March 9, 2019

The Honorable Laurie Monnes Anderson, Chair
Senate Committee on Health Care
900 Court St. NE
Salem, OR 97301

RE: Senate Bill 698

Chair Monnes Anderson, Vice-Chair Linthicum and Members of the Committee,

We write to you in support of SB 698. This letter addresses the concerns expressed by Kaiser Permanente and the National Association of Chain Drug Stores (NACDS).

First, we want to thank these organizations for their thoughtful comments. We know they are well intentioned and genuine. Where we have a difference in opinion is that their priority may be protecting an industry, but our priority is protecting the residents of the State of Oregon.

1. Copying the California Law is not a solution

Since Kaiser Permanente is based in California, it makes sense that they would prefer we use the California law. However, that law is extremely limited. It only mandates that 15 directions be translated into 5 languages. Oregon can certainly do better to protect its citizens, as New York has done.

The California law also allows pharmacies to just translate the supplemental documents, instead of the labels. This would completely undermine the effectiveness of SB 698. The reality is that many patients have upwards of 5 medications, plus kids with medications of their own. It is not realistic to expect a patient to keep track of 5+ instruction packets every time they get a refill of their medication, and then expect them to match the correct packet with the correct medication. If it is not on the label, the safety of Oregonians will continue to be at risk.

2. Rigorous vetting of the translations

Our extensive research with widely available medical translation companies shows that a rigorous, multi-step vetting process is used to translate prescription labels. Here is an example of one vetting process:

1. Translation by a native speaking linguist with the appropriate medical background.
2. Editing by a second individual with the same qualifications as the translator.
3. Back-translation into English of the translation by a completely separate team not associated with the initial translation.
4. Reconciliation between the original and back translation to resolve any discrepancies in the final translation.

5. Final medical linguist review of translation.

We believe this is far safer than sending an LEP patient home with a prescription bottle in a language that they cannot read or understand.

3. Providing dual language labels – English needs to be on the bottle too

Dual language labels are critical to ensuring that LEP patients and their English-speaking pharmacists, caregivers and healthcare providers know what the prescription label says. For example, imagine an EMT arriving at the home of an LEP patient with translated prescription bottles. Or a clinic provider reviewing the medications of a new patient on a busy day. They need to be able to read the label too. Dual labels would solve this issue. The software to provide these dual labels is readily available, and we shared samples at the hearing on Wednesday.

We appreciate the concern about readable font size. However, in this case we find the argument illogical because font size and readability do not matter when the patient cannot read English. It is possible that in some cases that the bottle will need to be bigger, but often the dual language label will be able to fit on the original sized bottle.

4. Number of languages and cost

The bill covers 10 languages and would impact approximately 192,000 LEP Oregonians. Kaiser Permanente suggested only including 5 languages, which would exclude tens of thousands of these people.

There will be costs to pharmacies to upgrade their software. It will vary depending on their current system. Many chain pharmacies already own the software. As for the subscription costs, one national company has offered a $65/month pricing package to translate labels into the 10 languages covered by this legislation.

Last week we spoke about the current costs that our health care system is bearing because of LEP-related medication errors. From a healthcare systems perspective, the cost savings have the potential to far outweigh the implementation costs.

5. Current practice serving LEP patients is not good enough

NACDS claimed that current efforts are good enough. We are not sure what this national organization is basing their claims on, but based on the testimony you heard on Wednesday, these claims are at odds with the experience of the health care professionals who are on the ground here in Oregon. We also have a long list of Oregon-based organizations, including the Oregon Nurses Association and Oregon Public Health Association, who are standing with us because they have seen how these LEP patients are being harmed over and over again by the current practices of pharmacies.

Pharmacists are a valuable part of the community, but many times they do not see what happens after the patients go home with their medications. It is the nurses, doctors

and other healthcare providers who see the medication errors at home visits or in the Emergency Department. That being said, many of the pharmacists we have contacted individually feel that this is a necessary piece of legislation, and you can read some of their testimony in OLIS.

It is true that there are some pharmacies that provide translated labels into a few other languages, but LEP Oregonians encounter haphazard and unpredictable conditions that vary from one pharmacy to another.

We visited pharmacies to assess compliance with Title VI of the Civil Rights Act, which requires pharmacies to provide phone interpretation services for LEP individuals. We found that several of the pharmacies we visited were not offering interpretation services, and would send LEP patients home with their medications, without ever properly explaining them. Some reported using Google Translate, children, or even bilingual workers from the butcher counter to help explain medications.

As pharmacists seek more prescribing and medication management responsibilities, now it will be more important than ever to provide the appropriate interpretation and translation services.

We want to leave you with one final thought. At the hearing last Wednesday, Dr. Maggie Wells said, "The only difference between a medication and a poison is understanding how to use it". This remark illustrates why SB 698 is essential to the health and public safety of Oregonians.

Thank you for your consideration of SB 698. We welcome the opportunity to answer any questions regarding this important piece of legislation.

Sincerely,

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