

Executive Summary: Health Impact Review of ESHB 1852

Concerning language requirements for prescription drug labels (2022 Legislative Session)

Evidence indicates that ESHB 1852 has the potential to result in more pharmacies providing translated prescription drug labels and other prescription information, improving access to culturally and linguistically appropriate services for some people with limited English proficiency (LEP), which would likely improve health outcomes and decrease health inequities.

BILL INFORMATION

Sponsors: House Health Care & Wellness (originally sponsored by Representatives Thai, Cody, Gregerson, Macri, Santos, Slatter, Valdez, Pollet, and Riccelli)

Summary of Bill:

- Requires the Pharmacy Quality Assurance Commission (Pharmacy Commission) to adopt rules establishing the requirements for the translation of prescription drug labels and prescription information by July 1, 2024.
- Directs the Pharmacy Commission to determine at least 15 languages for which to provide translations.
- Requires the Pharmacy Commission to adopt rules establishing other accessibility requirements for people who are blind, low vision, or otherwise print disabled for prescription drug labels and prescription information by July 1, 2024.
- Requires the Pharmacy Commission to submit a report to the relevant legislative policy and fiscal committees on the rulemaking progress, including selection of languages and the process for procuring or providing the translations, by July 1, 2023.
- Establishes that the Pharmacy Commission may deny, revoke, or suspend a nonresident pharmacy license or impose a fine (maximum \$1,000) per violation for failure to comply with requirements.

HEALTH IMPACT REVIEW

Summary of Findings:

This Health Impact Review found the following evidence for relevant provisions in ESHB 1852:

- **Informed assumption** that requiring the Pharmacy Commission to adopt rules establishing requirements for the translation of prescription drug labels and other prescription information would result in the Commission undertaking rulemaking and establishing translation requirements. This assumption is based on information from Pharmacy Commission staff.
- **Informed assumption** that the Pharmacy Commission undertaking rulemaking and establishing requirements for the translation of prescription drug labels and other prescription information would likely result in more pharmacies providing translated materials in the languages determined in rule. This assumption is based on information from key informants

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Governor's Interagency Council
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and research on New York State's implementation of prescription label translation requirements.

- **Informed assumption** that more pharmacies providing translated prescription drug labels and other prescription information would result in improved language access to pharmacy services and prescription information for some people with limited English proficiency (LEP). This assumption is based on U.S. Department of Health and Human Services standards, National Council on Interpreting in Health Care recommendations, and information from key informants.
- **A fair amount of evidence** that improving language access to pharmacy services and prescription information for some people with LEP would improve health outcomes.
- **Strong evidence** that improving health outcomes would decrease health inequities for people with LEP.

FULL REVIEW

For review methods, logic model, strength-of-evidence analyses, and citations of empirical evidence refer to the full Health Impact Review at

<https://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2022-05-HB1852.pdf>

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