INTRODUCTION
The United States has always been a nation of immigrants—a place of comfort, shelter, and opportunity for people, regardless of race, religion, place of origin, or language.

There are more people with limited English proficiency (LEP) in the United States now than at any other time, and the LEP population is growing fast. This presents unique challenges and opportunities to pharmacies. How can pharmacies best serve LEP populations? What laws govern the types of information and services pharmacies must provide? How will that increase customer loyalty? This white paper examines the importance of offering drug-related information and advice to LEP individuals in multiple languages, outlines the laws and regulations that cover multilingual prescription information, and details the competitive advantages pharmacies can gain by offering information in multiple languages.
A Look At The Numbers

The Top 10 Languages Spoken in the U.S. After English and Spanish:

1. Chinese
2. Tagalog
3. Vietnamese
4. French
5. Korean
6. German
7. Arabic
8. Russian
9. African Languages
10. Other Asian Languages

The U.S. Census Bureau reports that nearly 50 million Americans use a primary language other than English at home, and that more than 24 million people, some 8.6 percent of the population, speak English less than “very well.” The country’s changing demographics suggest that this trend may only accelerate in the coming years. The Census Bureau reports that in the past decade, there was a 47 percent increase in Americans who speak a language other than English at home, and a 53 percent increase in the total number of LEP Americans.

Spanish is the second-most common language spoken in the United States, but there are many other languages spoken throughout the country, and the number of people speaking them is increasing every day. Chinese, French, Tagalog, Hindi, Arabic, Vietnamese, Russian, Korean... the list of primary languages other than English is a long one.

A Kaiser Permanente report found that 8.5 million U.S. children under 19 live in a household that has at least one LEP parent. The same report found that in eight states, individuals with LEP make up at least 10 percent of the population. California, with the highest LEP rate in the country, has 20 percent of residents who report speaking English less than very well. And a joint report by AT&T and Language Line Services found that every 19 seconds, a new immigrant comes into the United States with only a limited ability to speak English.

The LEP population faces unique problems getting proper healthcare. Studies have shown that almost half of LEP patients who need medical interpretation services do not get them.

Even many English-speaking people find it difficult to understand the instructions for their medications, and these difficulties are compounded dramatically for LEP individuals. Nearly 4 billion prescriptions are written annually, millions of them for those with LEP. These patients frequently do not understand prescription information, including dosage, side effects, when and how to take medication, and even warnings such as “do not operate heavy machinery” or “do not drink alcoholic beverages.” Yet very little help has been provided for many of them.

A survey for the Access Project found that “individuals who need and cannot obtain an interpreter face significant communication barriers that affect their understanding of how to use prescribed medications.” Pharmacists are on the front line of the issue. More than any other healthcare providers, pharmacists instruct patients on how to take medications and warn about potential side effects or other risks related to medications. Proper understanding of how to take medications is such an important patient safety issue that many federal and state requirements directly or indirectly govern the kind of information that must be provided to LEP individuals.
Offering Multilingual Information: The Legal Landscape

Providing information about medications to LEP individuals is not just the right thing to do, or good for business (as we’ll see later in this white paper), it is increasingly required by law and regulations. Individual states as well as a variety of federal agencies regulate how information must be provided to those with LEP. Some 48 states have requirements that cover the kind of oral counseling that must be provided, 33 states require that pharmacists provide counseling to patients when those patients are not in a pharmacy, and 24 states have rules requiring that pharmacists give written information to patients. These regulations apply to all patients, not only those patients who can speak English well.

On the federal level, several laws apply. The oldest is Title VI of the Civil Rights Act of 1964, which is broadly designed to outlaw discrimination, including discrimination in providing healthcare, on the basis of race, color, or national origin. Courts and the federal Department of Health and Human Services (HHS) have said that the statute also applies to minorities who do not speak English well. As a result, any pharmacy that receives federal funds is required to take “reasonable steps to ensure that limited English proficiency (LEP) individuals have meaningful access to their programs and services.”

The Omnibus Budget Reconciliation Act of 1990 (OBRA 1990), which modified the federal Medicaid Act, applies as well. It requires that every state establish a Drug Use Review (DUR) program to set up standards for patient counseling regarding the use of medications. Those standards require that pharmacists “offer to counsel” anyone who comes in with a prescription. The law also recommends that pharmacists include patients’ languages in their medication profiles, because it is an important component of how pharmacists provide counseling.

In addition, the Centers for Medicare & Medicaid Services (CMS) has been drafting regulations for Stage 3 of the electronic health record (EHR) meaningful use program, which offers financial incentives to those who convert to electronic health records (EHR). One recommendation requires that patient education materials be readily available in the top five foreign languages spoken in the U.S. The Affordable Care Act (ACA) expanded medical coverage in 2014, which increased the number of people with LEP covered by commercial insurance or Medicaid. The ACA will expand Medicaid to nearly everyone with incomes up to 133 percent of the poverty level and will also allow those without employer-provided medical coverage to purchase insurance through health exchanges. Individuals on Medicaid and those who purchase insurance from health exchanges will get prescription coverage they now lack, so more pharmacy customers will need translation services to help understand how best to take their medications.

The ACA also requires that states provide a simple enrollment process for Medicaid and health exchanges, including requirements making it easy for individuals with LEP to enroll, notably that language services be provided at no cost to them. In just a single state, California, an estimated 1.5 million LEP individuals will become eligible for medical coverage, according to the California Pan-Ethnic Health Network.

