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*Testimony of Jenny Rejeske, Health Advocacy Associate
Before the New York City Council
Committee on Health*

Public Hearing: Proposed Int. No. 859-A – A Local Law to amend the administrative code of the City of New York, In relation to the provision of language assistance services in pharmacies

May 4, 2009

Health Committee Chair Rivera and members of the Council, thank you for holding this hearing on Intro 859-A to improve language assistance services at pharmacies in New York City. My name is Jenny Rejeske, I am the Health Advocacy Associate at the New York Immigration Coalition. On behalf of the New York Immigration Coalition and the NYIC's 175 organizational members, I strongly support the passage of Intro 859-A, introduced by Public Advocate Betsy Gotbaum.

The nearly two million limited-English proficient (LEP) New York City residents and their advocates have won important victories over the last few years that have set clear communication standards for hospitals and New York City agencies that go a long way toward improving access to health care and coverage for limited-English proficient New Yorkers. In 2006, the New York State Department of Health adopted regulations requiring hospitals to develop language access policies and procedures and provide free interpreter and translation services to their patients. This year New York City agencies must comply with both Local Law 73 and Executive Order 120, similarly mandating any agency that works directly with the public to develop and implement language access policies and procedures.

While advocates and community members can point to these helpful new laws in hospitals and public health insurance offices, a critical health care setting is missing. The role of pharmacies is crucial in our health care system that relies to a large extent on compliance with treatment plans including the proper usage of prescribed medications. Like other health care entities, pharmacies should notify customers of their right to language assistance services, provide counseling and directions on how to take the medication in the languages spoken by their customers, and monitor their efforts to provide services to all customers, regardless of the language they speak, but most pharmacies do not.

Community-based partners from the NYIC's Immigrant Health Access and Advocacy Collaborative (Collaborative) documented incidents of LEP patients who did not receive translation and interpretation services at New York City pharmacies. In April 2008 members of the Collaborative contributed to a discrimination complaint filed with the New York State Office of the Attorney General by New York Lawyers for the Public Interest and Make the Road New York on behalf of

limited English proficient individuals who had been denied meaningful access to pharmacy services in their primary language.

Two weeks ago Attorney General Andrew Cuomo announced agreements with five major drug store chains to improve their language assistance services. While the NYIC applauds these agreements, they do not go far enough. It only takes one incident of a language barrier for a patient to suffer serious health consequences—whether the patient is simply denied interpretation services and in effect turned away, forced to go to a different pharmacy, or ask a friend or family member for help; or whether the patient does not understand how to take the medication because instructions and labels were not offered in a language the patient can understand.

Therefore, to ensure that *all* LEP individuals at *all* chain pharmacies in New York City are notified about their right to language assistance services, and receive information about their medication and instructions on how to take it in the language that they understand, the New York Immigration Coalition strongly urges the City Council to pass Intro 859-A.

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**Department of
Consumer Affairs**

**Statement of Andrew Eiler
Director of Legislative Affairs
NYC Department of Consumer Affairs
before the
City Council Committee
on Health
Intro 859-A**

May 4, 2009

Good afternoon Chairman Rivera and members of the Health Committee. My name is Andrew Eiler and I am the Director of Legislative Affairs for the Department of Consumer Affairs. Commissioner Mintz asked me to thank you for this opportunity to comment on Introductory Number 859-A, a bill that would require certain pharmacies to provide language assistance services to their customers and calls on the Department of Consumer Affairs to enforce compliance with its provisions.

This bill clearly seeks to effectuate the laudatory goal of providing language assistance to non-English speaking patients regarding information in their own languages about their medications and to ensure that they can follow usage instructions and be aware of warnings about harmful side effects.

To achieve this goal, the bill would require chain pharmacies to provide free, competent oral interpretation services in an individual's primary language; to provide written translation services in multiple languages; to post signs in all of the written translation languages used at each pharmacy to inform customers of the availability of the free translation and interpretation services; and to maintain records of the primary languages of all individuals whose prescriptions are filled at each pharmacy. Finally, pharmacies that are not a part of a chain and do not provide language assistance services would be required to post signs in all of the pharmacies' primary languages to inform customers of three nearby pharmacies that provide such language assistance services.

Pharmacies required to provide language assistance would need to make written translation assistance available in the languages spoken by one percent or more of the population residing in the community district in which the pharmacy is located.

The bill calls on the Department of Consumer Affairs to provide to each chain pharmacy an annual list of the languages spoken by at least one percent of the population in the district of each pharmacy; to provide non-chain pharmacies a list of the three nearby pharmacies where language services are available; and to enforce compliance with oral interpretation, written translation, and signage posting requirements for the appropriate pharmacies.

The Administration understands the importance of ensuring meaningful access to services for limited English proficient individuals, especially in the area of health care. Language should not be a barrier to understanding prescription information, warnings and labels or accessing needed care. Despite our support for the principle involved, we have significant concerns regarding both the ability of a pharmacy to comply with these provisions as well as the Department's ability to enforce them.

First, regarding the Prescription Drug Discount Program, the Department of Health and Mental Hygiene finds that the provisions in this bill are well-intentioned but introduce substantive operational difficulties. The bill would require that the discount cards and related materials be produced in *any* primary language spoken by a limited English proficient individual—there is no minimum threshold specified for including a language. The distribution framework for the program, however, does not include mechanisms to produce, target, or track cards by language -- much less the multitude of

languages spoken in the City. Given that this is a no-cost program to the City, an expensive translation mandate may result in the contractor reconsidering its involvement. In short, it would not be feasible for the Prescription Drug Discount Program, in its current form, to comply with the translation or reporting requirements of this bill.

Second, requiring chain pharmacies to provide written language assistance services in the languages spoken by one percent of the communities' populations imposes an especially cumbersome and expensive set of obligations upon affected businesses, particularly those located in highly diverse neighborhoods. Putting aside the cost and practicality of signage requirements, providing translation and interpretation assistance in real time, triggered by as few as one percent of the population of an area, would require pharmacies to have multiple staff persons on call who are proficient and familiar with pharmaceutical and medical terminology in many languages. Even assuming such staffing was possible, the critical oversight needed to ensure the accuracy of these oral services would most likely be impossible.

We note by comparison that Local Law 73 of 2003 provides for written translations in six specified languages (Arabic, Chinese, Haitian Creole, Korean, Russian and Spanish), and that Executive Order 120 of 2008 provides for language assistance services by City agencies in at least the top six LEP languages as those languages are relevant to services offered by each agency.

As for cost, our concern goes beyond the expense to the business, but to the probability that such costs surely will be passed on to consumers in the form of higher prices. Increasing the cost of medications may have the detrimental affect of making patients unwilling to have their prescriptions filled in order to save money. We are acutely aware that for many people, the need for health care and medication is often outweighed by the need to pay for other commodities such as food and rent.

We are also concerned about the negative affect this bill may have on independent business owners. While we understand that patients should be able to access health care in their primary language, we have reservations about requiring small pharmacy owners – many of whom are already competing with the larger chain pharmacies in their neighborhoods – to post signs alerting customers that free language assistance services are available at nearby chain pharmacies. These mom-and-pop stores rely on every customer to ensure their vitality in the world of “big box stores” and chain companies. Turning potential customers away will result in a loss of business and possibly force them to close. In these economic times, we need to help small businesses survive as much as possible.

