spoken and written,
- Education,
- Specific training in interpretation and/or translation, and
- Previous experience as an interpreter or translator.

The Department of Education does not guarantee the qualifications of the language interpreters listed on the database. Instead, it simply maintains the database for public use.

³⁶ Oregon Health Authority. *Oregon Health Care Interpreter Program Requirements*. Retrieved August 25, 2017, from <https://apps.state.or.us/Forms/Served/oe8923.pdf>

³⁷ Oregon Health Authority. *Oregon Health Care Interpreter Program Requirements*. Retrieved August 25, 2017, from <https://apps.state.or.us/Forms/Served/oe8923.pdf>

³⁸ Minnesota Department of Education. *Interpreter Database*. Retrieved August 10, 2017, from <https://w1.education.state.mn.us/InterpreterDB/>

³⁹ Minnesota Department of Education. *Interpreter Database*. Retrieved August 10, 2017, from <https://w1.education.state.mn.us/InterpreterDB/>

The State of Minnesota also maintains a roster for language interpreters who provide services in the healthcare setting. Currently, there are no minimum qualifications to be included on the roster. Further, language interpreters who interpret in healthcare settings are not required to be listed on the roster in order to provide services.

Washington

The State of Washington requires medical and social services language interpreters to obtain a certification or pass a screening test prior to providing interpreting services. The State of Washington created and administers its own tests.

To achieve a language interpreter certification, a candidate is required to pass a written and oral examination; both tests include both English and the foreign language the language interpreter speaks. Certification is offered in Spanish, Cantonese, Mandarin, Russian, Korean and Vietnamese.

Screening tests are administered to language interpreter candidates for languages that are not included among the certification languages. Screening test candidates are required to complete both written and oral examinations. The main difference between screening and certification tests is that the written examination is administered in English only for screening testing.

Once a candidate satisfies the certification or screening test requirements, he or she is eligible to be placed on the current roster to interpret in medical or social service settings.

Analysis and Recommendations

Public Harm

The first sunrise criterion asks:

Whether the unregulated practice of the occupation or profession clearly harms or endangers the health, safety, or welfare of the public, and whether the potential for harm is easily recognizable and not remote or dependent on tenuous argument.

Before moving forward in the analysis of harm concerning language interpreters, it is important to identify what constitutes harm to the public. Language interpreters serve as an important link for persons with limited English proficiency (LEP) and therefore should effectively and accurately facilitate communication between individuals or groups in a variety of settings, including healthcare, social services and education.

Without the proper service of language interpreters, consumers can be harmed in a variety of ways. For example, a language interpreter who conveys incorrect information during medical consultation between an LEP patient and a physician may endanger an LEP patient's health.

In order to determine whether the regulation of language interpreters is necessary in Colorado, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) staff requested that the sunrise applicant provide specific examples of harm, which are highlighted below, accompanied by COPRRR's analysis.

Example 1

In Colorado, a hospital reached a monetary settlement with a family due to the premature death of their child. The settlement was awarded because an inaccurate dosage of medicine was given to the child. The child was diagnosed with an incurable disease. The child's death was accelerated by the inaccurate dosage of medication administered by the parents.

The parents received a consultation with a physician and a language interpreter facilitated communication between the parties. After the consultation, the parents wanted to confirm with the language interpreter the correct dosage of medication for their child. The language interpreter stated the appropriate dosage recommended by the physician. Importantly, the language interpreter reiterated the dosage based on the language interpreter's recollection of what the physician said to the parents after the consultation with the physician. As such, the parents of the child stated that they administered the dosage of medication to the child that was conveyed to them through the language interpreter.

This example states that interpreters' code of ethics and standards of practice prohibit language interpreters from conveying information concerning the consultation without the physician present. Instead, the interpreter should have gone to the physician with the parents to confirm the correct dosage of medication for the child.

Analysis

The example presented above is tragic; however, it is unclear whether the actions of the language interpreter, physician or the parents contributed to the premature death of the child. As this example highlights, when utilizing a language interpreter, there are multiple persons within the communication stream, and it is often difficult to determine who was ultimately responsible for the miscommunication.

However, the example highlights an instance during which the language interpreter failed to follow the correct protocols related to language interpreting. As such, the presence of a regulatory program may result in the language interpreter receiving formal discipline related to his or her actions.