Numerous state laws require that pharmacists provide information about drugs to LEP individuals. Forty-eight states require that pharmacists offer counseling to patients, and in many states that requirement includes offering counseling to LEP individuals in their native languages. Minnesota, for example, requires that pharmacists provide oral counseling to those with LEP. California, Texas, and North Carolina require that written information about medications must be translated into languages other than English for the LEP population.

Pharmacies may also be liable to legal action if they do not offer language services to patients. In 2007, a coalition of groups filed a complaint with the New York State Attorney General, claiming that seven pharmacy chains did not provide language services as required by a variety of state and federal laws; eventually all seven chains settled with the state. The landmark settlement required that pharmacies provide oral counseling in a patient’s primary language, and that they translate drug labels, warning information, and other important information in Spanish, Chinese, Italian, Russian, and French. The settlement formed the basis of a comprehensive New York State law that requires pharmacies in the state to provide a broad range of translation services.
Gaining A Competitive Advantage By Providing Information In Multiple Languages

Aside from the legal and patient safety reasons that pharmacies should consider providing information in multiple languages, doing so can help them gain a competitive advantage, and lead to significant financial benefits. Pharmacies can attract significant business by providing information in the native language of LEP customers because LEP speakers will bring their business where communication is easiest for them. The number of immigrants more comfortable using their native language when shopping and purchasing has grown by 25 million in the past 35 years, according to the study from AT&T and Language Line Services.

The number of LEP individuals and their buying power are substantial. Not only did the Hispanic community spend $978 billion in 2009, but the Asian-American community spent an estimated $697 billion in 2014, and is expected to top $1 trillion in spending by 2017, according to The Nielsen Company. The same study found that 77 percent of Asian Americans speak a language other than English at home, and that the median household income of Asian Americans is 28 percent higher than the total U.S. median income. Louis Provenzano, President and COO of Language Line Services, says that those with LEP represent a sizable opportunity for retailers of all kinds, explaining, “By providing integrated in-language services throughout the sales, fulfillment and customer service process, organizations help attract and retain customers and enjoy a significant competitive advantage. Multiple studies verify that goods or services have greater probability of selling and fostering loyalty if they are promoted and supported in the customer’s language.”

It is important to keep in mind that, like all customers, when LEP individuals visit pharmacies, they do not buy only prescription drugs, but other products and services as well. Building loyalty by providing drug-related information in native languages can have a dramatic multiplier effect.

Pharmacy chains recognize this. Rite Aid announced its plan to expand language services nationwide to all of its stores, spotting a business opportunity to capture greater market share.

Walgreens also has a multilingual program, initially filling prescriptions with Spanish labels and instructions for 1 million Spanish-speaking pharmacy patients. As a result of its success, Walgreens is expanding to offer information in additional languages nationwide.
How To Offer Multilingual Information To Consumers

“If Asian Americans were a country, they would represent the 18th largest economy in the world.”

The Nielsen Company

Healthcare institutions and pharmacies can provide multilingual information about drugs to LEP individuals in a number of ways. Hiring bilingual staff and/or outside interpreters is one, although the cost of staff or services to cover all languages needed can be cost prohibitive. Pharmacies can provide automated SIG translation to offer medication label instructions in the patient’s native language, as well as patient education or drug information sheets for expanded information, which together eliminate the need for ad hoc interpretation services. Some large pharmacy chains offer SIG translations and other information in a few languages today, but few are covering the varied and expanded language needs of the changing U.S. population. Pharmacies not associated with chains, and most located in healthcare institutions, offer very limited drug information in languages other than English or Spanish.
Multilingual Solutions

Elsevier has two products that make it easy for any pharmacy to provide comprehensive information about drugs and help LEP consumers take medication safely and effectively. Elsevier’s MEDcounselor provides consumer information for all commonly prescribed U.S. prescription drugs, plus hard-to-find information on herbal, vitamin, nutritional, and over-the-counter products, in 18 languages, including English, Spanish, Arabic, Bengali, Chinese (Simplified), Chinese (Traditional), Creole (Haitian), French, German, Hindi, Japanese, Italian, Korean, Polish, Portuguese (Brazilian), Russian, Tagalog, and Vietnamese. Pharmacists need not have any foreign language expertise or experience to use MEDcounselor. They simply choose the language that is needed, and the correct content sheets are pulled from the database.

Elsevier also offers SIG Translation Services, a web-based solution, which provides prescription drug patient instructions, “Directions for Use,” or SIGs accurately and instantaneously, translated into the language of choice.

Conclusion

Many more people with limited English proficiency (LEP) are living in the United States now than at any time in its history, and the LEP population continues to grow quickly. Guaranteeing the safe use of and adherence to prescribed medications demands that patients fully understand the pharmacy’s instructions. State and federal laws and regulations require that pharmacies provide LEP individuals with information in their native languages for safety reasons.

What’s more, pharmacies can capitalize on the needs of this rapidly growing market and expand market share by providing LEP individuals with drug-related information in their native languages. One way to do this is by using third-party products and services that make it easy to offer language related services for the most commonly spoken languages in the United States.

For more information, please:
Call: 866 416 6697
Visit: goldstandard.com