



TO: The Professional Practice Committee

FROM: Douglas E. Lentivech

SUBJECT: Proposed Amendment of the Regulations of the Commissioner of Education Relating Interpretation and Translation Services to Limited English Proficient (LEP) Individuals in Pharmacies and to the Establishment of Standardized Patient-Centered Data Elements for Prescription Drug Labels

DATE: March 4, 2013

AUTHORIZATION(S):

SUMMARY

Issue for Decision

Should the Board of Regents approve the addition of new sections 63.11 and 63.12 of the Regulations of the Commissioner of Education relating to the interpretation and translation services for Limited English Proficient (LEP) individuals in pharmacies, and to the establishment of standardized patient-centered data elements for prescription drug labels?

Reason(s) for Consideration

Required by State statute.

Proposed Handling

This matter will come before the Professional Practice Committee and the Board of Regents for action as an emergency measure at the March 2013 meeting of the Board of Regents. A Statement of the Facts and Circumstances Which Necessitate Emergency Action is attached.

Procedural History

A Notice of Proposed Rule Making will be published in the State Register on March 20, 2013. Supporting materials are available upon request from the Secretary to the Board of Regents.

Background Information

The 2012 New York State budget legislation included amendments to the Education Law, which amendments are commonly referred to as the SafeRx Law (L. 2012, c. 57, Part V). This new law, which becomes effective March 30 2013, includes provisions to assist Limited English Proficient (LEP) individuals who need interpretation and translation services when filling prescriptions at pharmacies. The law also requires the Commissioner of Education to develop rules and regulations to provide more patient-friendly prescription labels for all patients.

Over the course of the months following passage of this legislation the Office of the Professions sought input from interested stakeholders. In addition to receiving written comments, there were three opportunities for oral presentations, one each in Buffalo, Albany and New York City. This input, and advice from the State Board of Pharmacy, assisted in the development of the proposed regulations.

Section 6829 of the Education Law, as added by section 3 of Part V of Chapter 57 of the Laws of 2012, includes the following provisions:

- The legislation applies to covered pharmacies, which the legislation defines as a pharmacy that is part of a group of eight or more pharmacies, located within New York State and owned by the same corporate entity.
- Covered pharmacies are required to provide interpretation and translation services to LEP individuals in their preferred pharmacy primary language, free of charge.
- The legislation defines the preferred pharmacy primary languages as those that are spoken by 1% or more of the population, as determined by the U.S. Census, for each region, as established by the Department, provided that no pharmacy need provide services in more than seven languages.
- Interpretation and translation services may be provided by pharmacy staff or third-party contractors.
- Pharmacies will not be liable for injuries resulting from the actions of a third party as long as the pharmacy entered into the contract reasonably and in good faith.
- Every covered pharmacy must conspicuously display a notice, in the pharmacy primary languages, notifying patients of the available interpretation and translation services.
- The legislation requires the Department to develop a process whereby a covered pharmacy may seek a waiver from these requirements if it can demonstrate that implementation is unnecessarily burdensome when compared to the need for services.

- The legislation also requires the Commissioner, in consultation with the Department of Health, to establish translation and interpretation requirements for mail-order pharmacies; such requirements will be effective March 30, 2014. The Department anticipates that it will come before the Regents with these regulations sometime early next year.

As noted above, the law delegated to the Department the responsibility of establishing the regions to be used in determining the languages in which translation and interpretation services must be provided. The Board of Pharmacy and Department staff considered a number of options, such as dividing the State into 6-8 regions, dividing the State into an upstate and a downstate region only, dividing the State on a county-by-county basis, and considering the State in its entirety as one region. After discussions with stakeholders representing both covered pharmacies and LEP individuals, it was determined that the last option was preferred because it provided services to a large portion of the LEP population in an efficient and cost-effective manner. Establishing the State as a single region will result in four pharmacy primary languages statewide – Chinese, Italian, Russian and Spanish. This approach will expedite the adoption of standardized interpretation and translation services by covered pharmacies and will provide for more languages to be covered in nearly all upstate communities than other options.

It should be noted that New York City has a local law regarding the provision of language assistance, interpretation, and translation services to LEP individuals. Both the enacting statute and the proposed regulations contain provisions that make it clear that neither the new law nor the regulations promulgated to implement it will diminish requirements existing pursuant to this New York City law.

Additionally, in the course of the development of the proposed regulations, the Civil Rights Bureau of the State Attorney General's Office provided information concerning settlement agreements it has with seven large retail pharmacy chains pursuant to which those chains have been providing language assistance, interpretation, and translation services in approximately 10 different languages to LEP individuals throughout the state. While all but one of those agreements will be expiring in 2013, there is nothing in the law or the proposed regulation that would prohibit any pharmacy from providing language assistance, interpretation, and translation services in additional languages.

