

Kate Brown
Governor



Oregon Advocacy Commissions Office
"Advocating Equality and Diversity"
421 SW Oak Street, Portland, OR 97204
O 503.302.9725
Email: oaco.mail@oregon.gov

House Committee on Health Care
Testimony in support of SB 698
May 9, 2019, 3 pm, Hearing Room E

Chair Salinas, Vice-Chairs Hayden and Nosse, and members of the Committee,

At the request of the Chairs of the Oregon Advocacy Commissions (Oregon Commissions on Asian and Pacific Islander Affairs/OCAPIA, Black Affairs/OCBA, Hispanic Affairs/OCHA, and Commission for Women/OCFW) I have prepared this joint testimony in full support of SB 698. I am a 1.5 generation refugee, and have over 20 years of experience advocating for and training those who work with refugees and immigrants, with a specific focus on equitable health access and successful outcomes for those with limited English proficiency. I currently work at Care Oregon as a Social Services Manager in Population Health Partnerships; I am also a Commissioner on the State of Oregon Commission on Asian and Pacific Islander Affairs.

Each of our constituent communities will be positively affected by the passage of SB 698, empowering individuals and their family members, who may be supporting elders or parents in their health regimens. With SB 698, an immigrant daughter can read all the labels on all the bottles of her elderly mother's array of medicine, right in the bathroom cabinet, any time, no translator needed. Her mom can review them herself and be sure she understands the dosage, timing of dosage, and label warnings. She can think through, in the quiet of her own home, any clarifying questions she wishes to ask of her pharmacist or care provider about her prescription medications.

SB 698 is a significant step forward in Oregon's and pharmacies' efforts to grow the community of empowered and informed health care and pharma consumers. Implementation uses existing software and technologies, either already available to chain pharmacies, or at a modest cost for others. Other states which have implemented this process have already shown marked improvement in health outcomes, fewer emergency room visits for mistakes in use of prescribed medication, and other benefits that reduce the cost of care overall and directly benefits immigrant and refugee families statewide and their most vulnerable members.

In my professional work I train hundreds of medical, caregiving, and related professions each year, who are committed to and seeking to improve their skills with culturally responsive care and assuring successful outcomes for all. Their commitment to great care for all is what brings them to the training, along with its foundation in Title VI of the Civil Rights Act of 1964. But while I cover the tenets of the Act in training, it is not the content they have come to learn, but rather how to do better for all.

SB 698 will help Oregon move further ahead in its commitment to meeting the intent of Title VI, but as I know from my own experience and understand from all of those I train, the practical impact of language barriers on medication use and related costs is particularly important. Given the complexity of information and directions that patients receive from the primary care team, there are serious implications to medication errors – currently, approximately 1 out of 5 emergency room visits is due to

OR Commission on Asian and Pacific Islander Affairs

Chanpone Sinlapasai-Okamura, Chair
David Yuen Tam, Vice Chair
Legislative members:
Senator Michael Dembrow
Representative Carla Piluso

OR Commission on Black Affairs

Jamal T. Fox, Chair
Lawanda Manning, Vice Chair
Legislative members:
Representative Janelle Bynum

OR Commission on Hispanic Affairs

Irma Linda Castillo, Chair
Dr. Daniel López-Cevallos, Vice Chair
Legislative members:
Senator Sara Gelser
Representative Teresa Alonso León

OR Commission for Women

Dr. Barbara Spencer, Chair
Vice Chair (vacant)
Legislative members:
Senator Laurie Monnes Anderson
Representative Sheri Schouten

Staff

Lucy Baker, Administrator
Nancy Kramer, Executive Assistant
Dr. Connie Kim-Gervey,
Researcher/Policy Analyst

preventable medication error;¹ the number of medications prescribed; and, the high expectations placed on patients to be responsible for managing their own (often complex) medication regimens. SB 698 addresses one of the three systemic factors (physician, pharmacist, and medication label) that influence adherence to medication; and, by so doing, improves the standard of care for *all* patients. Individuals and their families with limited English proficiency, including during the extended period needed to learn English, remain among Oregon's most vulnerable populations which are often overlooked, remain invisible to many, continue to be marginalized, and are at high-risk of poor health outcomes that result from well-documented substandard provider experiences.²

The Oregon Advocacy Commissions believe that we can make a real and measurable impact for those who most need it with the passage of SB 698. We offer our further support to the legislature, the Oregon State Board of Pharmacy, and the other stakeholders around this bill as they consider the implementation. We thank you for your positive consideration of SB 698.

Sincerely,



Toc Soneoulay-Gillespie, Member
OCAPIA



Irma Linda Castillo, OCHA Chair



Jamal Fox, OCBA Chair



Chanpone Sinlapasai-Okamura, OCAPIA Chair



Dr. Barbara Spencer, OCFW Chair

¹ 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

² Paredes A.Z., Idrees JJ, Beal EW, Chen Q, Cerier E, Okunrintemi V, Olsen G, Sun S, Cloyd JM, Pawlik TM. Influence of English proficiency on patient-provider communication and shared decision-making. *Surgery*. 2018 Jun; 163(6):1220-1225.