Lastly, the bill would impose significant and expensive enforcement challenges on the Department of Consumer Affairs. In order to ensure effective enforcement, DCA would need to:

- survey each community district on a yearly basis to determine the languages spoken by at least one percent of the population

- map each neighborhood on a yearly basis in order to identify -- for each non-chain pharmacy in the City -- the three nearest competing pharmacies which provide language assistance and then equip inspectors to be able to ensure that each particular pharmacy prominently discloses each particular list of information to its customers.
- hire and train inspectors sufficiently versed in each of the applicable languages to be able to identify the availability and accuracy of the posted signage; medication labeling and patient information sheets; oral interpretations for counseling services; and whether all signage and labeling met the required languages for that neighborhood.
- access and navigate pharmacies' prescription management record systems.

Each of these requirements requires resources, both financial and human, that the Department does not have at this time.

While we certainly support the intent of the bill before you today, and recognize the need for language assistance services in New York City, we urge the Committee to work with DCA and other appropriate city agencies to revise the language in order to make this bill more effective.

Thank you again for the opportunity to comment on the bill. I, along with my colleagues from the Department of Health and Mental Hygiene and the Health and Hospitals Corporation, will be happy to answer your questions at this time.



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THE COMING TOGETHER OF
LATIN AMERICAN INTEGRATION CENTER
AND MAKE THE ROAD BY WALKING

Testimony of Aida Torres – Member of Make the Road New York

May 04, 2009

Good afternoon everybody. My name is Aida Torres. I am here to tell you about my experiences with pharmacies in New York City. I do not speak much English and I definitely do not feel safe reading or listening to medication instructions in English.

I used to go to the Duane Reade across the street from Woodhull Hospital in Brooklyn. I stopped going to this pharmacy because I could never communicate with anyone there. Once, I went to Woodhull with muscle pain and my doctor gave me a prescription. I went to Duane Reade to fill the prescription, figuring I would ask the pharmacist how to take the medication. When I got the bottle I noticed that all of the information was printed in English. Since I could not read any of the information I tried to ask somebody at the pharmacy for help. However, I could not find anyone to help me because nobody spoke Spanish in the pharmacy. Since I did not feel comfortable taking the medicine without knowing what it was or how to take it, I decided not to take it at all. Instead I took over-the-counter Tylenol.

I believe that being informed about my medication in Spanish will improve my health since I will feel safe enough to take the medications my doctor prescribes me. As a member of Make the Road New York I have done a lot of work to ensure that pharmacies do not put lives at risk by giving people medication they cannot understand. While we have made advances, we still need a law that will ensure that people like me are safe when taking medication. Intro 859 will do a lot to protect the health of many people in New York. Thank you very much.

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Testimonio de Aida Torres – Miembro de Se Hace Camino Nueva York

Buenas tardes a todos. Mi nombre es Aida Torres. Estoy aquí para contarles sobre mis experiencias con farmacias en Nueva York. No hablo mucho Ingles y no me siento cómoda leyendo o escuchando instrucciones sobre mis medicinas en Ingles.

Yo iba un Duane Reade que queda al frente del hospital Woodhull. Pare de ir a esta farmacia porque nunca podía comunicarme con el personal de ahí. Una vez yo fui al hospital Woodhull con dolor a los musculos y mi doctor me dio una receta. Fui al Duane Reade pensando que iba poder hacer preguntas al farmacéutico sobre como tomar la medicina. Cuando me dieron la botella de medicina me di cuenta que toda la información de la medicina estaba en Ingles. Como no podía leer la información trate de pedir a alguien por ayuda. Pero no pude encontrar a alguien que hablaba Español. Como no me sentí cómoda tomando la medicina sin saber que era o como tomarlo decidí no tomar la medicina. En lugar de tomarla tome una simple Tylenol.

Pienso que recibir información sobre mi medicina en Español me ayudaría mantenerme saludable porque me sentiría segura tomando la medicina que el doctor me receta. Como miembro de Se Hace Camino Nueva York he hecho mucho trabajo para asegurar que farmacias no pongan vidas en peligro por dar informacion que no podemos entender. Hemos tenido algunos logros, pero todavía necesitamos una ley que asegure que gente como yo van a estar seguros tomando sus medicinas. Intro 859 haría mucho para proteger la salud de mucha gente en Nueva York. Muchas Gracias.



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Testimony of Make the Road New York

May 04, 2009

Make the Road New York is a community-based, member-led organization with offices in Bushwick, Brooklyn; Jackson Heights and Woodside, Queens; and Port Richmond, Staten Island – all areas of New York City with high numbers of limited-English-proficient (LEP) community members. Over the years Make the Road New York has worked to ensure that people who do not speak English or do not speak it proficiently have equal access to services.

Many of our community members are eager to learn English and are in the process of doing so. The ESL classes we offer at Make the Road NY are always full and we often have to turn students away for lack of space. There are far fewer subsidized English classes offered today than 16 years ago, even though the number of immigrants in New York has grown. In light of this situation and the fact that many of our community members work 12-18 hour days, learning English is a difficult and long process.

Regardless of whether people have access to English classes or not, there will always be people in New York City who do not feel comfortable talking about certain matters in English. Title VI says that no entity that receives federal money can discriminate on the basis of race, national origin or color. Thus, if entities like hospitals, government agencies, or pharmacies are not making their services equally available to all, they are violating Title VI. In the case of hospitals, Title VI was not sufficient to get hospitals to improve their language access services. Health advocates successfully fought for a regulation that explicitly mandates that hospitals must provide translation and interpretation services to its LEP patients.

The implementation of the hospital language access regulation has resulted in vast improvements in hospitals around New York City. Pharmacies and medications are also an important part of the healthcare system. Pharmacies provide the medicines people need to get healthy. While many community members

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now receive language services when they are in hospitals, they are left unaided when they go to get the medicines their doctors prescribed them.

Many of our community members do not take the medicines they should be taking because they cannot understand the English-only labels; rather than put their lives in danger by taking the wrong dosage or making some other mistake, they choose to forgo their badly needed medicines. Some use their children or grandchildren to translate labels for them, putting a great responsibility on young children. Others take medications the wrong way and experience strong physical effects which lead them back to the doctor or the emergency room. Parents fear giving medications to their children for fear they will misunderstand the English-only labels.

Many LEP patients never get counseling from their pharmacist, something required by law governing pharmacies, because the pharmacist cannot communicate with him/her, leaving the community member to try to decipher what the medicine is and how to take it. By providing translation and interpretation services, pharmacies would not only be safeguarding patient health, but they would surely improve their flow of customers and strengthen their business.

About two years ago, Make the Road New York, New York Lawyers for the Public Interest, and the New York Immigration Coalition filed a civil rights complaint with the Attorney General. This complaint detailed many civil rights violations by pharmacies across New York that were not providing language services. Just two weeks ago the Attorney General announced important settlements with some of the city's largest pharmacy chains to provide translated materials and interpretation services to LEP customers. While this was a huge step in the right direction, there are still various other pharmacies that are not covered under the Attorney General's settlements. Also, the AG's settlements will eventually expire, leaving pharmacies without any official guidance on how to provide these vital life-saving services. Intro 859 offers common-sense solutions that will go a long way in preventing some of the dangers that have gotten our members sicker instead of better - common-sense solutions such as providing translated labels and warning sheets and the use of interpreters during patient counseling.

We urge the City Council to support Intro 859. This law will meet a critical need, protecting the health and safety of all New Yorkers regardless of what language they speak. Thank you.

