

## SafeRx: Recommendations

### **(1) Pharmacy Primary Languages**

**Issue:** SafeRx calls for regulations that define regions where language assistance will be provided in those languages spoken by 1% or more of the *general* population and not the *limited English proficient* (“LEP”) population. The result is that the languages in which services are provided will be severely limited.

**Recommendation:**

- Instead of a multitude of regional standards and to ensure administrative ease, apply a straightforward approach that requires translation in the top 6 or 7 non-English languages spoken throughout the state, *or*
- Use Census and other relevant data to determine the top languages spoken by 1% or more of the LEP population in a given area, rather than 1% of the general population.

### **(2) Waiver**

**Issue:** Under SafeRx, covered pharmacies may seek a waiver from providing language assistance services. Since SafeRx sufficiently defines the appropriate pharmacies that have a federal obligation, a waiver would permit a pharmacy to be noncompliant with federal law.

**Recommendation:**

- Eliminate the waiver option. Consult with the Office of Civil Rights for Region II of the US Department of Health and Human Services (HHS OCR) as well as the Federal Coordination and Compliance Section of the Department of Justice (DOJ) to ensure that state policies and procedures comply with federal law.

### **(3) Mail Order Pharmacies**

**Issue:** SafeRx requires completion of a study and formal rulemaking process before mail order pharmacies are required to provide interpretation and translation services to individuals filling prescriptions through mail orders. Some mail order pharmacies have already been required to evaluate the adequacy and the efficacy of how to deliver language assistance services.

**Recommendation:**

- Commit to an accelerated study and review of existing systems and processes in place at mail order pharmacies, including efforts already underway to improve language services delivery.
- Provide meaningful inclusion of the perspective of LEP consumers and patients in any study that is conducted.

### **(4) Standardization**

**Issue:** Standardization of medication instructions helps reduce the problems associated with labeling because it incorporates evidence based techniques that improve prescription readability and understanding. The U.S. Pharmacopeial Convention (USP) is developing a new national standard for prescription labeling.

**Recommendation:**

- Include some of the United States Pharmacopeial standards as a starting point to create more comprehensive label standardization regulations. Include input of consumer groups, advocates for special populations, pharmacists, physicians, other health care professionals, and other key stakeholders.

## **(5) Liability**

**Issue:** Under SafeRx, covered pharmacies are held harmless for liabilities stemming from the actions of third parties. However, pharmacies have and can be held liable for failing to provide language assistance services.

### **Recommendation:**

- Institute a plan to monitor covered pharmacies' compliance with the law.

## **(6) Notification**

**Issue:** SafeRx requires promulgation of regulations pertaining to the size, style and placement of notification signs for patients' rights to language services in pharmacies. Adequate notification is essential to ensure that both patients and pharmacists are reminded of the availability of language assistance services.

### **Recommendation:**

- Use a standard message regarding patients' rights and translate that message in multiple languages (e.g. "I Speak" flash cards in multiple languages).
- Require pharmacies to include a Pharmacy Customer Bill of Rights for Language Services on their websites.
- Require pharmacies to engage in broader outreach to inform LEP consumers of their rights to language assistance services and the availability of such services.

## **(7) Prescription Pads**

**Issue:** SafeRx requires the Department of Health to promulgate regulations modifying the official paper and electronic New York State prescription pad so that a prescriber may indicate (1) if a patient is LEP and, if so, (2) the patient's preferred language.

### **Recommendation**

- Require that a box be added to the official paper prescription pad similar to the current dispense as written (DAW) box that a prescriber can initial or check if a patient is LEP. Similarly require a check box for prescribers using electronic prescription forms.
- Add a line immediately adjacent to this box for the prescriber to write in the patient's preferred language, or use a drop-down menu for prescribers using electronic prescription forms.

