

## **Marius Ibuye: Oral testimony in support of SB 698: Implementation of translated labels**

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, promoting safe medication use by requiring label translation.

My name is Marius Ibuye. I am fourth-year pharmacy student. I am here today to represent my community of patients with Low English Proficiency (LEP). My first language is Swahili (Kiswahili) and I am speaking as a person who has seen firsthand the consequences of not understanding the instructions of proper use of medications, first in my family and then in my community.

To me, and I'm sure to all of you, it makes sense that medications will be more likely to be taken appropriately when the instructions on how to take medications are given in a language that the patient understands. This is important to prevent poor health outcomes for patients, but it is also a cost savings measure by optimizing appropriate medication use and avoiding ED and hospitalization costs from incorrect use.

Most pharmacists we have interviewed believe that translating labels with English and a patient's preferred language and calling an interpreter is indeed the right thing to do. But of course there is concern about implementation. We understand that pharmacies' software will need to be updated and that this will involve some costs. But it is completely doable!

Pharmacies in New York and California have been translating labels since laws in their states have passed. Many of the chain pharmacies in Oregon already have the capability to translate labels—Walgreens has the capability for 14 languages, they just rarely do it in Oregon. I don't know why they don't--but having a law mandating it will certainly encourage them to use their existing software. We have been in touch with national companies that provide the software to offer dual language labels and a recent exchange indicated they would charge \$60-\$70/month for 10 languages.

I want to emphasize 2 key aspects of SB 698:

First, that while some have suggested that medication information be translated on a paper handout— we have not incorporated this idea because we know from experience that the paper handouts are kept separate from the medications and frequently get lost, they do not include patient-specific directions and thus, this approach will not improve patient safety.

Second, SB 698 requires dual translation so that both patients, pharmacists, providers and caregivers can all understand the medication directions.

Thank you for your time.