Testimony of Nisha S. Agarwal
Director, Health Justice, New York Lawyers for the Public Interest
before the New York City Council, Health Committee
– Language access in New York City’s pharmacies
May 4, 2009

Good morning and thank you for the opportunity to testify about Intro 859-A, concerning the provision of interpretation and translation services in pharmacies for people who are limited English proficient (“LEP”). My name is Nisha Agarwal. I am a staff attorney with New York Lawyers for the Public Interest (NYLPI), a non-profit civil rights law firm. NYLPI strives to meet the legal needs of low-income New Yorkers who, among other things, face discrimination in the health care setting because of their race, national origin or the language they speak.

As many have testified today, language barriers prevent thousands of people who are LEP from obtaining medications and other important services in pharmacies throughout New York City. Laws do exist that should prevent this from happening. Under federal laws such as Title VI of the Civil Rights Act of 1964, people who are LEP are

entitled to receive interpretation and translation services so that they may access hospitals, clinics and pharmacies, among other things, on equal terms as everyone else. Also, under the State Education Law, pharmacists must provide individualized counseling to their customers to ensure that they know how to take their medication properly and safely, and medication bottles must be labeled in such a manner that customers can easily understand them. Pharmacies cannot meet these requirements for their LEP customers without also providing interpretation and translation services.

Recently, as many of you may know, the New York State Attorney General's Office completed investigations of and reached settlement agreements with 7 of the largest chain pharmacies in New York regarding their compliance with existing language access laws. These agreements were the result of a civil rights complaint that our office filed on behalf of Make the Road New York, one of the groups testifying here today. The OAG's settlement agreements represent a huge step forward in the enforcement of existing law, and are an indication of the importance of this issue in New York City and statewide.

Nevertheless, still more needs to be done to ensure patient safety

and to ensure equal access to *all* chain pharmacies, not merely those covered by the settlement agreements. And more needs to be done to ensure that language access is available well into the future, and not simply for the period that the settlement agreements are in effect. This is where the City Council can step in.

Existing language access laws are very broad. They tell pharmacies that they must make their services accessible to LEP individuals, but they do not tell them how or to what extent. So, in a city like New York, where over 1 million people are LEP, pharmacies may not know if they need to be able to translate medication labels into the hundreds of languages spoken throughout the city, or simply the handful that are especially prominent in the communities where they are located. Sometimes, also, pharmacies mistakenly assume that if they were to provide interpretation services for the purposes of patient counseling they would have to hire pharmacists who spoke dozens of different languages, or have on-staff interpreters – when, in fact, the obligation could easily be met by training existing staff or using a variety of different technologies available to provide interpretation.

The City Council can remedy this problem by enacting Intro 859-A, which clarifies the obligations that pharmacies have to make

their services accessible to all, regardless of language spoken. The purpose of such legislation is not to supplant existing mandates, or even to add new and onerous regulation, but to provide concrete guidance to pharmacies operating within the unique context of New York City's many and diverse communities.

To give you an example of how clearer guidance can have a tremendous impact in the area of language access: In September 2006, the New York State Department of Health promulgated new regulations governing language access in hospitals that provided very specific requirements about when interpretation services should be made available, where notices should be posted, and in what languages, among other things. In that case, as in this one, laws were already on the books requiring hospitals to provide language assistance services, but patients were still not receiving them – often to disastrous consequences. The State Department of Health enacted the new regulations to strengthen and provide greater clarity to the existing requirements, and the results, two years later, have been quite impressive: advocates have monitored hospitals and found vast improvements in the numbers of patients who actually receive interpretation services during their hospital visits; patients themselves report heightened knowledge of their rights to

language assistance services, due to notice requirements contained in the new regulations; and, as an attorney working in this area, I have noticed that hospital administrators are increasingly willing to negotiate with me and my clients to figure out *how* to provide the necessary services, and not about *whether* or *why* they must do so in the first place. With similar guidance from the City Council, we can achieve the same results with pharmacies in New York City.

For people who are LEP, being able to access prescription medications and other important services in pharmacies in a language they can understand can be of life or death significance. The fact that so many people in our city are nevertheless unable to access these important services is troubling, but it is also a problem that it is within our capacity to fix. On behalf of my LEP clients, I urge the City Council to pass Intro 859-A and make pharmacy services equally accessible to all New Yorkers regardless of the language they speak.

Thank you.



Testimony of Maria Sanchez – Member of Make the Road New York

May 4, 2009

Hello and thank you for giving us the time to tell you of our problems at pharmacies. I am 65 years old and suffer from osteoporosis, high blood pressure and dizziness. For these conditions my doctor has me take prescription medications. When I go pharmacies in Ozone Park, Queens I have a very difficult time. My English is not very good and I always receive medications with labels in English. My pharmacy never asks me if I need translated labels and I cannot ask for them myself since I do not speak any English.

I am very afraid to take medications without knowing the appropriate dosages so I depend on my granddaughter to help me translate the labels on my medication bottles. Many times my granddaughter has come to the pharmacy with me and other pharmacy clients have come up to her for her help to translate the instructions on their medicines. This is a lot of responsibility for a little girl but usually I and others at the pharmacy have no choice but to ask for her help. The situation we are in at pharmacies is dangerous. Please help us by passing a law; we should all be able to understand our medicines so we don't get even sicker when we take them.

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Testimonio de Maria Sanchez – Miembro de Se Hace Camino Nueva York

Hola y gracias por darnos el tiempo para decirles de nuestros problemas en las farmacias. Tengo 65 años y sufro de osteoporosis, alta presión, y mareos. Para estas condiciones mi doctor me receta medicina. Tengo muchas dificultades cuando voy a farmacias en Ozone Park en Queens. Mi Inglés no es muy bueno y siempre recibo medicinas con etiquetas en Inglés. Mi farmacia nunca me pregunta si necesito etiquetas traducidas y no les puedo preguntar porque no hablo Inglés.

Tengo mucho miedo de tomar medicinas sin saber el dosis apropiado entonces le pido ayuda a mi nieta para que me ayude a traducir la botellas de medicina. Muchas veces mi nieta ha venido a la farmacia conmigo y otros clientes de la farmacia le piden ayuda para traducir medicinas. Esto es demasiada responsabilidad para una niña pero no tenemos otra opción. Por favor ayúdenos con una ley. Todos debemos poder entender nuestras medicinas para no enfermarnos más cuando las tomamos.



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Testimony of Urania Sanchez - Member of Make the Road New York

May 04, 2009

Hello everyone. Thanks for the opportunity to talk about this very important topic. I am here today to talk about my experience, but also the experience of my daughter who could not be here today. My daughter has asthma, severe allergies and depression and she takes many medications. I also take many medications. Neither of us speak English and both of us have had problems at pharmacies.

For everyone, it is important to be able to understand the instructions that come with medicines. Unfortunately, many pharmacies do not make an effort to translate medicines for people who do not speak English. Many times these pharmacies are right in immigrant communities. One time, my daughter when to a CVS pharmacy to fill a prescription but they did not give her the information in Spanish, even though she asked for it. They told her that they could not provide the label in Spanish and she had to take the medicine home without knowing how to take it. This caused her a lot of confusion and fear because she knew she had to take her medication but she did not want to take the medication the wrong way. One time she even had to go back to the hospital because, not understanding the medication directions, she took too much of a medicine.

I think that all pharmacies should have the responsibility to inform their patients in a language they can understand. It is not fair that we have to be at risk just because we do not speak English. The law that we are discussing today would help people like me and my daughter. The City of New York should make sure that ALL New Yorkers can access medications safely. I ask you to support Intro 859. Thank you very much.