Also, the example does not mention the qualifications of the language interpreter, so it is unclear if he or she received training and/or certification prior to providing interpreting services.

Example 2

In Colorado, a Spanish-speaking woman was hospitalized to have her uterus removed. The woman's son facilitated communication with hospital staff, and granted consent to perform the operation.

After the surgery, the woman was unhappy because the son did not communicate with her about his consenting to the surgery. In fact, the example states that consent documentation was never signed by anyone. The absence of consent documentation presents legal issues related to hospital procedures.

Analysis

This example does not highlight an instance where a language interpreter harmed a consumer. Instead, it illustrates an example where a hospital failed to comply with current requirements for patient consent prior to performing surgery.

The creation of a regulatory requirement in Colorado would not have prevented this situation from occurring. However, a regulatory program may serve to ensure that a language interpreter is utilized during the consultation.

Example 3

In Colorado, a hospital received two complaints because the hospital failed to provide a Chuukese interpreter for a woman who was in labor. The anesthesiologist did not provide the woman with an epidural because he was not comfortable that she would understand the risks associated with the procedure.

Analysis

This example does not state whether the hospital receives federal funds, but if so, it would be required to comply with the provision in Title VI of the Civil Rights of 1964 which states no person shall,

on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.

The hospital failed to provide adequate services to the woman who was in labor. A civil rights complaint could have been initiated and the United States Department of Health and Human Services, Office of Civil Rights (OCR) should have conducted an investigation. Unfortunately, the example does not state whether a formal investigation ensued. Also, assuming that the hospital receives federal funds and is required to provide adequate language interpreting services, this example shows that they are not always provided to LEP patients.

The type of harm incurred by the patient is unclear. Also, the example indicates that a language interpreter was not utilized. As such, the example does not identify issues associated with language interpreters that would necessitate regulatory oversight in Colorado.

COPRRR staff also identified an example of harm, which occurred in 2008, related to language interpreters. The example is highlighted below and is followed by COPRRR's analysis.

Example 4

In Massachusetts, a couple sued a genetic counselor, two doctors and a nurse practitioner, alleging that the mother was not provided proper genetic counseling during her 2007 pregnancy, which resulted in the birth of a daughter with cri-du-chat or "cat cry" syndrome. The parents claimed that had amniocentesis been offered and identified this condition in the fetus, they could have elected to terminate the pregnancy.

The parents' first language is Chinese, and the mother speaks no English. The example asserts that a medical interpreter was not utilized during consultations with the parents. Instead, the father, who has limited English skills, acted as the interpreter, which is a violation of medical protocol.

The parents were ultimately awarded a \$7-million settlement in this case.

Analysis

This example illustrates an unfortunate outcome for the parents and the child. However, it does not highlight an instance where a language interpreter failed to provide adequate services.

Instead, this example details an instance where a hospital did not utilize a language interpreter during medical consultations with LEP patients. As a result, information in this example does not provide clear evidence that a language interpreter was responsible for consumer harm. This further calls into question the need to require the implementation of a private certification for language interpreters in Colorado.

Further, even if a process were implemented in Colorado requiring language interpreters to possess a certification prior to providing services, this example clearly states hospital staff violated medical protocol. In this instance, regulation would not address the hospital's protocol failures.

Website Information

The sunrise applicant also provided information related to language interpreters from the following websites:

- *The Denver Post* (denverpost.com),
- United States Department of Health and Human Services, OCR (hhs.gov), and
- Medscape (Medscape.com).

The Denver Post

The Denver Post article contains information related to sign language interpreters. Specifically, during a visit to a doctor, a married couple (the woman is deaf) utilized a sign language interpreter from an agency that employs non-certified interpreters. The deaf woman had a difficult experience understanding the sign language interpreter.

This example asserts that a sign language interpreter was providing services to consumers without the required certification. Sign language interpreters are not included in this sunrise review; instead, the sunrise application requested an analysis of language interpreters only. Consequently, this article does not address or confirm the need for regulation of language interpreters in Colorado.

The United States Department of Health and Human Services, Office of Civil Rights

Additionally, the United States Department of Health and Human Services, OCR has entered into several voluntary resolution agreements with companies that accept federal financial assistance. Many of the voluntary resolution agreements were entered into with various entities throughout the country.

