December 6, 2013

The Honorable Bill Nelson
Chairman, Senate Special Committee on Aging
G31 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Susan Collins
Ranking Member, Senate Special Committee on Aging
628 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Nelson and Ranking Member Collins,

The undersigned organizations represent a range of advocates for access to quality health care, regardless of ethnicity or language. We thank you for calling this important hearing, "Protecting Seniors from Medication Labeling Mistakes." As you explore the area of improving patient safety, we urge you to consider the unique needs of limited English proficient seniors and those with communication disabilities.

Today, approximately 4.1 million Medicare beneficiaries are limited English proficient (LEP). These individuals do not speak English as their primary language and have a limited ability to read, speak or understand English. These seniors hail from different background ethnicities, speak many different languages and live throughout the U.S.

We expect that you will hear testimony at the hearing on the challenges and frustrations many English-speakers face to understand medication instructions and medication labels. For LEP individuals, and particularly seniors, the process of understanding medication instructions is intensified by lack of adequate language services, including qualified interpreters and written translation of important medical information. Analogous challenges in understanding verbal medical instructions and printed label confront seniors who have hearing and vision impairments. For patient safety, they need the medical content of the instructions and label to be into an appropriate alternative format, such as large font, Braille, electronic format, or sign-language interpretation.

Both the prescribing physician and the pharmacist have a central role in communicating health information to patients, especially on how to properly use medications, as well as alerting them to potentially adverse health reactions that could develop. There is widespread agreement from researchers, providers, patients and advocates that interpretation by trained professional interpreters improves access to quality care across a range of medical settings for individuals with LEP.[1] Unfortunately, the research is also clear that lack of interpreter services in medical settings means patients who face language barriers are less likely to understand instructions on how to properly take

[1] Leah S. Karliner et al., *Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic review of the Literature.* 42 HEALTH SERVICES RESEARCH 727 (2007).

their medications, and thus are less likely to adhere to medication instructions, have trouble understanding medication labels and report more medication-related problems. [2]

Longstanding civil rights laws and policies, and more recently Section 1557 of the Affordable Care Act, make language access in health care a protected civil right in health care programs seniors rely upon, Medicaid and Medicare. Federal laws similarly protect individuals with communication disabilities who need printed English in alternate formats or need sign-language interpreters. The promise of these vital civil rights, which are key to patient safety and quality care, has faced the limitations of interpreter, translation and format delivery models in Medicare and Medicaid.

Effective patient safety models correct recurring problems by tackling systemic vulnerabilities in the delivery of quality care rather than focusing blame on individual providers. The absence of consistent access to qualified interpreter services and translations is a fundamental vulnerability in the delivery of quality health care for LEP seniors, which increases medication related problems. We ask that you encourage the U.S. Department of Health and Human Services through its administration of civil rights laws, including Section 1557 of the ACA, to address weaknesses in language access in Medicaid and Medicare by taking action to:

- Ensure that in all circumstances when information cannot be translated into multiple languages, taglines are used to notify limited English proficient individuals and individuals with disabilities, that information is available to be interpreted in their primary language without charge and how to access them;
- Identify language needs of patients at points of entry or intake, including, but not limited to, scheduling of appointments and Pharmacy reception (where individuals may pick up prescriptions);
- Track the need for services and utilization of language and sign-language interpreters and alternate format, and;
- Establish policies on funding interpretation services that disincentivize the use of bilingual staff if untrained in medical terminology and interpretation, limit inappropriate uses of telephonic, video or remote interpretation, and curtail the pervasive problem of reliance on ad hoc, untrained interpretation (often by children, relatives or untrained bilingual staff).

As you consider ways to improve seniors' patient safety in medication labeling and understanding of medication instructions, we urge you to consider the civil right to language access in medical information and services as key to patient safety.

[2] Flores, Glen, *Language Barriers to Health care in the United States*, NEW ENGLAND JOURNAL OF MEDICINE, July 20, 2006, 355(3):229-231; Wilson, E et al. *Effects of Limited English Proficiency and Physician Language on Health Care Comprehension.* JOURNAL OF GENERAL INTERNAL MEDICINE 20 (2005): 800-806.

Sincerely,

Access Living
Alliance for a Just Society
Alliance for Retired Americans
American Association on Health and Disability
American Federation of State, County and Municipal Employees (AFSCME)
American Society on Aging
Asian Americans Advancing Justice
Asian & Pacific Islander American Health Forum
Association for Gerontology and Human Development in Historical Black Colleges and Universities
Center for Medicare Advocacy, Inc.
Coalition for Asian American Children and Families
Coalition for Disability Health Equity
Community Action Partnership
Disability Policy Consortium
Disability Rights Education and Defense Fund
Disability Section of the American Public Health Association
Japanese American Citizens League
Lesbian Health Initiative
Medicare Rights Center
NAACP
National Association for Fibromyalgia and Chronic Pain
National Association for Hispanic Elderly
National Association of Professional Geriatric Care Managers
National Association of Social Workers
National Association of States United on Aging and Disability
National Asian Pacific Center on Aging
National Council of La Raza
National Gay and Lesbian Task Force Action Fund
National Health Law Program
National Immigration Law Center
National Korean American Service & Education Consortium
National Latina Institute for Reproductive Health
National Senior Citizens Law Center
National Women's Health Network
Raising Women's Voices for the Health Care We Need