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Testimonio de Urania Sanchez – Miembro de Se Hace Camino Nueva York

Hola a todos. Gracias por la oportunidad para hablar sobre un tema muy importante. Estoy aquí para hablar de mi experiencia pero también la de mi hija que no pudo estar aquí hoy. Mi hija tiene asma, alergias severas, y depresión y ella toma muchas medicinas. Yo también tomo varias medicinas. Las dos no hablamos el Inglés y las dos hemos tenido problemas en las farmacias.

Para todos, es importante poder entender las instrucciones de las medicinas. Pero lamentablemente muchas farmacias no hacen el esfuerzo de traducir medicinas para gente que no hable Inglés. Muchas veces estas farmacias están en comunidades inmigrantes. Una vez, mi hija fue a una farmacia CVS para llenar una receta pero no le dieron información en Español aunque ella lo pidió. Le dijeron que no lo podían hacer y ella se tuvo que ir a casa sin saber cómo tomar la medicina. Esto la causó confusión y miedo porque ella sabía que tenía que tomar su medicina pero no quería tomarla de una manera equivocada. Una vez, hasta tuvo que regresar al hospital porque se tomó mucho de una medicina porque no entendió las instrucciones.

Pienso que todas las farmacias deben tener la responsabilidad de informar a sus pacientes en un idioma que ellos entienden. No es justo que tengamos que estar en riesgo solo porque no hablamos Inglés. La ley que estamos discutiendo hoy día ayudaría a gente como yo y mi hija. La ciudad de Nueva York debe asegurarse que TODOS los Nuyorquinos puedan obtener medicinas de una manera segura. Les pido que apoyen a Intro 859. Muchas Gracias.



TESTIMONY OF SAGRARIO MENDEZ –
MEMBER OF MAKE THE ROAD NEW YORK

May 4, 2009

Buenos dias, mi nombre es Sagrario Mendez y me siento bien estar aquí frente a ustedes hoy. Quiero compartir un testimonio sobre mi experiencia con medicinas no traducidas.

Estuve enferma hace un tiempo y tuve que ir al medico. El medico me receto una medicina, la medicina era de 300mg. Me dijo que me tomara 2 - una en la manana y una en la noche. Las recetas estaban en ingles, y yo no hablo ingles, y tome la medicina como me dijo el medico. Entonces al tomarme la primera, me acosté a dormir y en la noche me tome la noche. Estuve cuatro dias durmiendo. Me llamaba mi familia, diciendo porque estuve durmiendo mucho. No pude levantarme de la cama. Cada vez que tome la medicina era peor, me puse a dormir. Mi hijo estaba preocupado por mi, y al cuarto día llame a mi medico. El medico me dijo que parara esa medicina y que fuera a buscar otra.

Pienso que si la receta estuviera en español hubiera visto las consecuencias de tomar la medicina. Como no lo pude leer, lo tome, sin darme cuenta de los side-effects de la medicina. No sabia que le daba uno sueno. Yo siempre recibo recetas en ingles, aunque no lo leo.

English Testimony:

Sagrario Mendez was sick some time ago and had to go to the doctor. The doctor gave her a prescription for a medicine at 300mg. He told me to take two - one in the morning and one at night. The prescriptions were in English, and she does not speak English, and took the medicine like the doctor had told her. When she took the first one, she went to sleep. She basically spent the next four days sleeping. She could not get out of bed. Her family called her, her son was worried about her. Finally she called the doctor who told her to lower the dosage, and to go back to the pharmacy.

She things that had she been able to read the medicine she could have seen the side effects and been more aware of what was happening and what to do instead of taking it and not knowing. She did not know that it made you drowsy. Sagrario always receives medicine in English, although she does not speak it.



TESTIMONY OF CATALINA MARTINEZ –
MEMBER OF MAKE THE ROAD NEW YORK

May 4, 2009

Buenas tardes. Antes que nada, le quiero agradecer al consejo por la audiencia del día de hoy sobre un tema de mucha importancia en nuestra comunidad. Mi nombre es Catalina Martínez y so miembro de Se Hace Camino Nueva York.

Yo les quiero contar el día de hoy sobre la importancia de interpretación en las farmacias. Yo tengo a un hijo de 14 años y el necesita de varias medicinas, por lo cual vamos a varias farmacias en Brooklyn para el y para mi. Muy seguido vamos a la farmacia de Duane Reade (en Myrtle y Palmetto), Farmacia de Kraupner (en Myrtle y Knickerbocker Avenue), y en la farmacia del Hospital de Woodhull.

Aunque yo no pueda leer en ingles, siempre recibo la información sobre las medicinas que yo y mi hijo toman en ingles. Esto me preocupa por que no se como debería de tomar medicina. Lo que mas me preocupa es cuando tengo que conseguir medicina para mi hijo y me da angustia que les estoy dando medicina en una manera no correcta. No se cuantas veces al día le tengo que dar la medicina, ni como. Hace un año, me dieron un antibiótico. Empecé a vomitar después de haber tomado la medicina de una manera incorrecta. Yo deje de tomar la medicina inmediatamente y regrese al doctor. El doctor me dio otra medicina y me dio instrucciones de cómo tomarla. Hasta el día de hoy, yo se que mi enfermedad fue porque yo tome la medicina mal.

Yo creo que información sobre medicina deber de estar en español, a si yo puedo entender como tomarla. Yo se que muchos de mis compañeros sufren por esto, no saben como tomar la medicina, y muchas veces a mi me preguntan que traduzca en la farmacia, pero como no se ingles no los puedo ayudar. Yo creo que no es suficiente tener personas en la farmacia que hablen mi idioma. A veces ellos me lo explican, pero cuando llego a casa y tengo que tomar varias medicinas, se me olvida lo que me dijeron en la farmacia. Entonces tengo que adivinar.

Gracias.

English Testimony:

Catalina has a 14 year old son and goes to various pharmacies in Brooklyn to get medications for her and her son. She frequently goes to Duane Reade pharmacy (on Myrtle and Palmetto streets), Kraupner Pharmacy (on Myrtle and Knickerbocker Avenue), and the Woodhull Hospital pharmacy. Even though Catalina cannot read any English, she always receives medication labels in English. This worries her because she is always confused about how to take her medications. She is especially afraid when she gets medication for her son because she worries that she will hurt him by giving him his medication in the wrong way. She is not always clear on how many times a day and what dosages are appropriate. Once, about a year ago, Catalina was prescribed an antibiotic. She began vomiting soon after she took the medicine. She stopped taking the

medication right away and went back to her doctor. The doctor prescribed her an alternative medication and gave her instructions on how to take it. Till this day Catalina thinks that her sickness may have been due to her taking the antibiotic in the wrong way because she could not read the label. Catalina thinks that written information should be in the language the patient can understand. She knows that many people suffer as a result of not understanding how to take their medications: many times when she is in the pharmacy she is asked by others to translate, but, since she knows little English, she cannot help them. She believes that having people at pharmacies who speak her language is good but not enough. More than once she has received verbal explanations of her medications but is confused once she gets home because she takes home 3 or more medicines and forgets the exact verbal instructions she was given. She is then left to guess.