Education Law §6830, as added by section 4 of Part V of Chapter 57 of the Laws of 2012, requires the Commissioner to develop regulations requiring the use of standardized patient-centered data elements on all prescription medication labels. It also requires the Commissioner to obtain input from its Boards of Pharmacy and Medicine, consumer groups, advocates for special populations, pharmacists, physicians, other health care professionals authorized to prescribe, and other interested parties, in the development of patient-centered prescription labels. Such labeling is intended to increase patient understanding and compliance with medication regimens.

Regarding patient-centered labeling, the Boards of Pharmacy and Medicine relied, in part, on previous studies conducted by the United States Pharmacopeia and

by the National Association of Boards of Pharmacy. Based on these studies, the proposed amendment requires that prescription labels must have certain, critical elements, including patient name, the drug name and directions, that must be bolded and/or highlighted and be in at least 12-point font. The proposed regulation also requires that directions for patient use be written in full sentences. Other important information must also be included on the label, including among other things, the patient's address, the pharmacy address and the name of the prescriber, but the manner in which such information is included on the label must not detract from the critical elements.

Recommendation

It is recommended that the Board of Regents take the following action:

VOTED: That sections 63.11 and 63.12 of the Regulations of the Commissioner of Education be added, as submitted, effective March 30, 2013, as an emergency action upon a finding by the Board of Regents that such action is necessary for the preservation of the public health and general welfare to immediately conform the Regulations of the Commissioner to Part V of Chapter 57 of the Laws of 2012, in order to timely implement the provisions of the new law, which becomes effective March 30, 2013.

Timetable for Implementation

If adopted at the March Regents meeting, the emergency rule would take effect on March 30, 2013, the effective date of the law. It is anticipated that the proposed amendment will be presented to the Board of Regents for permanent adoption at the May Regents meeting, after publication of the proposed amendment in the State Register and expiration of the 45-day public comment period required under the State Administrative Procedure Act. If adopted at the May meeting, the proposed amendment will be effective as a permanent rule on June 5, 2013.

AMENDMENT TO THE REGULATIONS OF THE COMMISSIONER OF EDUCATION

Pursuant to sections 207, 6504, 6507, 6810, 6829 and 6830 of the Education Law

Sections 63.11 and 63.12 of the Regulations of the Commissioner of Education are added, effective March 30, 2013, to read as follows:

§63.11 Interpretation and translation requirements for prescription drugs.

(a) Definitions. As used in this section:

(1) Covered pharmacy shall mean any pharmacy that is part of a group of eight or more pharmacies, located within New York State and owned by the same corporate entity.

(2) Corporate entity shall include related subsidiaries, affiliates, successors, or assignees doing business as or operating under a common name or trading symbol of the covered pharmacy.

(3) Limited English proficient individual or LEP individual shall mean an individual who identifies as being, or is evidently, unable to speak, read or write English at a level that permits such individual to understand health-related and pharmaceutical information communicated in English.

(4) Translation shall mean the conversion of a written text from one language into an equivalent written text in another language by an individual competent to do so and utilizing all necessary pharmaceutical and health-related terminology. Such translation may occur, where appropriate, in a separate document provided to an LEP individual that accompanies his or her medication.

(5) Competent oral interpretation shall mean an oral communication in which a person acting as an interpreter comprehends a message and re-expresses that message accurately in another language, utilizing all necessary pharmaceutical and

health-related terminology, so as to enable an LEP individual to receive all necessary information in the LEP individual's preferred pharmacy primary language.

(6) Pharmacy primary languages shall mean those languages, up to a maximum of seven languages other than English, spoken by one percent or more of the population of the State, as determined by the U.S. Census. If more than seven languages other than English are spoken by one percent or more of the population, the pharmacy primary languages shall be limited to seven most spoken languages, as determined by the U.S. Census.

(b) Provision of competent oral interpretation services and translation services.
Except as otherwise provided in subdivision (e) of this section:

(1) For purposes of counseling an individual about his or her prescription medications or when soliciting information necessary to maintain a patient medication profile, each covered pharmacy shall provide free, competent oral interpretation services and translation services in such individual's preferred pharmacy primary language to each LEP individual requesting such services or when filling a prescription that indicates that the individual is limited English proficient at such covered pharmacy, unless the LEP individual is offered and refuses such services.

(2) With respect to prescription medication labels, warning labels and other written materials, each covered pharmacy shall provide free, competent oral interpretation services and translation services to each LEP individual filling a prescription at such covered pharmacy in such individual's preferred pharmacy language, unless the LEP individual is offered and refuses such services or the medication labels, warning labels and other written materials have already been translated into the language spoken by the LEP individual.

(3) Translation and competent oral interpretation shall be provided in the preferred pharmacy primary language of each LEP individual, provided that no covered pharmacy shall be required to provide translation or competent oral interpretation of more than seven languages.

(4) The services required by this subdivision may be provided by a staff member of the pharmacy or a third-party contractor. Such services shall be provided on an immediate basis but need not be provided in-person or face-to-face.

(c) Notification relating to language assistance services. Except as otherwise provided in subdivision (e) of this section:

(1) In accordance with Education Law section 6829(3), each covered pharmacy shall conspicuously post a notice to inform LEP individuals of their rights to free, competent oral interpretation services and translation services. Such notice shall include the following statement in English and in each of the pharmacy primary languages: "Point to your language. Language assistance will be provided at no cost to you."

