



Marsha Hirsch  
<marshahirsch@sbcglobal.net>

02/25/2010 05:55 PM

To Carolyn\_Klein@dca.ca.gov

cc

bcc

Subject RX labeling

To the Board,

I am writing to request that the labeling of potentially deadly medication, if misused, be written in a larger font than 10 and also be translated when necessary. If this does not happen, there will be harm done to patients.

Marsha Hirsch

*font  
translation*

*no specific  
recommendations  
to mod. text*



"Robin Candace"  
 <rcandace@lifelongmedical.org>  
 02/23/2010 03:21 PM

To <Carolyn\_Klein@dca.ca.gov>  
 cc  
 bcc  
 Subject We Need LARGER PRINT and translation for non-English readers on pharmacy labels

Dear Carolyn,

As a nurse, and a senior, I am really shocked by the news that the CA Board of Pharmacy has made a decision to make medication labels LESS patient centered rather than MORE patient centered.

This is out and out age discrimination and national origin discrimination. 10 point type is too small for me to read easily, and I am on the younger end of senior. It would be criminal for pharmacies to only label in English, when a patient cannot read the English. We have laws that require pharmacies to ensure safety by using childproof caps and consulting with patients. Not labeling medications in languages the patient can read is another safety hazard that needs to be addressed.

*oppose  
10 pt  
translations*

PLEASE RECONSIDER YOUR DECISION AND VOTE FOR PATIENT SAFETY AND USABILITY, RATHER THAN BE SWAYED BY BIG MONEY INTO DOING THE WRONG THING.

Thank you very much.

Sincerely,

Robin Candace, RN

*no recommendations  
on specific modifications*



Robin Candace  
 Back Office Supervisor  
 West Berkeley Family Practice  
 510.981.4223  
 510-981-4292 Fax  
 rcandace@lifelongmedical.org  
 www.lifelongmedical.org



Carol Bailey  
<bailey\_hcasj@sbcglobal.net  
>

02/26/2010 10:41 AM

To Carolyn\_Klein@dca.ca.gov

cc

bcc

Subject Prescription Label Issue

Another vote is necessary on Patient Friendly Prescription Labels. As one of the group of senior advocates and limited English proficiency consumers who has worked for three years to get legislation, SB 472 (Corbett) passed, and then implemented by the Pharmacy Board, it was astounding to see both the font size and the translation issue discounted. We have attended numerous hearings and presented reams of evidence indicating that labels unreadable by senior citizens or limited-English speakers pose a very real hazard to their health. At one of the hearings research from universities, phone calls from experts and researchers, and sample labels were presented. All of this, paid for by tax payer dollars for the past two years, was negated by the Pharmacy Board action. This is a travesty of our legislative process. Carol Bailey, Stockton

"Taxes are what pays for a civilized society."  
Olive Wendell Holmes, U.S. Supreme Court

*font  
translation*

*no recommendations*



"Janet Cupples"  
<jacupples@earthlink.net>

02/25/2010 04:40 PM

Please respond to  
<jacupples@earthlink.net>

To <Carolyn\_Klein@dca.ca.gov>

cc

bcc

Subject I always have to ASK for large print on my prescriptions...

but Kaiser does give us the large print option...it is in their computer.

Many friends constantly complain that they have trouble reading the information on their prescription bottles. And others make mistakes, because they can't read the small print!

Please, listen to the large segment of the population with eye problems. **Mandate large print on the labels**, please. Thank you very much for your attention to this.

} print size

Sincerely,

Mr. and Mrs. Arthur Cupples  
Sherman Oaks CA 91423-4647

no recommendations



jane eiseley  
<jeiseley2@yahoo.com>  
02/23/2010 02:11 PM

To Carolyn\_Klein@dca.ca.gov  
cc  
bcc  
Subject Labels

The intent of the law establishing the Pharmacy Board was to protect the public. This should have been your only criterion when deciding the labels issue. It is obvious that you were swayed by arguments from the drug industry. This amounts to dereliction in your duty.

Jane Eiseley  
Berkeley, CA

*no recommendations  
re: modified text*



Jim Dickinson  
<dickinsj@ucalgary.ca>  
03/09/2010 10:38 AM

To carolyn\_klein@dca.ca.gov  
cc  
bcc  
Subject Improved labelling for pharmacy products

C Klein

Manager, Legislation and Regulations  
California State Board of Pharmacy

*no recommendations*

Dear Ms Klein,

I am a physician currently working in teaching Family Medicine in Alberta, Canada, but previously have done so in Hong Kong, and Malaysia, where multiethnic populations were common and required information that is understandable to them. I wish to add my voice to the protests at watering down requirements on pharmacies to ensure that patients can understand their medications and take them properly.