**TESTIMONY OF LAWRENCE A. MANDELKER on behalf of
THE NEW YORK METROPOLITAN RETAIL ASSOCIATION (NYMRA) before the
COMMITTEE ON HEALTH**

**Chair: Hon. Joel Rivera
Monday, May 4, 2009, 1:00 p.m.
City Hall – City Council Chambers**

**NYC COUNCIL INT. NO. 859-A
LANGUAGE ASSISTANCE SERVICES IN PHARMACIES**

Chairman Rivera and Members of the Committee, I am testifying on behalf of the New York Metropolitan Retail Association known as NYMRA. Our members are national chain retailers operating in the City. Some of our members are or have pharmacies within their stores. They would be subject to regulation under this bill as “Chain Pharmacies.”

As I understand it, approximately 50% of the pharmacies in the City fall under the bill's definition of Chain Pharmacies. The remaining 50% are independent pharmacies, hospitals, health clinics and other health system providers.

Regardless of where patients have their prescriptions filled, according to Attorney General Cuomo, unless it is declined, State and Federal Law require pharmacists to: a) counsel patients about the name and dosage of medications, the duration of therapy, side effects, contraindications and storage; b) solicit from patients the information they need to fully offer counseling, such as the patients' allergies, drug reactions, chronic diseases, and other medications; c) affix labels to all prescription medications they dispense in terms that are likely to be read and understood by the patient, and; d) not discriminate against patients because of their national origins.

Based on the foregoing, he has entered into comprehensive agreements (styled as “Assurances of Discontinuance”) with many of the largest Chain Pharmacies to provide language assistance in New York to customers with limited English proficiency. The agreements have effectively defined best practices in New York in how to provide such language assistance.

It would be impractical for the Attorney General to enter into agreements with every pharmacy in the State. Therefore he negotiated with the largest chain pharmacies. Frankly, the only reason to pass this bill would be to cover the many pharmacies in the City that would not be affected by the agreements.

Intro 859-A would address the language proficiency needs of the customers of Chain Pharmacies, whose needs are already effectively addressed by the various Assurances of Discontinuance. It would not address the language proficiency needs of the customers of the remaining pharmacies in New York City. With their health at stake, those customers need more than a sign referring them to the nearest chain pharmacy for language assistance. Particularly for the elderly, infirm and those pressed for time by the responsibilities of child care and employment, that's not much assistance.

Government has to make choices. Do the needs of limited English proficiency individuals justify that the burdens in this bill be imposed on all, and not just some pharmacies in the City? In making that decision, please keep in mind that although a Chain Pharmacy is likely to have more revenue, it will also have substantially higher expenses. Moreover, anyone who follows financial news knows that retailers are losing money hand over fist.

So let's talk about burden. A useful starting point is the ballot used for primary and general elections in the City. There may be 150 languages spoken in the City, but the Board of Elections only speaks four of them: English, Spanish, Chinese and Korean.

The Assurances of Discontinuance require Chain Pharmacies to provide written translations in Spanish, Chinese, Italian, Russian, French, and five additional languages based on the Chain's assessment of the largest number of LEP customers likely to be encountered by its pharmacists throughout the State. The additional languages are to be added within 45 days of the implementation of their pharmacy computer systems. Implementation of pharmacy computer systems is not required until March 31, 2010.

Intro 859-A, effective 180 days after passage, requires Chain Pharmacies to provide written translations in any language spoken by 1% of the population of the community district in which the pharmacy is located and, after a year, 1% of its customers for the previous year even if that language is spoken by fewer than 1% of the residents of the district.

Based on the countries of origin of the foreign born residents of Queens Community District 6 that are reflected in the 2000 census, under the bill, the primary pharmacy languages for that district are likely to be: Russian, Chinese, Spanish, Spanish Creole, Korean, Hebrew, Polish, Romanian, Persian, and either Hindi, Gujarati, Urdu or whatever other languages those born in India speak. During the first year, 1% of the pharmacy's customers might be comprised of residents who speak Japanese, Hungarian, French (including Cajun, Creole and Patois), German, Italian, Tagalog, Armenian, Portuguese (including Creole), Arabic, Greek and Serbo-Croatian.

Although other community districts may not be as diverse, chain pharmacies are likely to implement system-wide pharmacy computer systems that will necessarily have to "speak" in every primary pharmacy language of every community district in the City as well as in every other language that might be spoken by 1% of its customers in any community district. In other words, as a practical matter, the chain pharmacy computer system will have to handle between 100 and 150 languages.

The Assurances of Discontinuance require chain pharmacies to have a telephonic translation service with trained interpreters who speak "all of the languages that [the pharmacy] can *reasonably* expect its customers to speak...." Intro 859-A requires oral counseling to be given "in the primary language of the LEP individual." That could be 150 languages.

So what's the take away? The Assurances of Discontinuance provide time for Chain Pharmacies to implement in their pharmacy computer system and essentially limit the languages to be dealt with. They are the product of good faith negotiations that resulted in an aggressive workable solution to a real world problem. Attorney General Cuomo has stated that these agreements will "ensure [that those who don't speak English as their first language] have the medical information needed to protect their health and well being..." Two weeks ago, when the latest of these agreements were signed, Andrew Friedman, Executive Director of Make the Road New York stated: "We are very pleased with these agreements and thank the Attorney General for his efforts."

If the Council is not going to cover independent pharmacies, hospitals, clinics, etc., there is no reason to pass this legislation and impose requirements on Chain Pharmacies above and beyond those agreed to under the Assurances of Discontinuance. Better to just allow the legislation to pend, observe how effective the Assurances of Discontinuance turn out to be, and come back to the bill if there is still a problem that needs to be addressed.

I thank the Committee for this opportunity to testify, and hope that my comments will be taken into consideration as you move forward in considering this bill. Should you need any assistance that NYMRA is able to provide, we will be more than happy to do so.

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Statement of the National Association of
Chain Drug Stores (NACDS)

To the Committee on Health
New York City Council

Monday, May 4, 2009

Anne Fellows
Director State Government Affairs
National Association of Chain Drug Stores
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On behalf of our members operating pharmacies in New York City, the National Association of Chain Drug Stores (NACDS) thanks the Committee for consideration of these comments regarding Proposed Int. No. 859-A, a Local Law to amend the administrative code of the city of New York in relation to language assistance services in chain pharmacies. For the reasons discussed in this statement, we do not support this legislation and believe that this pharmacy practice issue is best suited for consideration by the New York State Board of Pharmacy. We ask that the matter be referred to the State Board of Pharmacy for a stakeholder group for further discussion and a report on back to the Committee with their findings and recommendations.

Chain pharmacy understands the issues raised by the Committee in regards to patients that may speak languages other than English. Pharmacists are professional health care providers that provide pharmacy services to their patients daily to assist them with their prescribed medications. Pharmacists understand that some of their patients are not fluent in English. Pharmacists often assist patients with understanding the instructions for their medications in alternate languages if the need arises. As pharmacies are local in the community, they have pharmacy personnel that are available to assist patients with their language needs. A number of our members already have pharmacy programs to offer language interpretation assistance such as access to telephonic language interpretation services in a number of other languages.

While we understand that patient language assistance is an important issue and commend the Committee for its leadership, we believe that the legislation as proposed does *not* provide a feasible, workable, cost-effective program for pharmacies. We are deeply concerned that the huge scope of the proposal with requirements for oral and written translation services in up to 150 languages makes it cost-prohibitive and unrealistic for pharmacies to implement. We are also concerned about patient safety and continuity of patient care due to structure of this proposal that would have different standards for language assistance services in one pharmacy versus another pharmacy. In the end, we are concerned that this proposal will pose risks and confusion for patients as they may be shuttled from one pharmacy to another pharmacy for language assistance and not have any language assistance in other healthcare settings.

