

Testimony of Brian Park on Senate Bill 698
March 6, 2019

Dear Chair Monnes Anderson, Vice Chair Linthicum, and Members of the Committee,

Thank you all so much for the opportunity to testify today in support of Senate Bill 698, which would ensure that all Oregonians have an opportunity to safely use their medications, by ensuring that prescription medication labels are translated to a patient's preferred language. I am a Family Medicine physician in Portland, Oregon, who serves the city's safety-net population.

I am here today not only as a concerned healthcare professional, but moreso, as a concerned family member. I am a first-generation Korean-American citizen, and my parents are not native English speakers. But they were tremendously loving parents—my older sister was diagnosed with a debilitating chronic condition when she was 3 years old, and they navigated through a complex healthcare system that did not always accommodate their language barriers. On one winter morning when I was 5 years old, I remember waking up to the cries of my sister emanating from the bathroom walls, all of her joints puffy, stiff, and red. My parents raced her to the specialty clinic, where they quickly provided the correct dose of the correct medication for the correct diagnosis. But there was one issue: my parents did not understand the correct dose nor the correct reason for the medication from the prescription drug label written in English. Thinking the doctors had provided a medication to be taken as needed for pain – like Tylenol – my parents could have inadvertently administered dangerously high doses. Days later at a follow-up visit, a particularly thoughtful provider arranged for an in-person interpreter, who shared that we had been taking less of this medication than prescribed for, avoiding dangerous if not fatal outcomes, but nonetheless: we had not been providing adequate treatment for my sister's disease flare.

Thirty years later, a beloved Korean-speaking patient I see in clinic (who I'll call Joe) was not as fortunate. Not being able to read his English prescription labels, Joe's wife meticulously color-codes his medication pill bottles to correspond to the disease it is treating—blue for blood pressure, red for cholesterol. After I increased his cholesterol medication dose, I received a call from Joe's wife in the emergency department—she had unknowingly mis-coded his medications, and Joe had taken double his dose of blood pressure medications. His blood pressure dangerously low, Joe and his wife went to the ED.

In the thirty years spanning my family's and Joe's medication errors, we have developed a wide array of medical innovations: immune changing drugs, tiny robotic surgeries, electronic health records. And yet: we have not yet figured out how to support patients with limited English proficiency to simply read their medication labels. With your approval of SB 698, we can take one step closer together to erasing those 30 years that have impacted my family and my patients—a step towards a more equitable and healthy state here in Oregon.

Sincerely,
Brian Park, MD MPH