In Colorado, a health network, in 2008, which includes several hospitals, specialty centers (e.g., radiology services) and urgent care centers entered into a voluntary resolution agreement with the OCR. The initial complaint alleged that the health network discriminated on the basis of a consumer's disability (deafness) when it failed to provide a sign language interpreter within a reasonable amount of time.⁴⁰

The agreement also resolves national origin compliance concerns identified during OCR's investigation, specifically issues addressing the manner in which the health network serves LEP persons.⁴¹ The voluntary resolution agreement seeks to ensure that the health network provides meaningful opportunities for LEP individuals to benefit from programs and services provided by the hospital.⁴²

Importantly, the original complaint that facilitated the voluntary resolution agreement was related to sign language interpreter access. Although the initial complaint addressed sign language interpreters, OCR staff identified areas where the health network could improve its practices related to LEP access.

This example does not include an instance of consumer harm concerning language interpreters, but instead sought to address potential compliance concerns related to LEP persons. The absence of actual harm to LEP persons calls into question the need to provide state oversight of language interpreters.

Medscape

The sunrise applicant also provided an article detailing a lawsuit which settled for \$71 million concerning an LEP consumer who received medical care at a hospital in Florida in 1980. An 18-year-old was admitted to a hospital in a comatose state. The family and the emergency room physician communicated through an interpreter that accompanied the family to the hospital. Neither the physician nor the family requested a professional medical interpreter because both sides believed they were communicating adequately.

⁴⁰ U.S. Department of Health and Human Services, Office of Civil Rights. *Voluntary Resolution Agreement*. Retrieved August 10, 2017, from https://www.hhs.gov/sites/default/files/ocr/civilrights/activities/agreements/mhs_vra.pdf

⁴¹ U.S. Department of Health and Human Services, Office of Civil Rights. *Voluntary Resolution Agreement*. Retrieved August 10, 2017, from https://www.hhs.gov/sites/default/files/ocr/civilrights/activities/agreements/mhs_vra.pdf

⁴² U.S. Department of Health and Human Services, Office of Civil Rights. *Voluntary Resolution Agreement*. Retrieved August 10, 2017, from https://www.hhs.gov/sites/default/files/ocr/civilrights/activities/agreements/mhs_vra.pdf

However, there was miscommunication between the interpreter and the physician. As a result, the patient was admitted to the intensive care unit with a diagnosis of “probable intentional drug overdose.” Instead, the patient had intracerebellar hemorrhage that continued to bleed for more than two days. Once properly identified, surgery was performed but it was too late to prevent brain damage causing the patient to become a quadriplegic.

This example illustrates the clear miscommunication between the physician and the family’s interpreter. However, it is important to delineate that a language interpreter was not utilized. As such, this example does not detail consumer harm due to the actions of a language interpreter. The absence of harm caused by a language interpreter fails to provide justification concerning regulatory oversight of language interpreters in Colorado.

Miscommunication sometimes occurs between persons who speak the same language. When a third party is added to a communication circle, with respect to interpreting for the LEP community, there is an additional element to the conversation. As highlighted in the examples above, the chances for miscommunication increase. However, because communication between three parties is fluid, and typically there is no written documentation of the conversation, it is difficult to determine who is responsible for communication lapses.

Additionally, COPRRR staff contacted a number of organizations to further identify consumer harm, including: the Attorney General’s Office, Consumer Protection Section; the Colorado Department of Education; the Colorado Hospital Association; the Colorado Medical Society; the Denver/Boulder Better Business Bureau and the Colorado Civil Rights Division within the Department of Regulatory Agencies. The organizations that responded to requests for information did not provide instances of consumer harm. Therefore, it is reasonable to conclude that language interpreters are not causing widespread harm to the LEP community.

Importantly, the vast majority of examples of harm identified during this sunrise review did not highlight instances where language interpreters provided substandard interpreting services, leading to consumer harm. Instead, many of the examples identified situations where a family member was utilized in interpreting situations and the LEP patient was harmed. Also, other examples highlighted hospitals’ lapses in protocols concerning LEP patients’ access to language interpreters. The absence of clear situations where language interpreters harmed consumers calls into question the need for formal regulatory oversight of language interpreters in Colorado.

Need for Regulation

The second sunrise criterion asks:

Whether the public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional or occupational competence.