- ❖ The program would likely require pharmacies to provide oral interpretation services in up to 100 languages. The program does not consider that there may be a lack of oral interpretation services for a number of the languages thereby setting unfeasible

requirements and the inability to find or evaluate so many interpretation services. At this time, we do not even know if interpretation services, particularly written translation materials, are even available for all of the languages required by the proposal with sets the requirement at a 1% level.

- ❖ The proposal requires the 1% languages to be determined based on the languages spoken by 1% or more of the population residing the community district and yet there is no correlation that patrons of the pharmacy would even need all of these languages.
- ❖ The program would require pharmacies to put up signs in so many languages that the signs would be so large that it would likely be impossible to find space to post them in the pharmacy and patients would be unable to read the signs that would need to be many feet high.
- ❖ The program would require pharmacies to have translation services for documents that have not been translated yet, and provide translation in up to possibly a hundred languages creating an impossible task. We are unaware of the existence of technology to do this currently, and if identified, we believe it would be extremely cost prohibitive.
- ❖ The program creates an unequal playing field by treating chain pharmacies differently from other pharmacies (whether independent or institution-based) and does not even require language assistance in other pharmacy settings where patients receive prescriptions such as hospitals, clinics, and public health facilities. Patients would likely be confused by the difference in services. Also, there could be concerns with ensuring proper diagnosis of ailments and diseases, for which prescriptions are written, if such serious language barriers exist.

We would ask that the Committee consider the California experience in looking at this proposal. California enacted a law in 2003¹. The law requires that *each health plan provide a language assistance program* for their enrollees that includes interpreter and translation services. The health plans are responsible for providing the services at all health care points of contact including doctor's offices, dentist's offices, and pharmacies at no cost for the enrollee or the pharmacy or other healthcare provider. The program provides uniformity in language assistance

¹ California Health & Safety Code section 1367; Insurance Code section 10133.8, 10133.9, and Administrative Code Title 28 section 130076.04.

services for all healthcare settings, not just one part of a healthcare sector as this proposal does. The program thus provides uniformity and continuity of care without confusion for patients by not requiring that patients be referred to other healthcare provider for language assistance.

In view of the complexities, feasibility concerns, and prohibitive costs, we believe that this issue would be best served by engaging the expertise of the New York State Board of Pharmacy ("Board"). The Board is well suited to consider pharmacy practice issues and potential solutions. They understand the pharmacy profession and how the profession serves the public. In addition, they have already met with the New York Academy of Medicine to discuss these issues. We believe that the Board working with the pharmacy community will provide insight into possible means to address these important concerns.

We respectfully ask that the Committee refer this matter to the New York State Board of Pharmacy for consideration and recommendations. We thank you for consideration of our comments.

Anne Fellows
Director State Government Affairs
National Association of Chain Drug Stores



The New York Academy of Medicine

At the heart of urban health since 1847

**Testimony of Linda Weiss, PhD
Director of Evaluation**

New York City Council, Health Committee

May 4, 2009

Thank you for the opportunity to speak today. We greatly appreciate the City Council's interest in language access in pharmacy settings. At The New York Academy of Medicine, we have been working on this issue for several years and would like to share some of our work – and findings – with you.

We started our work on pharmacies and language access with the research cited in Section 1 of the proposed legislation. We conducted a telephone survey of a random sample of 200 NYC pharmacies. The survey included questions on:

- frequency and language of limited English proficient (LEP) customers
- languages spoken by pharmacy staff
- ability to print translated medication labels and leaflets
- frequency of translations
- other policies and practices regarding multilingual medication information

We found that 88% of pharmacists surveyed reported that they had LEP patients on a daily basis, but less than 40% of this group reported that they translated labels daily. 23% of those with daily LEP customers never provided translated labels. Independent pharmacies were approximately 4 times more likely to provide translated labels on a daily basis as compared to chains, although a number of chains did have the resources for translation. Furthermore, there was variability in chain pharmacist knowledge regarding translation capabilities and how to access the language services available to them.

Verbal translation was also inadequate at NYC pharmacies. Although there are many bilingual pharmacists, few speak the language of their community and only 22% speak Spanish – the language of most LEP New Yorkers. Pharmacists participating in our survey reported using staff, other customers, family members, or nearby merchants (none with interpreter training and many of whom violate HIPAA regulations) to explain medication instructions to LEP patients. Several chains have developed systems to access telephone interpreters, including contracting with commercial services, but there was only minimal use of these systems.

In our interviews with LEP patients, we asked them to bring their prescription medicine bottles – among Spanish speakers, less than 20% of their medicines included Spanish instructions on their labels. Less than half of Spanish speakers knew that Spanish language labels were available from pharmacies.

Through the surveys, we have identified a number of reasons for inadequate language services. Many of these concerns can be addressed with the resources available to chain pharmacies.

- Concerns about possible errors when printing translated labels into languages they don't understand. Pharmacists notice errors in English labels as the codes they type into their dispensing software are translated into full instructions. They assume there will be similar errors in translated labels but cannot proofread them. There is a concern that the pharmacist will be held liable for such errors.
- Inadequacies in translation software, including:
 - Inability to print two languages on a single label (English is required by State and Federal law)
 - Limitations in the number of languages available with dispensing software programs
 - Costs associated with purchasing translated instructions (one dispensing software company charges \$10 per language per month)
- Inadequate systems for 1) identifying patients needing language services and 2) informing patients that language services exist. Just 8% of pharmacies sampled reported having signs informing patients that language services are available; 10% recorded language preference in patient records.
- Lack of awareness regarding the importance of full language access for medication efficacy and safety. Many pharmacists were satisfied with the use of ad hoc interpreters even if those interpreters had no interpreter or pharmacy training. Similarly, they trusted that all patients had someone at home or in their family who could translate written medication instructions.
- Lack of awareness regarding methods (such as signs) to ensure full utilization of the language resources available.

We have also conducted pilot interventions in 8 NYC pharmacies, including 2 HHC pharmacies and 6 independent pharmacies. Pilot interventions include paying for telephone interpreting services (i.e. "Language Line") for participating pharmacies. Some preliminary observations from this pilot work:

- Despite the fact that pharmacists receive an honorarium to participate and NYAM pays for the interventions, recruitment was difficult (confirming that this is not a particularly high priority). We were not able to recruit any chain pharmacies.
- Pilot pharmacies report that, except in rare instances, using the telephone interpreting service does not add time to the patient interaction. Interpreters are available almost immediately.
- Patient and pharmacist satisfaction with the telephone interpreting is high.
- In reviewing language line bills, the average call is almost 4 minutes long and costs \$9. Pharmacy chains, because of higher usage, would be able to negotiate a lower per minute interpretation cost.
- Once made available, signs informing patients of language services are generally posted and used as a means to add to the customer base.

- A number of pharmacists are willing to display translated patient information (e.g. leaflets from the Poison Center, DOHMH) and report that customer demand for such information is high (as indicated by the speed with which translated patient information is taken).
- Pharmacists participating in the pilot expressed interest in interpreter training and interpreter assessment, as they do have concerns about utilizing pharmacy staff to interpret. They prefer a brief online course (maximum of 2 hours), due to other work demands. We were unable to locate any such courses (minimum was 8 hours).

