

(FINAL/APPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF WORK GROUP FOR TRANSLATED DIRECTIONS FOR USE OF
PRESCRIPTIONS MEETING**

Thursday, September 28, 2023

Department of Health Professions
Perimeter Center
Board Room 3
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The work group meeting was called to order at 9:04AM.

PRESIDING: Dale St. Clair, PharmD, Board of Pharmacy, Chairman

MEMBERS PRESENT: Kristopher Ratliff, DPh, Board of Pharmacy, Member
Cheri Garvin, RPh, Board of Pharmacy, Member
Patricia Richards-Spruill, RPh, Board of Pharmacy, Member
Joanne Dial, PharmD, Kaiser Permanente Mid-Atlantic States
Lauren Linkenauger, PharmD, Virginia Association of Chain Drug Stores
Tana Kaefer, PharmD, Virginia Pharmacy Association
Cynthia Coffey, PharmD, Virginia Society of Health-System Pharmacists

STAFF PRESENT: Caroline Juran, RPh, Board of Pharmacy, Executive Director
Beth O'Halloran, RPh, Board of Pharmacy, Deputy Executive Director
Ryan Logan, RPh, Board of Pharmacy, Deputy Executive Director
Erin Barrett, JD, Director of Legislative and Regulatory Affairs, DHP
Sorayah Haden, Board of Pharmacy, Executive Assistant

QUORUM: With all members of the workgroup present, a quorum was established.

APPROVAL OF AGENDA: Agenda was accepted as presented.

PUBLIC COMMENTS: No additional public comments were offered.

Dr. St. Clair provided an overview of the work group's charge pursuant to HB 2147.

DISCUSSION The workgroup reviewed and discussed the possible challenges and barriers the Commonwealth may face by requiring or providing translated directions for the use of prescriptions, including the possibility of model directions and necessary changes within pharmacies to ensure patients are aware of the language services available at the pharmacy. Related laws and information

from Nevada, Washington, California, Oregon, and New York were provided in the agenda packet to assist the discussion.

Among the possible challenges and barriers mentioned were:

- Financial burden for pharmacies to acquire the proper equipment to provide translated services.
- Pharmacies are already struggling financially to survive, and many are understaffed or have workforce shortages. Expense and additional workload may be burdensome.
- Difficulty and expense with Board developing and maintaining model language; will create fiscal impact for Board and its licensees.
- Model language cannot reasonably be developed for all directions of use for all types of drug formulations and therefore, model language may be restricted to oral tablets, similar to California, that would only benefit some.
- Burden associated with cutting language from a list of model language and adhering phrase to container.
- Interoperability between dispensing software and translation software may be a challenge particularly in smaller, independent pharmacies
- Inability for all software systems to provide dual languages on a single label.
- Possible risks of error and burden associated with having to retype information into a second software system and adhering a separate label to the container
- Patients potentially tearing off flagged labels if information gets in the way
- Inability for software to accommodate all directions of use, special characters, and lengthy directions for use, e.g, drug tapers or insulin
- Concerns with accuracy of translation based on various dialects
- Patient may not recall all significant details if only provided verbal translation without written translation (information overload).
- Identifying and selecting specific languages of the Commonwealth that would receive translated services
- Capacity of prescription label to include information in English and preferred translated language
- Limited space on small containers for multiple labels
- Font size for visually-impaired patients
- Possible inability for pharmacy staff to verbally counsel patient even if label contains translated language
- Limitation of patient access if a particular pharmacy is unable to comply with regulations
- Additional signs informing patients of language services provided may be overlooked due to the number of signs currently already in place
- Requiring too many changes in pharmacy workflow at one time may be burdensome and lead to patient harm

- Placing such requirements on in-state pharmacies without requiring it of nonresident pharmacies, e.g., mail order or specialty pharmacies, or physicians that dispense drugs
- Possible out-of-pocket expense to patient for service if not covered by insurance.

While the work group fully appreciated the need for patients to understand proper administration and possible side effects of medications, it acknowledged that federal laws already require minimum standards in certain situations and informing pharmacies may be beneficial in encouraging more pharmacies to provide translation services without creating additional mandates. The work group reviewed information compiled by the Washington Board of Pharmacy that identified the following federal laws: Title VI of the Civil Rights Act 1964 (42 U.S.C. 2000d) regarding discrimination based on race, color, or national origin by any program or activity receiving Federal financial assistance; Section 504 of the Rehabilitation Act (29 U.S.C. § 794) regarding discrimination based on a disability from any program or activity receiving federal financial assistance; and Title III of the American with Disabilities Act (42 U.S.C. §§ 12181 to 12189; 28 C.F.R. Pt. 36) regarding discrimination at a place of public accommodation which includes a pharmacy. The work group recommended that the Board of Pharmacy consider at its December full board meeting its ability to inform pharmacies and pharmacy personnel of these federal laws. It was further acknowledged that some pharmacies currently offer translation services for patients and that liability protections for pharmacy personnel are needed.

Other comments included:

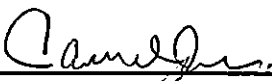
- Pharmacies could be encouraged to offer resources to patients such as informing patients of translation applications for phones.
- Hiring pharmacists with language proficiencies appropriate to setting which some already do as reported by one member.
- Perhaps limit any possible efforts to Spanish and limit requirements to high-population density areas to avoid unnecessary burden across the Commonwealth.
- Consider grants for alleviating financial burden associated with any possible requirements.
- Administering a survey to identify which pharmacies currently offer language services to their patients.

MEETING ADJOURNED:

Having completed all business on the agenda, the meeting was adjourned at 11:10AM.

12/6/2023

Date



Caroline D. Jufan, RPh
Executive Director