

# 2016 2<sup>nd</sup> QUARTER NEWSLETTER

August 2016

## RECAP ON THE 2016 LEGISLATIVE SESSION

The spoken language healthcare interpreter registry bill (SF 2177/HF 2345) passed without opposition through 4 committee hearings in the Senate and 4 committee hearings in the House. The bill's language was then incorporated into the Senate omnibus supplemental appropriations bill (SF 2356) and the House omnibus supplemental appropriations bill (HF2749). The next and final step was comparison of the two omnibus bills by the Senate/House conference committee, jointly chaired by Senator Richard Cohen and Representative Jim Knoblach. It was at this point, approximately 10 days before end of session, which vocal opposition emerged to the registry bill from a small number of interpreter agencies and a single portion of the interpreter community. As a result, the conference committee chose not to include the spoken language healthcare interpreter registry in the conference committee bill, effectively killing the registry by omission.

## Summary of the ATA Translation and Interpreting Services Survey

**The fifth edition of the *ATA Translation and Interpreting Services Survey* serves as a practical tool, revealing general trends in the translation and interpreting industry**

Source: **THE ATA CHRONICLE**

The recently released fifth edition of the *ATA Translation and Interpreting Services Survey* is an invaluable benchmarking tool for nearly everyone in or affiliated with the translation and interpreting industry. The study allows an individual or company to easily compare their compensation levels to their peers. Translators and interpreters are able to review rates across languages, specialties, and location. Companies involved in translation and interpreting are able to refer to this report when determining their competitiveness with respect to compensation. Students considering careers in the translation and interpreting industry can use this tool to steer their specific career decisions and to gain insight about potential compensation. In addition, the study serves as a practical tool for a broader audience—individuals and businesses in the market for translation and interpreting services.

The survey was compiled, tabulated, and prepared for ATA by Industry Insights, Inc., a professional research and consulting firm that provides management and marketing services to dealer organizations, individual membership organizations, and professional trade associations and their members. The company specializes in compensation and benefits studies, industry operating surveys, member needs studies, educational programs, and customized research activities.

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## Federal regulations for translation and interpreting in medical settings

US HHS rule on Section 1557 of the Affordable Care Act (ACA). On September 8, 2015 US HHS posted the proposed rule online and opened it for public comments. The comment period closed on November 9, 2015. On May 13, 2016, the HHS Office for Civil Rights issued the final rule implementing of Section 1557. There were 2,166 comments received by US HHS. Comments can be found at [this link](#).

The following language organizations submitted their comments:

- National Association for the Deaf (NAD) 11/17/2015 HHS-OCR-2015-0006-1824
- National Language Access Advocates Network (N-LAAN) 11/17/2015 HHS-OCR-2015-0006-1834
- National Council on Interpreting in Health Care (NCIHC) 11/13/2015 HHS-OCR-2015-0006-1008
- Washington State Coalition for Language Access (WSCLA) 11/17/2015 HHS-OCR-2015-0006-1561
- Language World Services, Inc. 10/30/2015 HHS-OCR-2015-0006-0254

Full text of the rule:

<https://www.federalregister.gov/articles/2016/05/18/2016-11458/nondiscrimination-in-health-programs-and-activities#sec-92-201%20>

Code of Federal Regulations TITLE 45 PUBLIC WELFARE  
Nondiscrimination in Health Programs and Activities  
A Rule by the US Health and Human Services Department (HHS)  
published on May 18, 2016

Highlights of the rule applicable to language access in translation and interpreting for healthcare:

This final rule clarifies and codifies existing nondiscrimination requirements and sets forth new standards to implement Section 1557 of the Affordable Care Act (ACA) in health programs administered by the Department of Health and Human Services (HHS or the Department) and entities established under Title I of the ACA.

45 CFR PART 92—NONDISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY IN HEALTH PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE AND HEALTH PROGRAMS OR ACTIVITIES ADMINISTERED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES OR ENTITIES ESTABLISHED PATIENT PROTECTION AND AFFORDABLE CARE ACT

§ 92.201 - Meaningful access for individuals with limited English proficiency.

(a) General requirement. A covered entity shall take reasonable steps to provide meaningful access to each individual with limited English proficiency eligible to be served or likely to be encountered in its health programs and activities.