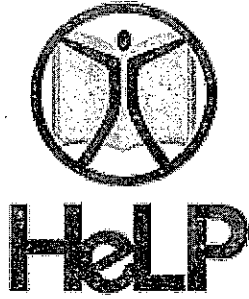
In collaboration with the College of Pharmacy at St. John's University and the Center for Immigrant Health at New York University School of Medicine, we have developed a Continuing Education Course for practicing pharmacists, which was offered 4 times. Enrollment (approximately 15 per class) was lower than anticipated, which may in part reflect the general lack of concern about language issues among pharmacists. However, of those who attended we saw (through pre- and post-tests) an increased desire to improve language services in their practices (55% at the pre-test and 85% at the post-test). In the post-test, half the participants said they anticipate making changes to their language services in the 2 months following the class.

Recommendations

In light of these findings, we recommend the following:

- Education and training of all pharmacists focused on the significance of language services and methods for implementing them. This topic is not a priority for pharmacists, but our experience suggests that education may increase motivation.
- Enforcement of language access laws according to the four factors federal fund recipients are to utilize in determining steps taken to assist LEP patients. Thus, pharmacy chains, with large resources bases and already developed systems for providing language services, should be required to implement language services.
- Development of systems to facilitate cost-effective language services in independent pharmacies, such as 1) an internet database of verified translations that can be printed with prescriptions and 2) a citywide (or statewide) reduced rate contract for phone interpreting services.
- Promotion of increased demand for language services through outreach to LEP patients, so they know which NYC pharmacies provide language services and they know to request those services.
- Prescription forms should include a box to indicate language needs of patients. Medical providers should be informed that pharmacies can provide verbal and written language services and that they should encourage patients to access such services.

We thank you again for the opportunity to speak on this importation issue and welcome your questions and comments.



Testimony of Stacy Cooper Bailey

Health Literacy and Learning Program (HeLP)
Northwestern University

May 4, 2009

Good afternoon and thank you for the opportunity to speak here today about the pressing public health issue of language access in pharmacy practice. My name is Stacy Bailey and I direct the Health Literacy and Learning Program in the Institute for Healthcare Studies at Northwestern University in Chicago, Illinois. The mission of the Health Literacy and Learning Program (HeLP) is to advance the study of health literacy and to develop and test interventions that can improve an individual's ability to obtain, process, and understand basic information needed to make appropriate health decisions. This program links the fields of medicine and education in order to improve how health systems educate patients and families on important health issues.

Much of our work at HeLP has been dedicated to improving how prescription medication information is provided to, and understood by, individuals. Our research includes: 1) examinations of the extent and associations of limited health literacy with medication understanding and use and 2) descriptive studies analyzing how health systems provide prescription medication information to patients. Recent work has focused on developing innovative and viable 'low literacy' intervention strategies to help patients better understand and manage their medication regimens. Many of these intervention strategies are currently being tested in NIH-funded, randomized clinical trials. [R01 HS017687-01; PI: Wolf, R21 CA132771; PI: Wolf, R18 HS17220; PI: Wolf].

I am here in New York today to give my full support for Int. No. 859-A as a means of promoting language access in pharmacy practice. Many studies, including those conducted by our research team, have highlighted the serious barriers individuals with limited English proficiency (LEP) face when seeking language concordant pharmacy care.¹⁻⁵ Interpreter services are rarely available to assist pharmacists in counseling LEP patients, medication instructions are frequently unavailable in languages other than English, and patient information leaflets and medication guides are often written at a reading level that is too difficult for many individuals, regardless of their primary language, to comprehend.¹⁻⁵

The potential impact of linguistic barriers on LEP patients' understanding and use of medication regimens is great. Safe and appropriate use of prescription medications is a prerequisite for managing chronic disease and maintaining health. Additionally, two recent Institute of Medicine (IOM) reports, *Preventing Medication Error* and *Standardizing Medication Labels* have identified poor understanding of prescription medication instructions as a root cause of a large proportion of outpatient medication errors and adverse events.⁶⁻⁷ LEP patients' difficulty accessing and understanding prescription medication instructions could exacerbate the health disparities already experienced by this vulnerable population.

It is clear that action must be taken to promote language access in pharmacy settings. Proposed Int. No. 859-A represents a strong first step towards this goal by requiring the provision of language concordant verbal counseling and prescription labeling for LEP individuals. New York is leading the way for other states and cities; the proposed legislation here is the forerunner of current efforts by numerous state boards

of pharmacy, the Food and Drug Administration and the United States Pharmacopeia to promote multilingual medication instructions for LEP individuals.

While Proposed Int. No. 859-A gives detailed information to assist pharmacies in providing language appropriate care to LEP individuals, I would like to suggest that this mandate also be accompanied by clear guidance on *how to appropriately translate prescription medication instructions*. Efforts must be taken to ensure that translated materials are of the highest quality. Our research team recently completed a survey of language access in 764 pharmacies across four states.¹ Data from this survey indicates that pharmacies are frequently using suboptimal methods of translation to provide language concordant Rx labeling. For example, pharmacies reported using online translation engines or staff with only basic language proficiency. Guidance on appropriate methods of translation must be provided to pharmacies to make certain that prescription medication information is understood by all individuals. In fact, if a set of 'best practices' prescription instructions were to be made available in multiple languages, these could be shared with all pharmacies to ensure that the most understandable medication information is given to patients and their families.

In conclusion, I want to again express my support for Proposed Int. No. 859-A and commend the New York City Council for considering this step towards ensuring that LEP individuals receive the vital prescription medication information they need in their primary language. Proposed Int. No. 859-A could greatly improve current pharmacy care and the health of many New Yorkers.

Thank you for your time today and for considering this ground-breaking proposal.

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Testimony of Elisabete Miranda
President of Translation-Plus, of Hackensack, NJ
before the New York City Council, Health Committee
– Language Access in New York City’s Pharmacies
May 4, 2009

Good afternoon and thank you for the opportunity to testify about the proposed legislation requiring pharmacies in New York City to provide interpretation and translation services to people who are limited English proficient.

My name is Elisabete Miranda. I want to testify as someone who not long ago came to this country without speaking English and had to navigate these waters myself and, as the President of Translation Plus, a language services company. Our company specializes in life science - 80% of our projects are health related. We work on a daily basis with medical communication including patient information, clinical studies, as well as on site and telephonic interpretation services. Some of our clients are Merck, Roche, and medical centers like New York Presbyterian and the University Hospital at UMDNJ.

As a language professional aware of the challenges non-English speaking patients face when having health issues, I strongly support and believe that the proposed legislation is not only the right thing to do but will ultimately benefit not only our city but our country.

I would like to point out that words have multiple meanings based on context and culture and cannot be directly replaced. Direct word-for-word or literal translation – by a device or a non-specialized professional translator can be dangerous, especially with critical medical translations.

In my experience, word-by-word translations can be claimed to meet the standard of being accurate and objective. However, in practice, unprofessional translations can fall far short of expressing the message accurately and objectively. Since cultural traditions often impact the decision about whether or not to take medication, it is important that issues like risks and side effects be communicated in a culturally correct manner. If the person translating (a bilingual pharmacy employee, a relative, etc) does not clearly understand the objective of the translation, there is no assurance that he or she will communicate the message appropriately. An example is a mistranslation of the term “feeling blue” in a post-partum depression study. The term means being depressed after giving birth. It was incorrectly translated as “blue-baby syndrome,” the medical term an inexperienced bilingual person felt appropriate in that context. I have included more information on this issue with the printed copies of my testimony.

I would like to state that this legislation is not only important but very doable. Its implementation can already be seen in hospitals and medical centers where language services have been a legal requirement for some time. The following foreign languages strategies are used successfully and cost effectively:

- Interpretation training for bilingual employees,
- Telephonic interpretation services, and
- Professional translation of vital patient information often along with English version.

