

- Chair **Salinas** and members of the committee, thank you for allowing me to testify today.

- My name is Kate Ballard and I am a nursing student from Portland. I am here to ask you to support SB 698, and to tell you why this piece of legislation is so important for both urban and rural Oregon.

- Approximately 222,000 Oregonians have limited English proficiency (or LEP). That is 1 in 17 Oregonians.

- LEP individuals are two and a half times more likely than fluent English speakers to experience medication errors.

- As you can see on this map, which I believe you all have a copy of, this issue impacts Oregonians in every corner of the state. In each of your districts, there are thousands of LEP individuals.

- We have numerous stories of people whose health and wellbeing have been compromised because they could not read the labels on their prescription drug containers – including children who faced life-threatening situations.

- My peers will share some of those stories with you today, and copies can also be found in OLIS.

- Currently, under Title VI of the Civil Rights Act and Title I of the Affordable Care Act, all healthcare providers and recipients of federal assistance (which typically includes pharmacies) are required to take “reasonable steps to ensure meaningful access to each individual with limited English proficiency”.

- “Meaningful access,” includes oral interpretation or written translation services, but is most commonly implemented as oral interpretation. This typically involves a pharmacy calling an interpretation service, and having an interpreter explain medication directions orally over the phone, in the patient’s preferred language.

- So, although federal law recognizes the importance of the issues that SB 698 addresses, it does not require translated labels. Other states, including New York and California, have recognized the need for such a requirement, passing laws that mandate translated labels. We hope that Oregon will be next in addressing this safety issue.

- Not only are medication errors harmful, they are also costly. According to a Harvard study, the average cost of just one hospitalization for a preventable drug injury is \$10,000, totaling \$1.2 million a year for a single hospital.

- The endorsement by 3 CCOs may be a reflection of this interest in cost savings.

Lastly, we have been working closely with the Board of Pharmacy on SB 698, and I would like to read you an excerpt from their written testimony: “The mission of the Oregon Board of Pharmacy is to promote, preserve and protect the public health, safety and welfare. The goal of Senate Bill 698 is fully consistent with that mission by providing persons with limited English proficiency prescription medications with directions for use in a language that they can read and understand...

The Board of Pharmacy staff have worked with Representative Alonso Leon and Senator Monnes Anderson on SB 698 to help achieve language that will allow successful implementation of its provisions.”

Thank you for allowing me to testify today; I am happy to answer any questions you may have.