This criterion addresses the proposition of whether the state should require a certain level of education and/or impose a requirement that language interpreters pass an examination before being regulated in Colorado.

During this sunrise review, there was very little evidence presented via examples of harm to indicate that the state should require language interpreters to possess a minimum level of education or pass an examination in order to practice in Colorado. As a result, the implementation of minimum requirements could potentially impose an unnecessary barrier to entry for practitioners.

Alternatives to Regulation

The third sunrise criterion asks:

Whether the public can be adequately protected by other means in a more cost-effective manner.

Public protection for consumers who utilize language interpreters could potentially be realized in a more cost-effective manner by requiring language interpreters to obtain a certification from the National Board of Certification for Medical Interpreters (National Board) or the Certification Commission for Healthcare Interpreters (CCHI).

The National Board requires a candidate to pass written and oral examinations. The written examination, which is administered in English, tests, among other things, a candidate's knowledge of various healthcare terminology. The oral examination tests a candidate's ability to accurately and effectively convey information in English and another language. The National Board offers certification in the following languages: Spanish, Russian, Mandarin, Cantonese, Korean and Vietnamese.

The CCHI offers two certifications: the Core Healthcare Interpreter (CoreCHI) and the Certified Healthcare Interpreter (CHI). The CoreCHI is a general certification and is not specific to a certain language and only requires a candidate to pass a written examination. This certification does not require a candidate to pass an oral examination.

The CHI certification requires a candidate to pass a written and oral examination. The CHI certification is currently available for Spanish, Arabic and Mandarin languages.

Both the National Board and the CCHI have a formal disciplinary process in place for practitioners who possess a certification. Specifically, the National Board may reprimand, suspend or revoke a certified practitioner for violations of the certified medical interpreter rules or the National Board's policies.

The CCHI may also impose discipline on practitioners who possess one of its certifications. Examples of discipline include: assignment of remedial education, probation, suspension or revocation.

There are limitations to implementing a requirement for language interpreters to possess a certification from either the National Board or CCHI prior to practicing in Colorado. The aforementioned certifications are limited to the healthcare setting. Recall that there are a variety of settings in which language interpreter services may be provided, such as schools and social services. These certifications would not include arenas outside of the healthcare setting. This limitation could create confusion as to what certification is required and when.

Therefore, implementing a requirement for language interpreters to obtain a National Board or CCHI certification prior to practicing may not be a viable option to provide adequate protection for all LEP consumers in all settings.

Collateral Consequences

The fourth sunrise criterion asks:

Whether the imposition of any disqualifications on applicants for licensure, certification, relicensure, or recertification based on criminal history serves public safety or commercial or consumer protection interests.

The sunrise application delineated that criminal history should be utilized in determining a language interpreter's eligibility to practice in Colorado. Importantly, the examples of harm identified for this sunrise review did not contain any instances concerning criminal conduct that harmed consumers.

As such, the imposition of a background check to identify issues that would disqualify language interpreters from practicing in Colorado appears to be an unnecessary requirement.

Conclusion

The sunrise application requested regulatory recognition of credentials and certifications already in existence for language interpreters. Further, the sunrise application states that utilizing existing credentials and certifications currently available would lead to more qualified and prepared language interpreters in Colorado.

Importantly, the Colorado Judicial Branch already requires court language interpreters to obtain a certification from the National Center for State Courts (NCSC). The NCSC offers certification in the following languages:

- Arabic,
- Bosnian/Serbian/Croatian,
- Cantonese,
- French,
- Haitian Creole,
- Hmong,
- Ilocano,
- Khmer,
- Korean,
- Laotian,
- Mandarin,
- Marshallese,
- Polish,
- Portuguese,
- Russian,
- Somali,
- Spanish,
- Tagalog,
- Turkish, and
- Vietnamese.

Certification requirements include passing the NCSC written and oral examinations.

Language interpreters who specialize in a language not referenced above are able to seek a credential that is recognized by the Colorado Judicial Branch staff. The credential ensures that the language interpreter has met minimum competency requirements to practice. The credentialing process includes passing the written portion of the NCSC examination and receiving oral language training.

Since language interpreters are currently required to receive a certification or credential prior to offering services in Colorado courts, they are not included in this request for regulatory recognition of language interpreters.