For pharmacies, I would like to point out that there may be creative ways of leveraging the initial cost of professional translation by implementing solutions that integrate language options with pharmacy management software.

It is my believe that even one additional tragedy that is prevented because the necessary information is properly communicated would make this legislation worthwhile, and that the work that will be done by the pharmacy industry as a result of your efforts will ultimately be deployed nationally. So, in a sense you are setting a national standard and it is worth setting the bar consistent with best industry practices that can be delivered on a cost effective basis.

Thank you again for the opportunity to speak with you today.

Addendum: Comments Regarding Translation and Interpretation Service Quality in Hospitals

Medical and Life Sciences translations are always critical because:

- They use highly specialized language and proficiency that can only be achieved through advanced education or experience.
- A mistake in the translation may result in a life threatening situation.
- Medical and scientific communications can vary substantially according to the group of individuals they address (i.e. scientist vs. general public) and understanding of proper terminology to use with each group (target population) is of utmost importance to properly communicate a message.

Effective translation requires intimate awareness of, and attention to the differences between the cultures represented in the U.S. It is crucial to know the colloquial references of each culture, because an ordinary word in one culture can take on unintended connotations in another. Further, there are many phrases in English that when translated literally into other languages lose their power. If the translator does not clearly understand the objective of the translation, he or she is not likely to communicate the message appropriately. Cultural traditions also impact the decision about whether or not to take medication. A **culturally adapted translation** is a process of an adaptation of the English language concepts into the foreign language concepts. It requires consultants who are knowledgeable of the English and foreign culture and is a native speaker familiar with the kinds of materials to be translated. Native speakers know the language and the culture of the target market.

When it comes to *competent interpretation*, even though a number of pharmacists said they prefer to translate verbally, a study found that verbal information may be provided by someone without adequate language skills or not qualified to do so. For example, although 75 percent of the pharmacies had Spanish-speaking staff, less than a quarter (22 percent) of pharmacies had Spanish-speaking pharmacists or pharmacy interns, who are legally qualified to provide medication counseling in New York State. There is a clear need for trained, qualified interpreters. This can be achieved in a very cost effective way by providing interpretation training for bilingual pharmacy employees.

A study, conducted in the pediatrics department of the Boston Medical Center, showed that ad-hoc interpreters were much more likely than professionally trained interpreters to make errors that could lead to serious problems for the patient with serious clinical consequences.

Most common interpreter errors cited in the study were:

- Omission (52%), in which the interpreter left out an important piece of information.
- False fluency (16%), in which the interpreter used words or phrases that didn't exist in a specific language.

- Substitution (13%), in which a word or phrase is replaced with another word or phrase of a different meaning.
- Editorialization (10%), in which the interpreter's opinion is added to the interpretation.
- Addition (8%), in which a word or phrase is added by the interpreter.

Errors of omission leading to clinical consequences included the omission of questions about possible drug allergies and about instructions on the dose, frequency, and duration of antibiotics and re-hydration fluids. In one instance, the interpreter added his own input to the effect that hydro-cortisone cream must be applied to the entire body, instead of only to facial rash as directed by the physician! Another example was that of a mother being asked to administer oral antibiotics into the ears of her child.

Another classic example of how the misinterpretation of just a single word led to delay in giving emergency care to a patient, resulting in quadriplegia. The Spanish-speaking 18-year-old said he felt "intoxicado" just before he collapsed, and all he meant was that he was feeling nauseous. As a result, the patient was treated for drug overdose for over 36 hours, during which he remained comatose. Upon re-evaluation later, he was diagnosed with an intracerebellar hematoma with brain stem compression and other complications -- and by then it was too late: he became a quadriplegic. The hospital was facing a lawsuit, and had to part with a \$71 million malpractice settlement.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 859A Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Anne Fellows

Address: Still River, Ma

I represent: NACDS (Nat Assoc of Chain Drug Stores)

Address: Va

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 5/4/09

(PLEASE PRINT)

Name: Marcato Moncayo

Address: _____

I represent: Make the Road New York

Address: 92-10 Roosevelt Ave, Elmhurst

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 859-A Res. No. _____

in favor in opposition

Date: 5/4/09

(PLEASE PRINT)

Name: Lawrence A. Mandelker

Address: 51 East 12nd Street NY 10007

I represent: NMRA (New York Merchants Retail Assn)

Address: 160 W 34th St NY 10001

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 859-A Res. No. _____

in favor in opposition

Date: 5/04/09

(PLEASE PRINT)

Name: Stacy Bailey

Address: 750 N Lake Shore Drive, 15th floor
Chicago, IL 60610

I represent: Northwestern University

Address: Same as above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 05/04/09

(PLEASE PRINT)

Name: Michael Wolf

Address: 750 N Lake Shore Dr Chicago IL

I represent: Northwestern University

Address: above

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 05/04/09

(PLEASE PRINT)

Name: ELISABETE MIRANDA

Address: 238 MAIN ST.

I represent: TRANSLATION PLUS, INC.

Address: 238 MAIN ST.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 5/4/09

(PLEASE PRINT)

Name: Nisha Agarwal

Address: 151 W 30th St, 11th Fl., NY NY 10001

I represent: New York lawyers for the public interest

Address: Same as above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Andrew Filer

Address: Director of Intergovernmental Affairs

I represent: Department of Consumer Affairs

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: John Jenko

Address: Assistant Vice President; Intergovernmental Relations

I represent: Health & Hospitals Corporation

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Joyce Weinstein

Address: Assistant Commissioner

I represent: Department of Health & Mental Hygiene

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: LINDA WITZ

Address: 126 Fifth Avenue; NYC 10029

I represent: The New York Academy of Medicine

Address: STAYS AS ABOVE

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 859 Res. No. _____

in favor in opposition

Date: 5/4/9

(PLEASE PRINT)

Name: Aida Torres

Address: 9 Cedar St #1, Brooklyn NY 11221

I represent: Make the Road New York

Address: 301 Grand St Bklyn NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 859 Res. No. _____

in favor in opposition

Date: 5/4/9

(PLEASE PRINT)

Name: Maria Sanchez Hernandez

Address: 105040 86 St in Bx 10104 PK, NY 11417

I represent: Make the Road New York

Address: 301 Grand St, Bklyn, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 859 Res. No. _____

in favor in opposition

Date: 5/4/09

(PLEASE PRINT)

Name: Theresa Delgado

Address: 301 Grand St #1 Brooklyn NY 11221

I represent: Make the Road New York

Address: 301 Grand St Brooklyn NY 11227

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 859 Res. No. _____

in favor in opposition

Date: 5/4/09

(PLEASE PRINT)

Name: CATALINA MARTINEZ

Address: 675 ONDEEDUNK, 2L

I represent: MAKE THE ROAD NY *East View*

Address: BRIDGE PL, NY 11385

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 859 Res. No. _____

in favor in opposition

Date: 5/4/09

(PLEASE PRINT)

Name: Urania Sanchez

Address: 76 George St #2L Bklyn, NY 11206

I represent: Make the Road New York

Address: 301 Grove St Bklyn NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 859 Res. No. _____

in favor in opposition

Date: 5/4/09

(PLEASE PRINT)

Name: SAGRARIO MENDEZ

Address: 62-95 SAUNDER ST #4C

I represent: MAKE THE ROAD NY

Address: REGO PARK, NY 11374

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