



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH

PO Box 47990 • Olympia, Washington 98504-7990

October 3, 2024

Washington Pharmacy Quality Assurance Commission
PO Box 47852,
Olympia, WA 98504-7852

Subject: Washington State Board of Health Public Comments on Proposed Rules for Prescription Drug Label Accessibility Standards

The [Washington State Board of Health \(Board\)](#) supports the concepts outlined in the Department of Health, Pharmacy Quality Assurance Commission's proposed rules on prescription drug label accessibility standards. We appreciate your efforts in advancing these changes.

The Board believes that access to prescription information in a person's preferred or primary language is a fundamental right. It is essential for this information to be accessible and easy to understand for everyone, particularly for communities that are underserved and face systemic barriers to accessing care. Ensuring this access protects patient health and safety and helps build health equity. When individuals are unable to access quality medical information, their health and well-being are negatively impacted. Lack of language accessibility can result in patient-provider miscommunication, medication errors, delays in care or treatment, injuries, and other adverse health events.^{1,2,3} For these reasons, we respectfully submit the following comments on the proposed rules filed under WSR-24-17-046.

During the 2022 legislative session, staff on behalf of the Board and Health Disparities Council conducted a [Health Impact Review \(HIR\) of Engrossed Substitute House Bill \(ESHB\) 1852](#).⁴ This proposal would have required the Commission to establish requirements for the translation of prescription drug labels and prescription information. The HIR evidence indicated the proposal could lead to more pharmacies offering translated information, improving access to culturally and linguistically appropriate services for people who speak a language other than English (LOTE). This, in turn, would likely enhance health outcomes and reduce health inequities. Although this bill did not pass, in response to the HIR findings, the Board issued recommendations in its [2022](#) and [2024](#) State Health Reports to the Governor's Office aimed at expanding access to translation and interpretation of prescription and medical information.

The Board supports the Commission's new rule sections, WAC 246-945-026 through WAC 246-945-029, regarding the accessibility of prescription information for visually impaired or print disabled individuals and providing translation and interpretation for people who speak a LOTE. However, these sections lack considerations and standards around signed languages, such as American Sign Language (ASL), languages that do not have a written form, such as Hmong, or providing culturally appropriate translation

¹ Al Shamsi H, Almutairi AG, Al Mashrafi S, Al Kalbani T. Implications of Language Barriers for Healthcare: A Systematic Review. *Oman Med J.* 2020;35(2):e122. doi:10.5001/omj.2020.40

² Divi C, Koss RG, Schmaltz SP, Loeb JM. Language proficiency and adverse events in US hospitals: a pilot study. *International Journal for Quality in Health Care.* 2007;19(2):60-67. doi:10.1093/intqhc/mzl069

³ Twersky SE, Jefferson R, Garcia-Ortiz L, Williams E, Pina C. The Impact of Limited English Proficiency on Healthcare Access and Outcomes in the U.S.: A Scoping Review. *Healthcare.* 2024;12(3):364. doi:10.3390/healthcare12030364

⁴ HIRs are objective, non-partisan, evidence-based analyses, made at the request of the Governor or Legislators, that determine how a legislative or budgetary change may impact health and equity.

through a qualified interpreter. These sections also do not include requirements for pharmacies to provide different modalities to support people who are Deaf, Deaf Blind, or Hard of Hearing.

During recent community engagement, the Board heard from representatives of the Deaf community that materials in written English do not adequately serve those who use ASL or other signed languages. While WAC 246-945-029 requires facilities and practitioners to provide oral and written interpretation services, it does not mention signed interpretation services. **The Board recommends adding language to WAC 246-945-029 to require facilities and practitioners to provide signed interpretation services alongside oral and written services, using various modalities as needed.**

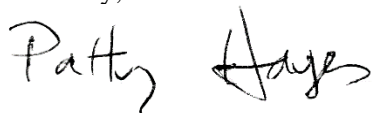
Additionally, the HIR for ESHB 1852 highlighted the importance of culturally appropriate and accurate multilingual translations for prescriptions, as well as the challenges in developing them. For translations to be accurate, they need to replicate the intended meaning of what is being translated. Some common concepts used in prescription instructions in the U.S. may not exist in some cultures. For example, prescription instructions may include taking a pill “once in the morning and once in the evening” but Chinese doesn’t have a commonly used equivalent term for the word “evening.”⁵ Additionally, some languages, like Hmong, do not have a written form. Therefore, alternative methods beyond signage should be considered for conveying prescription information. **The Board recommends including language in the proposed rules and guidance for rule implementation to ensure that translations are accurate, provided by qualified interpreters, and culturally appropriate.**

WAC 246-945-028 covers accessibility of prescription information for “visually impaired or print disabled individuals.” It does not include language for Deaf, Hard of Hearing, or Deaf-Blind people. **The Board recommends adding language to the definitions section and WAC 246-945-028 to be inclusive of people with other disabilities, and to support different prescription information modalities other than written materials and oral interpretation.**

WAC 246-945-029 also requires the Commission to create signage for facilities and providers, informing people of their right to oral interpretation and written translation services in the ten most common languages in Washington. Earlier this year, the U.S. Department of Health and Human Services (HHS) issued a final rule under Section 1557 of the Affordable Care Act (ACA) to strengthen non-discrimination protections and advance civil rights in healthcare.⁶ Under the final rule, all covered entities must display notices about civil rights under Section 1557 and provide information on free language assistance services and auxiliary aids in the top fifteen languages spoken. **The Board recommends that the Commission align with current HHS rules by providing signage in a minimum of fifteen languages.**

The Board thanks the Commission for considering these comments and looks forward to hearing the outcomes of these proposed rules. If you have any questions or would like additional information, please do not hesitate to reach out to us at wsboh@wa.gov.

Sincerely,



Patty Hayes, Chair
Washington State Board of Health

⁵ Bailey SC, Hasnain-Wynia R, Chen AH, et al. Developing Multilingual Prescription Instructions for Patients with Limited English Proficiency. *Journal of Health Care for the Poor and Underserved*. 2012;23(1):81-87.

⁶ Nondiscrimination in Health Programs and Activities, 89 Fed. 37522 (2024). 42 CFR Parts 438, 440, 457, and 460, 45 CFR Parts 80, 84, 92, 147, 155, and 156. Accessed October 1, 2024. <https://www.govinfo.gov/content/pkg/FR-2024-05-06/pdf/2024-08711.pdf>