

SB 698: S.M.A.R.T.

Safe Medication for All Requires Translation

GOAL OF LEGISLATION: Reduce harmful and costly medication errors by requiring that pharmacies in Oregon provide prescription container labels in both English and a readable language for patients with limited English proficiency (LEP).

“The only difference between a medicine and a poison is understanding how to use it” – Maggie Wells, MD, MPP

PROBLEMS ADDRESSED BY SB 698

Limited English Proficiency (LEP)

- Approx. **222,000 LEP Oregonians** (1 out of every 17) cannot read the directions for their prescription medications¹.
- The rate of medication errors is more than 2x greater for those with LEP than for fluent English speakers².

Cost Burden

- 1 out of 5 emergency room visits is due to a preventable medication error³.
- The average cost of **just one hospitalization due to a preventable medication error is \$10,000**, totaling \$1.2 million per year for a single hospital⁴.

Current Practice

- Prescription labels are typically only provided in English, despite the fact that **Rx translation software is readily available**.
- Title VI of the Civil Rights Act mandates oral interpretation for patients upon request, but not written translation. Noncompliance is common.

FAQ

Cost of Implementation

- The average cost to provide prescription container labels in 14 different languages is \$70/month.
- Board of Pharmacy has enforcement discretion.

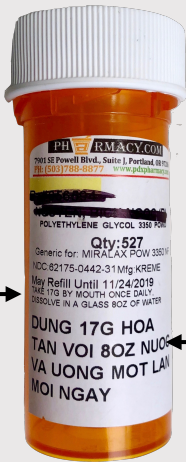
Safety

- Certified translation services have a rigorous, multi-step vetting process.

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 bill⁵.
- California (AB 1073)



English →

← Translation

SUPPORTING ORGANIZATIONS

AllCare Health CCO, Inc.
Asian Pacific American Network of Oregon
Building Power for Communities of Color
CareOregon
Cascade AIDS Project
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 Psychological Association
Oregon Public Health Association
Oregon Society of Physician Assistants
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
Representative Greenlick
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REGULAR SPONSORS:

Senators: Beyer, Burdick, Dembrow, Fagan, Knopp, Manning Jr., Steiner Hayward, Thatcher

Representatives: Gorsek, Keny-Guyer, McLain, Meek, Mitchell, Piluso, Power, Prusak, Reardon, Salinas, Sanchez, Schouten, Wilde, Williamson

QUESTIONS:

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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 Patel, P. & Zed, P. (2002). Drug-Related Visits to the Emergency Department: How Big is the Problem? *Pharmacotherapy*, 22(7): 915-923. doi: 10.1592/phco.22.11.915.33630

⁴ 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

⁵ 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