

Hello Esteemed House Members and Other Interested Parties:

I am the person who brought this bill to the American Council of the Blind of Oregon's attention. My father is a retired pharmacist, and my sister-in-law is a pharmacy technician. A few months ago my sister-in-law brought to my attention a conversation she had with the pharmacist at her Safeway Pharmacy. A man who was blind came in to pick up two prescriptions. He asked how he would know the difference between the two, and the pharmacist had no clue. My sister-in-law told him about her experience with my husband who is also blind and with me. We had no way to keep our prescriptions straight before the En-Vision America ScripTalk device. My sister-in-law suggested putting a rubber band on one of the bottles. That is how my husband and I kept track of our prescriptions before the ScripTalk. Imagine what that would look like if you had 15 prescriptions which was the case for my husband by the end of his life. It is still the case for me since my pharmacy still only dispenses my prescriptions with print labels. I have to put them in different places in my bathroom and remember which one is in which place. Or I have to memorize what the bottles feel like and which one is which. I often wait for someone sighted to come by and read them to me so I can label them appropriately in braille. This means I hope for the best until a sighted person shows up to visit.

When my husband was alive, he was a blinded veteran. The VA is the only medical system that seems to take the needs of their patients who are blind seriously. They provide the necessary equipment for identifying prescriptions via large print, braille or audibly. My husband was able to keep track of all of his medications himself with this audible option. When he got sick with lung cancer for the second time, he was placed on Hospice. Once Hospice took over, they would not order his medications through the VA. They had their own supplier. By this time, my husband couldn't direct his own care, and I had to manage his medications. Without being able to use the ScripTalk device, I was again unable to manage his medications, and he was too sick to do so. We were reliant on Hospice nurses to organize his medications. Oftentimes, mistakes were made or there was other confusion. We then had to call Hospice and wait until a nurse could visit us at home. During a time of deep anxiety and sadness, this diversion from access increased our stress rather than reducing it. It would have been much more reassuring if I had been able to use our system for identifying medications. It would have provided us with much needed access so that we could have depended on ourselves rather than strangers and helped us respond in the moment rather than hours after the fact. Losing my husband to cancer was painful enough without adding medication access problems into the mix.

People who are blind are only illiterate when the access is unavailable. In this 21<sup>st</sup> century, with access options available, medication accidents and confusion should be a thing of the past. Medical accidents due to medication errors are preventable. If they are not prevented through this simple and available fix, medical accidents create unnecessary liability for the state of Oregon. I urge you to pass HB 2935 and enable otherwise intelligent and independent people who are blind the personal freedom to direct our own care. I urge you to pass this bill to assist

pharmacists in providing this much needed access to customers who are low vision or blind. Please make it possible for us all to be independently healthy and be part of our solution.

Darian Slayton Fleming: LCSW CRC

(503) 522-3272

[dlsfleming@gmail.com](mailto:dlsfleming@gmail.com)

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