



**STATE OF WASHINGTON  
HEALTH CARE AUTHORITY**

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February 3, 2021

TO: Members of the Washington State Legislature

FROM: Jason McGill, Assistant Director  
Medicaid Program Operations and Integrity

SUBJECT: HB 2691(2020) Language Access Providers – Collective Bargaining – Scope Report

As directed in HB 2691, we are writing to report on the Health Care Authority's (HCA) current process for procuring spoken language interpreters, and whether the changes in Chapter 253, Laws of 2018 were implemented. The statute reads:

*(12) By December 1, 2020, the department of social and health services, the department of children, youth, and families, the department of labor and industries, the health care authority, and the department of enterprise services must report to the legislature on the following:*

- (a) Each agency's current process for procuring spoken language interpreters and whether the changes in chapter 253, Laws of 2018 have been implemented;*
- (b) If chapter 253, Laws of 2018 has not been fully implemented by an agency, the barriers to implementation the agency has encountered and recommendations for removing the barriers to implementation;*
- (c) The impacts of the changes to the bargaining units for language access providers in chapter 253, Laws of 2018; and*
- (d) Recommendations on how to improve the procurement and accessibility of language access providers.*

**A. HCA's current process for procuring spoken language interpreters and whether the changes in Chapter 253, Laws of 2018 were implemented.**

In 2018, HCA procured a scheduling and coordinating vendor, Universal Language Services (Universal), to provide in-person spoken language interpreters when requested by providers for covered healthcare services.

HCA has not fully implemented the changes in Chapter 253, Laws of 2018 concerning the requirement to have at least one contract purchasing over-the-phone (OPI) and video remote interpreting (VRI), but we are in the process of doing so.

In 2018, HCA conducted a separate procurement for a vendor to offer OPI and VRI, but it was unsuccessful. However, in response to the COVID-19 pandemic, in April 2020, HCA implemented a temporary emergency amendment with Universal to support provider telephonic and telehealth interpreting requests. This amendment is not a formal OPI and VRI contract, but it does allow providers to request interpreters through Universal's scheduling platform to join telephonic and telehealth appointments arranged by the provider. HCA also reached an informal agreement with the Washington Federation of State Employees (WFSE) Language Access Provider (LAP) union to allow interpreters to receive the Collective Bargained Agreement (CBA) in-person rates during the state of emergency for telephonic and telehealth interpreter requests. The emergency amendment will end when the state-of-emergency ends. HCA is working to seamlessly transition to a formal OPI and VRI contract with Universal. The OPI and VRI contract will not require interpreters to join appointments arranged by the provider because Universal will schedule and facilitate all provider OPI and VRI requests through its scheduling platform, including any needed technologies to support OPI and VRI appointments.

**B. If Chapter 253, Laws of 2018 has not been fully implemented by an agency, the barriers to implementation the agency has encountered and recommendations for removing the barriers to implementation.**

HCA intended to use the master contract developed and implemented by the Department of Enterprise Services (DES) that provides interpreter services through telephonic and video remote technologies. The DES contract was expected to begin September 2020; however, DES has not yet released this contract. DES has announced an apparent successful bidder, Language Link, and, pending the results of an official protest, DES expects to implement this contract February 1, 2021.

HCA recommends the Legislature support our plan to formally contract with its current vendor for OPI and VRI services when the state-of-emergency ends, and work toward a seamless transition from the emergency COVID-19 amendment authorizing telephonic and telehealth interpreter services. HCA believes this option will best leverage the work, time, and effort spent to implement the emergency amendment and will allow providers and interpreters already familiar with Universal a seamless option. Because OPI and VRI is reimbursed at CBA rates, which are less than in-person rates, some savings may occur. If necessary, HCA would submit a budget decision package.

If HCA is unable to formally contract with Universal to add OPI and VRI options at the conclusion of the state-of-emergency, we would then transition to the DES master contract. However, this option may create added costs related to transitioning to a new vendor.

**C. The impacts of the changes to the bargaining units for language access providers in chapter 253, Laws of 2018.**

HCA does not anticipate a significant impact to our business as a result of the changes to the bargaining units for language access providers in Chapter 253, Laws of 2018.

Our response to the public health emergency has been a learning experience, and required HCA to develop immediate telephonic and telehealth interpreting options for providers and clients. This work has prepared HCA, Universal, interpreters and providers to effectively request and perform OPI and VRI at health care appointments. Formally contracting with Universal for OPI and VRI will cause the least disruption. If we move away from our current vendor to contract with the DES vendor, it would potentially be more costly and disruptive.

**D. Recommendations on how to improve the procurement and accessibility of language access providers.**

HCA recommends supporting our agency's existing contracts/procurement processes and plans as described in this memo.

Should you have any questions, please contact Todd Slettvet, Section Manager, at [todd.slettvet@hca.wa.gov](mailto:todd.slettvet@hca.wa.gov).

By Email

cc: Susan E. Birch, MBA, BSN, RN, Director, HCA