

Stephanie Day: Oral testimony in support of SB698: Patient 'M,' highly health-literate non-English Speaker

Chair Monnes Anderson, Vice-Chair Linthicum, and members of the committee, thank you for allowing me to testify today in support of Senate Bill 698. My name is Stephanie Day and I am a nursing student at Oregon Health and Science University in Portland. I am here today as an independent citizen to strongly urge your vote in support of this bill.

Today I am going to share a story about a real patient, who I'll refer to as M and what happened to him as a result of not being able to read his medication labels. This story was provided to me by a home health nurse, Robin Tarter, who expressed strong support of Senate Bill 698 but was unable to make it here today.

Patient M received a home health referral after a hospitalization due to experiencing a dangerous fall, possibly caused by mismanagement of his blood pressure medications.

M grew up in Yugoslavia where he had worked as a teacher before moving to the United States. He was highly educated and fluent in four European languages. He had moved to the United States several years earlier, but he had never learned to speak or read English. His wife had known English, but she had recently passed away; when he lost his wife, he lost his translator as well.

M had multiple prescriptions, including four of the same medication in different doses. He kept all of his medication bottles in a large shopping bag. Through tears, he explained to the home health nurse that he had given up on taking his medication because he could not figure out which medications were in each bottle. Since he did not take his medications, his blood pressure remained unchecked, and the provider continued to prescribe more medication in a fruitless, expensive, and dangerous cycle. M felt too ashamed to ask for help.

Stories like this are not uncommon, but they are frightening and saddening to me as a future nurse. M was an educated man with high health literacy who had the means to avoid dangerous health crises like his earlier fall, but he could not read his pill bottles. Not only did M. suffer dangerous consequences of the medication error, but our health system spent money on the hospitalization and home health nurse; money that I can think of many other uses for! Today we can start by ensuring that patients with the capacity to understand their medication are provided with labels in a language they can read. In this way, we take an important step towards health equity.

Thank you again to the members of the committee for allowing me to speak here today.