

February 19, 2013

Re: H.B. No. 5418, AN ACT CONCERNING PRESCRIPTION DRUG LABELS

Testimony provided by:

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As health professionals whose work at NYU School of Medicine and Bellevue Hospital Center has focused on ensuring that low income and limited English proficient (LEP) families understand the medication instructions they are given when asked to administer medications to their children, we strongly support proposed H.B. No. 5418, AN ACT CONCERNING PRESCRIPTION DRUG LABELS, which seeks "to provide a standardized, patient-centered prescription drug label on each prescription drug container that is dispensed to a patient to reduce the number of patients who incorrectly take their medication."

It is well-recognized that patient confusion about prescription medication instructions is a common problem, and that existing drug labels are often not designed in a patient-centered manner. Patient confusion resulting from poorly designed medication labels lead to medication errors and poor adherence to medication regimens, and contributes to worse disease management and poorer health outcomes. Such issues disproportionately affect families from low socioeconomic status backgrounds and those with LEP, contributing to health disparities. These families are more likely to have low health literacy. Health literacy is defined as a person's ability to read, understand, and act on health information to make informed decisions. Low health literacy is a prevalent problem, with over 90 million US adults struggling to understand basic health information.

Currently, there is significant variability in the format, content, and language used on prescription medication labels. Labels are often not designed in a patient-friendly manner. For example, information that is bolded and highlighted may not serve to help patients focus on how to take their medicine correctly, but instead may serve to improve pharmacy workflow.

Numerous studies have highlighted that health provider medication counseling is often suboptimal; verbal instructions are often incomplete or not clearly conveyed, and verbal instructions are often difficult for patients to retain. Prescription medication labels are therefore relied upon by patients and their families, serving as a tangible source of medication information. Unfortunately, this medication label information is frequently not understood, especially by those with low health literacy skills.

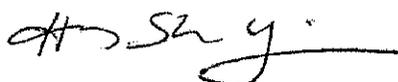
Fortunately, recommendations regarding how to optimize prescription drug labeling exist. Work done to investigate this issue includes that of the Institute of Medicine's (IOM)

Roundtable on Health Literacy and the White Paper on this issue commissioned by the American College of Physician Foundation's (ACPF) Medication Labeling Technical Advisory Board, entitled "Improving Prescription Drug Container Labeling In the United States: A Health Literacy and Patient Safety Initiative". Most recently, in November 2012, the US Pharmacopoeia published General Chapter <17> Prescription Container Labeling, to help support a universal approach to the format, appearance, content, and language of instructions for prescription medicines, such that prescription labels are more patient-centered. These are considered voluntary guidelines, however, and have yet to be widely adopted.

In addition to being "patient-friendly" from a literacy point of view, labeling should also be provided in the language of patient preference. Currently, many pharmacies do not provide medication labels in the language of patient preference, even in areas where languages other than English are prevalent. Provision of prescription information in the language of patient preference is essential for patient comprehension, and is a patient safety and patient rights issue.

Over the past decade, our team has developed significant expertise on issues of health literacy and language proficiency, particularly as they pertain to child health and medication safety. In our work at Bellevue Hospital, a large public hospital in New York City, we saw that many parents were confused about how to appropriately administer medications to their children, with 40-50% of parents making errors. Our team developed an intervention which included low literacy, bilingual medication instruction sheets and enhanced health provider counseling, which was awarded the Grand Prize at the NYC Health and Hospital Corporation's (NYC HHC) 2009 Patient Safety and Quality Expo (HHC oversees the public hospital system in NYC), and was featured in a book by Joint Commission Resources, entitled "Addressing Patients' Health Literacy Needs." Currently, we are working to develop an evidence-based medication label (in English and Spanish) for pediatric liquid medications using a health literacy perspective, with funding from the National Institutes of Health (NIH). Dr. Benard Dreyer serves on the IOM's Roundtable on Health Literacy, and led the American Academy of Pediatrics' (AAP) Health Literacy Project Advisory Committee. Dr. Shonna Yin has served as an advisor on health literacy and medication safety issues to the CDC, and has provided health literacy expertise to numerous groups, including the AAP and the NYC Mayor's Office.

In conclusion, our expertise related to these issues contributes to our strong belief that creating easy-to-understand, standardized prescription labels, and providing that information in a patient's language, is critically important for improving health outcomes and reducing health disparities. We therefore advocate for H.B. No. 5418, which would create a framework for standardized and simplified prescription labels across Connecticut, following the lead of similar initiatives in California and New York.



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