(b) Evaluation of compliance. In evaluating whether a covered entity has met its obligation under paragraph (a) of this section, the Director shall:

- (1) Evaluate, and give substantial weight to, the nature and importance of the health program or activity and the particular communication at issue, to the individual with limited English proficiency; and
- (2) Take into account other relevant factors, including whether a covered entity has developed and implemented an effective written language access plan, that is appropriate to its particular circumstances, to be prepared to meet its obligations in § 92.201(a).

(c) Language assistance services requirements. Language assistance services required under paragraph (a) of this section must be provided free of charge, be accurate and timely, and protect the privacy and independence of the individual with limited English proficiency.

(d) Specific requirements for interpreter and translation services. Subject to paragraph (a) of this section:

(1) A covered entity shall offer a qualified interpreter to an individual with limited English proficiency when UNDER TITLE I OF THE oral interpretation is a reasonable step to provide meaningful access for that individual with limited English proficiency; and

(2) A covered entity shall use a qualified translator when translating written content in paper or electronic form.

(e) Restricted use of certain persons to interpret or facilitate communication. A covered entity shall not:

(1) Require an individual with limited English proficiency to provide his or her own interpreter;

(2) Rely on an adult accompanying an individual with limited English proficiency to interpret or facilitate communication, except:

(i) In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with limited English proficiency immediately available; or

(ii) Where the individual with limited English proficiency specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances;

(3) Rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with limited English proficiency immediately available; or

(4) Rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with limited English proficiency.

## Survey Design

Responses were received from translation and interpreting professionals worldwide. Approximately two-thirds of the respondents reside in the U.S., 15% in Europe, 6% in South America, 4% in Canada, and the remaining 6% in other locations.

Upon receipt, all data were checked both manually and by a custom software editing procedure. Strict confidence of survey responses was maintained throughout the course of the project.

The seven employment classifications analyzed in this report include:

- Full-time independent contractors
- Part-time independent contractors
- Full-time in-house private sector personnel
- Part-time in-house private sector personnel
- Company owners
- Educators
- Government employees

For detailed analysis, responses were broken down by age, gender, years in translation and/or interpreting, education level, ATA membership, geographic region, and certification and interpreter certification/credential. This comprehensive data allows users to compare their own income, hourly rates, and rates per word to individuals in similar situations.

## Some Key Findings

**Respondent Demographics:** Survey respondents had varying backgrounds and experience. As shown in Figure 1, more than two-thirds were female and nearly one-third were ATA-certified. More than 60% held a master's degree or higher, and more than two-thirds had over 10 years of employment in translation and interpreting. The typical (median) respondent was 50 years old.

**Figure 1: Respondent Demographics**

Gender	Percent	ATA-Certified	Percent
Male	29.1%	Yes	31.6%
Female	70.9%	No	68.4%
Age		Years of Employment in T&I	
18 to 24	0.4%	0-5 years	13.8%
25 to 34	11.7%	6-10 years	15.3%
35 to 44	19.0%	11-15 years	18.3%
45 to 54	30.1%	16-20 years	16.9%
55 to 64	26.0%	21+ years	35.8%
65 or older	12.8%		
Primary Work		Education Level	
Translation or related	74.3%	High School	3.2%
Interpreting or related	11.5%	Associate's Degree	3.0%
Both about equal	14.2%	Bachelor's Degree	32.4%
		Master's Degree	45.6%
		Doctorate	10.3%
		Professional Degree	5.5%

For more information visit <http://www.atanet.org/chronicle-online/featured/summary-of-the-ata-translation-and-interpreting-services-survey/>



## IGS Event:

### Save the date!

#### Interpreter Seminar:

- Optimizing Outcomes: Effective Collaboration between Speech-Language Pathologists and Interpreters

Date: Saturday October 15<sup>th</sup>, 2016

Time: 8:30am – 12:30pm

Place: Minnesota Department of Education

Address: 1500 MN-36, Roseville, MN 55113

3.5 Contact hours.

More information will be available soon on the ISG website and our Facebook page.

## None-IGS Event:

Workshop on Simultaneous Interpreting

Saturday August 13, 2016 @ 8:45am

Presented by Cristiano Mazzei, Ba, Ma

Brought to you by Fairview - M Health

0.3 CEUs Approved by RID

online registration only - \$25 parking included

<https://www.eventbrite.com/e/simultaneous-interpreting-in-m...>

\*\*\*\*\*NO SAME DAY REGISTRATION\*\*\*\*\*