(2) The statement in each of the pharmacy primary languages shall be in 20 point bold face, Arial type in a color that sharply contrasts with the background color of the sign. Each such statement shall be enclosed in a box, and there shall be at least a 1/4 inch clear space between adjacent boxes.

(3) The statements in each of the pharmacy primary languages shall be printed on one sign that shall be conspicuously displayed at or adjacent to each counter where prescription drug orders are dropped off and where prescriptions are picked up, and near every cash register at which payment is received for prescription drugs. Such signs

shall be positioned so that a consumer can easily point to the statement identifying the language in which such person is requesting assistance.

(d) Waivers. An application for a waiver of the provisions of subdivisions (b) and (c) of this section shall be made on a form prescribed by the department. The burden of substantiating the validity of a request for a waiver shall be on the applicant.

(1) Each application shall be specific to a registered covered pharmacy, regardless of common ownership.

(2) The applicant shall clearly document the financial or physical constraints, threat to other services provided, or other circumstances upon which the request is based.

(3) No waiver shall be granted in the absence of a showing that implementation of the provisions of subdivisions (b) and (c) of this section would be unnecessarily burdensome when compared to the need for the translation and competent oral interpretation services.

(4) The applicant shall identify alternative sources of competent oral interpretation services or translation services available for LEP individuals within a reasonable distance.

(5) In the event a request for waiver is approved, the pharmacy shall post a notice in the pharmacy primary languages informing LEP individuals of alternative sources.

(6) The duration of a waiver shall be one year and may be renewed upon approval of a new waiver application by the department.

(e) In accordance with section 5 of Part V of Chapter 57 of the Laws of 2012, the provisions of subdivisions (a) through (d) of this section shall shall preempt any contrary

local law or ordinance; provided, however, that cities with a population of 100,000 or more may retain or promulgate such local laws or ordinances imposing additional or stricter requirements relating to interpretation services or translation services in pharmacies. Nothing in this section shall diminish or impair any requirement that any pharmacy or pharmacist provide any language assistance, interpretation, or translation under any applicable federal or state law, local law or ordinance (unless preempted by this section), consent decree, or judicial settlement, judgment or order.

§63.12 Standardized patient-centered data elements to be used on all drug labels. In accordance with section 6830 of the Education Law, all prescription medicine dispensed to patients in this State must include standardized patient-centered data elements as prescribed by in this section

(a) Definitions. As used in this section:

(1) Critical elements shall consist of:

(i) patient name;

(ii) directions for use by the patient, which directions shall be structured in full sentences; and

(iii) drug name and strength.

(2) Important elements shall consist of:

(i) name, address and telephone number of the pharmacy;

(ii) patient's address;

(iii) name of prescriber;

(iv) the date of filling or refilling of the prescription; and

(v) the prescription number or other identifying number assigned to the prescription.

(b) All prescription drug labels shall contain all of the critical elements and all of the important elements.

(1) Critical elements of each prescription label shall be:

(i) emphasized by being highlighted in color, in bold type, or both: and

(ii) printed in a minimum of a 12-point font.

(2) Important elements of each prescription label and any other information contained on the label shall not be highlighted in color or in bold type, shall be legible and shall not be presented in a fashion that undermines the emphasis on the critical elements.

STATEMENT OF FACTS AND CIRCUMSTANCES WHICH NECESSITATE
EMERGENCY ACTION

The proposed amendment to the Regulations of the Commissioner of Education is necessary to implement Section V of Chapter 57 of the Laws of 2012, which amended Education Law sections 6810, 6829 and 6830 to require pharmacies to provide certain interpretation and translation services, free of charge, to patients with Limited English Proficiency and to require the Commissioner of Education to establish standardized patient-centered data elements for prescription drug labels.

Because the Board of Regents meets at fixed intervals, and the statute is effective on March 30, 2013, the earliest the proposed amendment can be presented for adoption on a non-emergency basis, after expiration of the 45-day public comment period provided for in State Administrative Procedure Act (SAPA) section 202(1) and (5), is the May 2013 Regents meeting. Furthermore, pursuant to SAPA, the earliest effective date of the proposed amendment, if adopted at the May meeting, would be June 5, 2013, the date a Notice of Adoption would be published in the State Register. However, the provisions of Part V of Chapter 57 of the Laws of 2012 will become effective on March 30, 2013.

Emergency action is necessary for the preservation of the public health and general welfare in order to immediately conform the Regulations of the Commissioner of Education to the requirements of the Part V of Chapter 57 of the Laws of 2012, in order to timely implement the provisions of the new law which becomes effective March 30, 2013.

It is anticipated that the proposed amendments will be presented for adoption as a permanent rule at the May 2013 meeting of the Board of Regents, after publication in

the State Register and expiration of the 45-day public comment period on proposed rule makings required by the State Administrative Procedure Act.