Currently, there are safeguards in place to provide protections for limited English proficiency (LEP) consumers. For example, Title VI of the Civil Rights Act of 1964, among other things, states no person shall,

on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.⁴³

Title VI of the Civil Rights Act of 1964 ensures that LEP consumers receive interpreter services when entities receive federal financial assistance. If, for example, a health network fails to provide adequate language interpreting services, a complaint may be filed with the United States Department of Human Services, Office of Civil Rights (OCR). Upon review of the complaint, the OCR may enter into a voluntary resolution agreement with the health network. In this example, the health network may agree to address the issue of providing adequate language interpreting services to LEP patients.

OCR oversight in the complaint process concerning LEP persons' access to language interpreters provides at least a baseline protection to LEP consumers.

Additionally, the consumer harm submitted for this sunrise review was specific to the healthcare industry. So, it is reasonable to explore requiring additional oversight beyond Title VI of the Civil Rights Act of 1964.

There are currently two certifying bodies: the National Board of Certification for Medical Interpreters (National Board) and the Certification Commission for Healthcare Interpreters (CCHI). As stated earlier in this report, the National Board and the CCHI offer certifications specifically related to the healthcare industry. However, both certifying bodies are limited in the languages available for certification. As such, it is reasonable to conclude that requiring language interpreters in the healthcare setting to secure a certification from the National Board or the CCHI could preclude many LEP consumers who speak languages other than those offered from receiving the same level of language interpretation.

Further, the limited number of instances of harm identified during this sunrise review failed to clearly identify examples where language interpreters harmed consumers. In fact, few examples of harm identified instances where language interpreters demonstrated inadequate competency. Instead, many of the examples were related to hospitals failing to provide access to language interpreting services to LEP patients and family members providing language interpreting services.

Although the creation of a regulatory program requiring healthcare language interpreters to obtain certification from the National Board or the CCHI could be achieved, the absence of harm related to the direct actions of language interpreters in the healthcare setting calls into question the need for such a requirement.

⁴³ New York Lawyers for the Public Interest, Inc. *Language Access Legal 'Cheat Sheet.'* Retrieved August 17, 2017, from <http://www.nylpi.org/images/FE/chain234siteType8/site203/client/Language%20Access%20Legal%20Cheat%20Sheet%20Final%20-%20February%202012.pdf>

Additionally, Colorado Office of Policy, Research and Regulatory Reform (COPRRR) staff contacted a number of organizations to further identify consumer harm, including: the Attorney General's Office, Consumer Protection Section; the Colorado Department of Education; the Colorado Hospital Association; the Colorado Medical Society; the Denver/Boulder Better Business Bureau and the Colorado Civil Rights Division within the Department of Regulatory Agencies. The organizations that responded to requests for information did not provide instances of consumer harm. Therefore, it is reasonable to conclude that language interpreters are not causing widespread harm to the LEP community.

Importantly, language barriers exist with LEP consumers, and they oftentimes do not know of specific complaint channels when they have experienced an inadequate language interpreter. However, the sunrise criteria require COPRRR staff to evaluate whether an occupation or profession should be regulated when consumers are harmed by the unregulated community.

In sum, implementing a program to provide regulatory oversight of language interpreters is not necessary for several reasons. First, the majority of examples of harm did not include language interpreters harming consumers. Instead, these examples highlighted instances that included family members functioning as the language interpreter. As such, clearly identifying areas where language interpreters directly harmed consumers was not presented or identified during this sunrise review.

Some examples of harm were related to hospitals failing to following proper protocols related to language interpreters, which resulted in negative experiences of LEP patients. Although these issues were unnerving, they did not involve examples of language interpreters providing inadequate services to consumers. As a result, the limited examples of harm to the public concerning language interpreters identified during this sunrise review does not justify regulatory oversight of language interpreters in Colorado.

The implementation of a requirement that language interpreters achieve a certification prior to practicing in Colorado could have unintended consequences for the LEP community. As highlighted throughout this sunrise report, there are two organizations (National Board and CCHI) that offer certifications for language interpreters. However, these organizations are limited to the healthcare setting, which would restrict access to certified language interpreters in other settings such as education and social services and cause confusion as to what certification is required and under what circumstances.

The information identified during this sunrise review does not justify governmental intervention in the marketplace concerning language interpreters.

Recommendation – Do not regulate language interpreters in Colorado.