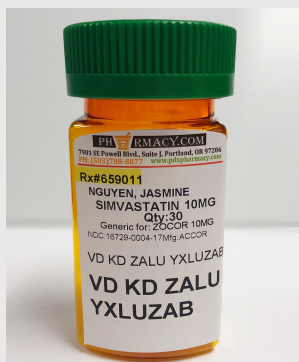


CAN YOU UNDERSTAND THIS LABEL?



SUPPORTING ORGANIZATIONS

AllCare Health CCO, Inc.
CareOregon
Catholic Charities
Coalition of Community Health Centers
Immigrant & Refugee Community Organization
McKenzie Pediatrics
Metropolitan Alliance for Common Good
Nurses for Single Payer
Oregon Academy of Family Physicians
Oregon Health Equity Alliance
Oregon Latino Health Coalition
Oregon Nurses Association
Oregon Public Health Association
PacificSource CCO
Passport to Languages, Inc.
Portland Meet Portland
SO Health-E Coalition
Somali American Council of Oregon

CHIEF SPONSORS:

Senator Monnes Anderson
Representative Alonso León
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Representatives: Gorsek, Greenlick, Keny-Guyer, McLain, Meek, Piluso, Power, Prusak, Reardon, Salinas, Sanchez, Schouten, Williamson

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S.M.A.R.T.

Safe Medication for All Requires Translation Senate Bill 698 | House Bill 2801

GOAL OF LEGISLATION: Reduce harmful and costly medication errors by ensuring that patients, caregivers, and providers can understand the instructions on prescription drug container labels.

SAFETY CONCERNS

Limited English Proficiency (LEP)

- 1 in 17 Oregonians, approximately 222,428 people, cannot read the labels on their prescription drug containers because of LEP¹.
- The **rate of medication errors is more than 2x greater** for those with LEP than for fluent English speakers².

Financial Burden

- Emergency room visits and hospitalizations due to avoidable medication errors are expensive. According to a Harvard study, the cost per preventable drug injury is about \$10,375, **totaling \$1.2 million per year for a single hospital**³.

Current Practice

- Prescription labels are typically only provided in English, despite the existence of software that makes it possible to translate labels into the patient's preferred language.
- Although Title VI of the Civil Rights Act mandates oral interpretation for patients upon request, noncompliance is common.

SOLUTIONS PROVIDED BY BILL 698/2801

Improve comprehension through label translation

- Require that pharmacies in Oregon provide prescription container labels in both English and a readable language for LEP patients.

Improve comprehension through oral interpretation

- Ensures that patients are aware of their right to interpretation services at pharmacies (Title VI of the Civil Rights Act; ACA) through conspicuous signage in multiple languages.

SUPPORTING MATERIALS

Previous legislation

- New York (8 CRR-NY 63.11): Peer-reviewed study shows significant improvement in the capacity of NY pharmacies to provide language services after passage of this bill⁴.
- California (AB 1073)

¹ US Census Bureau. (2017). *B16001 – Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over for the 5-Year Data Estimates* [Data file]. Retrieved from <https://factfinder.census.gov>

² Harris LM, Dreyer B, Mendelson A, Bailey SC, Sanders LM, Wolf MS, ... Yin HS. (2017). Liquid medication dosing errors by Hispanic parents: Role of health literacy and English proficiency. *Academic Pediatrics*, 17(4), 403–410. doi:10.1016/j.acap.2016.10.001

³ Jha AK, Kuperman GJ, Rittenberg E, & Teich JM. (2001). Identifying hospital admissions due to adverse drug events using a computer-based monitor. *Pharmacoepidemiology & Drug Safety*, 10: 113-119. doi:10.1002/pds.568

⁴ Weiss L, Scherer M, Chantarat T, Oshiro T, Pagan P, Rosenfeld P, & Yin HS. (2018). Assessing the impact of language access regulations on the provision of pharmacy services. *Journal of Urban Health*, 1–8. doi:10.1007/s11524-018-0240-z