

Testimony of Margot Presley on Senate Bill 698  
May 9, 2019

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

Thank you all so much for the opportunity to testify today in support of Senate Bill 698, which would assist Oregonians with limited English proficiency in safely using their medications by requiring that prescription medication labels are translated to a patient's preferred language. I am a family medicine provider in Portland and worked for over 2 years at the Multnomah County clinic that is the refugee check point for the state of Oregon.

All refugees came to our clinic for their mandatory health screening upon entering the US and despite being placed in housing scattered throughout the Portland metro area, many patients traveled great distance to this clinic because it was the only one they knew how to access. Relocated refugees face innumerable challenges to healing and reaching their optimal health including learning to live in urban areas, utilizing new technologies and public transportation, accessing education for themselves and children, and accessing medical care. My patients demonstrated the highest level of resilience, yet the level of transitions and new information would fatigue even the healthiest and most privileged of people. As they learn to navigate Western medicine and our complex medical system as a whole, the expectation that patients also find a way to decipher their life-saving medications that are not in their language is an unfair and dangerous expectation leading to adverse health outcomes.

The clinic is a profound place of learning for refugee and immigrant patients—checking in at the front desk, filling out forms when one is preilliterate, landing in the correct waiting area (all the while corralling active children), trying to make sense of the interpreted questions from medical staff and hoping to give the “right answer.” While there is immense opportunity for learning in the clinic the time constraints create grave limitations. Appointments are 20 minutes at most primary care clinics and this time is often cut in half after factoring in a bus arriving late, setting up an in-person or phone interpreter, and clinics who are running behind. Patients often come with a plastic bag full of prescriptions and we can easily spend the entire visit on clarifying how to take their medicines. The options are to ask a family member or interpreter to write down in their preferred language how to take the medicine on the bottle or a separate paper. To err is human and I cannot know if what's being recorded is accurate. Because of this, I'll conduct what is called a “teach back” asking the patient to tell back to me the instructions I gave them. With an interpreter this is an extended game of medical telephone during which I give instructions to the interpreter, they repeat back to me so I know it's accurate, then they say it to the patient, the patient repeats it back to them, and the interpreter tells me what the patient said. It takes several minutes to even explain the teach back process and if clarifications are needed the appointment time has passed before we get to the patients chief complaint. I support SB 698 to reduce medication errors and to allow the short and valuable time I have with my patients be spent learning about their understanding and questions related to health and disease and support and teach them about caring for the health of themselves and their family.

Thank you, Margot Presley