Language Services and Prescription Drug Labeling:

Improving health literacy outcomes and medication safety for Limited English Proficient patients

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Ensuring Access to Effective PMI

Vanessa Cajina, Statewide Policy Analyst
California Immigrant Policy Center
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Why A Need for Language Services in PMI?

- More than 46 million Americans speak a language other than English at home
- Represents nearly one out of every five (17%) Americans
- While the vast majority of those speak Spanish, there are over 300 different languages spoken in the U.S.
- Diversity trend estimated to increase nationally
- Five states have higher than the U.S. average, at 23% – Arizona, Hawaii, Nevada, New Jersey, New York
- Three states have more than 30% - California, New Mexico, and Texas

What have states done?

Delivery of Language Services:

- 12 states currently provide language services in medical settings
- 1 city provides services (Washington DC)
- 3 states are considering (TX, NC, CA)
- 1 state previously provided services (MA)

4 Models Nationally for Medical Settings:

- Telephonic Interpreting (Language lines)
- Direct Interpreter Reimbursement (Independent Contractors)
- Direct Reimbursement to Providers
- Language Service Agencies & Language Brokers

Outside of primary medical settings, very few efforts have been made to provide language services…

California and Language Services – LAAP & MCLAS

Language Access Advocacy Project

- Multiple participating organizations including health policy advocates, communities of color, and medical providers
- Formed in 2001 to coordinate statewide responses and develop policies to improve language access services in California, modeled after national project, NLAAP, & funded by the California Endowment

Medi-Cal Language Access Services Task Force

- MCLAS formed via SB 1405 (LCHC co-sponsored in 2006) to create a work group to develop recommendations on reimbursing Medi-Cal providers for language services
- Issued a report in 2008 on policy recommendations; state budget constraints have kept recommendations for being legislated.

Communities of Color and Prescription Drugs

- Latinos have the highest rates of uninsured of any ethnic population; certain API subgroups have very high levels of uninsured
- Latinos are least likely to have prescription drug coverage (89% of insured population vs. 92% overall)
- Latinos are most likely to skip maintenance medications due to high cost of their prescriptions
- 46% of Americans cannot understand their RX labels
- Limited English Proficient patients have much lower rates of concordance with RX dosing instructions; also, much lower rates of health literacy

California Prescription Drug Legislation

- Most CA RX legislation has focused on pricing and affordability; only a handful of bills on safety have been passed in the last 15 years – a need to fill some major gaps
- AB 2099 (Epple, 1993) added that the condition for which the drug was prescribed be included on the label if the patient requests that information on the label
- SB 292 (Speier, 2003) included that a description of the drug dispensed be included on the label
- AB 1276 (Karnette, 2007) would have required “intended use” to be printed on label – Failed in committee

California's push for medication safety

- SCR 49 (Speier, 2005) convened a panel to study the causes of medication errors and issue recommendations on decreasing medication errors. The panel's findings were made public in March of 2007 and encouraged the state to adopt patient-friendly RX-packaging
- Also encouraged pharmacists and the Board to improve language services in pharmacies
- This panel did not have regulatory authority – relied on third parties to explore report's findings and implement them.

Background – SB 472

SB 472 (Corbett) - 2007

- Sponsored by Senator Ellen Corbett
- Charged the California Board of Pharmacy to design and implement a patient-centered, standard RX label by 2011 by working with stakeholders and using health literacy research – Board was supportive of legislation
- Stakeholders, such as pharmacies, seniors, and advocates for LEPs were to be involved
- Signed by Governor in October 07

What Happened?

- ☑ Board met throughout 2008 through 2010 to hear expert testimony, design a label, and recommend best practices
- ☑ The Board staff developed a standard label and translations for threshold languages that would be available on their website
- ☑ Voting Board members nixed the proposal that was supported by patient advocates – deemed 12 point font too costly and translated labels as unworkable for pharmacists

Thinking Proactively: Making PMI Fit the Patients

- Need for language access and interpreters in pharmacies; telephonic language lines, bilingual staff, notifications and signage in threshold languages
- Close interaction with state departments of insurance, health, and federal FDA
- Inclusion of LEP, aged, and disabled stakeholders on advisory committees
- Maintain standard translations on state Board websites for easy distribution at pharmacies, negating liability issues for pharmacists; legislate liability at state level

PMI: Putting Patients First

- National database that disaggregates medication errors by language spoken of the patient
- Team-based approach: Closer interaction between patient, primary care provider, and pharmacy
- Large-scale public education program (could combine with roll-out of PPACA) targeted to key demographics
- 1-page easy-to-read (12-point font, sans serif, 6th grade reading level) in patient's language affixed to RX bottle
- Breaking away: Don't let the traditional amber vial stand in the way