

Chair Monnes Anderson and members of the committee:

Thank you for the opportunity to address the Senate Committee on Health Care. For the record my name is Lauren Kaplan and I live in Portland, Oregon where I am a Psychiatric Mental Health Nurse Practitioner in the community, and a Doctorate of Nursing Practice student at Oregon Health and Science University. I am here to testify in support of S.B. 698 because this bill would reduce a significant health inequity through strengthening compliance with established interpreter service requirements at pharmacies and providing dual language medication labels. I am particularly supportive of the potential this bill has to increase ethical care of limited English proficiency (LEP) populations.

Immigrants and refugees make up the majority of LEP populations in Oregon. It is well documented that these populations face distinct experiences balancing past trauma with present-day resettlement and acculturative stressors within the context of new language, norms, and laws of a new culture. Limited resettlement assistance often leave these groups unemployed and living in areas with lower-cost housing and high community violence. These cumulative experiences increase the rates of physical and mental illness in LEP populations. Further, these multiple chronic stressors make it more likely that LEP patients will experience negative impacts on cognition, such as impaired memory and learning.

Ultimately, language barriers coupled with the effects of chronic stress on cognition result in two times the medication errors for LEP populations compared to English proficient populations. Medication errors are not only costly, they are harmful to patients, particularly when they are preventable. That is why supporting S.B. 698 is so important.

Prescription container labels are the primary source of medication information used by patients and the least likely to get lost because they are affixed to the medication. However, in most of the United States only about 11% of LEP patients receive ANY written medication instructions in their preferred language. New York and California have improved this rate through bills similar to S.B. 698, and it is common practice in Europe to provide written translation of medication information in multiple languages.

As a medical provider, I am bound to advocate for equitable care that supports the concepts of non-maleficence and autonomy. Current practice is not equitable, causes harm, and does not promote self-efficacy for LEP populations. Improving meaningful language access at the last point of care before a patient goes home with a medication provides an important opportunity to promote equitable and ethical care for all Oregonians. Passing S.B. 698 will increase access to safe care, reduce preventable harm, and encourage self-efficacy in medication management for LEP populations through dual language labels and improved interpreter services at Oregon pharmacies.

I urge you as fellow human beings to reflect on the Universal Declaration of Human Rights. At its core, there are 3 key aspects important to health care: to preserve, extend and improve the life of people in need based on equality; to use high quality, up-to-date interventions; to uphold the social responsibility to the health and well-being of our citizens.

I respectfully ask that you support S.B. 698 and help Oregon to continue working toward improved care for LEP populations by providing meaningful language access through use of up-to-date technology.

Thank you for your time and consideration.

Lauren Kaplan, PMHNP-BC

