



English →

← Translation

# SB 698: S.M.A.R.T.

## Safe Medication for All Requires Translation

**GOAL OF LEGISLATION:** Reduce harmful and costly medication errors by requiring that pharmacies in Oregon provide prescription container labels in both English and a readable language for patients with limited English proficiency (LEP).

*"The only difference between a medicine and a poison is understanding how to use it." – Maggie Wells, MD, MPP*

### PROBLEMS ADDRESSED BY SB 698

#### Limited English Proficiency (LEP)

- Approx. **222,000 LEP Oregonians** (1 out of every 17) cannot read the directions for their prescription medications<sup>1</sup>.
- The rate of medication errors is more than 2x greater for those with LEP than for fluent English speakers<sup>2</sup>.

#### Cost Burden

- 1 out of 5 emergency room visits is due to a preventable medication error<sup>3</sup>.
- The average cost of **just one hospitalization due to a preventable medication error is \$10,000**, totaling \$1.2 million per year for a single hospital<sup>4</sup>.

#### Current Practice

- Prescription labels are typically only provided in English, despite the fact that **medication translation software is readily available**.
- Title VI of the Civil Rights Act mandates oral interpretation for patients upon request, but not written translation. Non-compliance with this law is common.

### FAQS

#### Cost of Implementation

- The cost to provide prescription container labels in 14 different languages is \$70/month, according to one translation company.
- Board of Pharmacy will have enforcement discretion.

#### Safety

- Certified translation services have a rigorous, multi-step vetting process.

### SUPPORTING MATERIALS

#### Previous legislation

- New York (8 CRR-NY 63.11): Peer-reviewed study shows significant improvement in the capacity of NY pharmacies to provide language services after passage of this bill<sup>5</sup>.
- California (AB 1073)

### SUPPORTING ORGANIZATIONS

AllCare Health CCO, Inc.  
Asian Pacific American Network of Oregon  
Building Power for Communities of Color  
CareOregon  
Cascade AIDS Project  
Catholic Charities  
Coalition of Community Health Centers  
Immigrant & Refugee Community Organization  
McKenzie Pediatrics  
Metropolitan Alliance for Common Good  
Nurses for Single Payer  
Oregon Academy of Family Physicians  
Oregon Health Equity Alliance  
Oregon Latino Health Coalition  
Oregon Nurses Association  
Oregon Psychological Association  
Oregon Public Health Association  
Oregon Society of Physician Assistants  
PacificSource CCO  
Passport to Languages, Inc.  
Portland Meet Portland  
SO Health-E Coalition  
Somali American Council of Oregon

### CHIEF SPONSORS:

Senator Monnes Anderson  
Representative Alonso León  
Representative Greenlick  
Representative Nosse

### REGULAR SPONSORS:

**Senators:** Beyer, Burdick, Dembrow, Fagan, Knopp, Manning Jr., Steiner Haywood, Thatcher

**Representatives:** Gorsek, Hayden, Keny-Guyer, McLain, Meek, Mitchell, Piluso, Power, Prusak, Reardon, Salinas, Sanchez, Schouten, Wilde

### QUESTIONS:

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<sup>1</sup> US Census Bureau. (2017). *B16001 – Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over for the 5-Year Data Estimates* [Data file]. Retrieved from <https://factfinder.census.gov>

<sup>2</sup> Harris LM, Dreyer B, Mendelson A, Bailey SC, Sanders LM, Wolf MS, ... Yin HS. (2017). Liquid medication dosing errors by Hispanic parents: Role of health literacy and English proficiency. *Academic Pediatrics*, 17(4), 403–410. doi:10.1016/j.acap.2016.10.001

<sup>3</sup> 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

<sup>4</sup> Jha AK, Kuperman GJ, Rittenberg E, & Teich JM. (2001). Identifying hospital admissions due to adverse drug events using a computer-based monitor. *Pharmacoepidemiology & Drug Safety*, 10: 113-119. doi:10.1002/pds.568

<sup>5</sup> Weiss L, Scherer M, Chantarat T, Oshiro T, Pagan P, Rosenfeld P, & Yin HS. (2018). Assessing the impact of language access regulations on the provision of pharmacy services. *Journal of Urban Health*, 1–8. doi:10.1007/s11524-018-0240-z