Most patients needing multiple drug therapy, those who are most at risk of side effects and interactions are elderly. These people all have presbyopia, (ageing of the lens of the eye) so they need reading glasses at least, and often degenerative eye disease, so they need magnification. Starting with a small font size makes their disabilities even worse. Therefore they need large fonts.

In all these countries medication compliance was an issue, but pharmacists (and many doctors who do their own dispensing) have computerised labelling software, so that once the quite limited required information is entered into the dispensing program, it is a simple matter to code in the required language for the label. With modern computers and printers, the computer then prints out labels in the required language, using the preferred language font: roman, Tamil, Hindi, traditional or simplified Chinese. It is a simple matter to specify that the English generic name and dose also be printed.

It is absurd that pharmacies assert that they cannot quickly set up the required software and translations in California, with its ethnic mix of highly educated computer and medical professionals. These translations already exist around the world, and since there is a limited number of standard drugs and directions it should take no more than a few days for a programmer to amend the programs already being used by the vast majority of pharmacies. In a competitive market as large as California, the initial costs would be spread over many users, so licensing a program should cost a trivial amount to each pharmacy.

The cost of such a program would quickly be defrayed if only a few extra patients were able to take their medicine properly, and thereby were able to return to work faster, or were able to avoid unnecessary hospitalisation because of treatment errors.

Dr J A Dickinson  
Professor of Family Medicine and Community Health Sciences  
University of Calgary

Phone Office (403) 2109200  
Direct line 2109213  
Fax 210 9204

*language  
comments  
font (comment)*

*technology*



Gloria Riese  
 <griese@bhs-inc.org>  
 03/03/2010 02:27 PM

To "Carolyn\_Klein@dca.ca.gov" <Carolyn\_Klein@dca.ca.gov>  
 cc "mmartinez@cpehn.org." <mmartinez@cpehn.org>  
 bcc  
 Subject Prescription Labels

To Ms. Klein,

I have been a health educator for Behavioral Health Services – Medicine Education Program, a not-for-profit organization, for the past 25 years. The focus of our "Take Charge of Your Health" series of classes (provided to older adults in Los Angeles County) is to teach participants to take responsibility as health care consumers. We encourage people to read the labels on all their Rx and OTC medicines to avoid making mistakes.

Mistakes are not made on purpose. The longer period of time a person takes medicines, and the more medicines a person takes, the chances of mistakes increases. Mistakes increase when it is difficult to see or understand directions on a Rx label. Reading 10pt font on labels can be difficult for many older adults, but especially difficult for an elderly person with failing eyesight. A larger print of 12 pt. or higher is needed without question. Also, we have participants in our classes who do not speak, read or understand English. I am very concerned that these people are using medicines without knowing the correct way of taking them, and not understanding the dangers when medicines are taken incorrectly. Put yourself in the position of looking at your medicine containers and trying to remember which one is your high blood pressure medicine and remembering the information that was given to you verbally in a foreign language by the doctor or pharmacist. Now imagine having your five year old grandson translate the label on your prescription container.

And as we know, directions are often very poorly written on RX labels. For example, the directions – take one pill four times daily – how many hours between each pill? And should it be taken on an empty stomach or with food? Poorly written instructions, small lettering and a language barrier leads to mistakes in taking medicines. The result is often a trip to the emergency room, hospitalization, bodily harm or even death. This is too big of a price to pay for not having the pharmacies make simple changes that will increase safety of consumers using medicines.

I am asking that you reconsider the modification of changes to Rx labels by requiring pharmacies to write Rx labels at 12pt. or higher, and to translate labels into the language of the patient.

Gloria Riese, MA  
 Health Educator  
 Behavioral Health Services – Medicine Education Program  
 310-679-9035

*not part of 15 day modifications.*

*12 pt  
(a) (1)*

*Directions for use  
(a) (4)*

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Sherwood Rupp  
 <ruppwolf@pacbell.net>  
 Sent by:  
 Consumers.Union@dca.ca.gov  
 ; nonprofit publisher of  
 Consumer Reports  
 <action@consumer.org>

To Carolyn\_Klein@dca.ca.gov  
 cc  
 bcc  
 Subject Make Medication Labels Safer!

02/25/2010 02:15 PM

Please respond to  
 Sherwood Rupp  
 <ruppwolf@pacbell.net>

Feb 25, 2010

Ms. Carolyn Klein  
 1625 N Market Blvd, N219  
 Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I find that 12-point font is too small to use as a minimum; I urge the California Board of Pharmacy to use at least 13-point font for the important information on medication labels. I would suggest 14-point as even better, but the medication container would be too large.

} 13- or  
 14 pt.

From the two years of study I see the American College of Physicians and some other experts support the Board's draft regulations requiring 12-point font. It is too small a font but better than what is now used.

I am surprised that the Board sided with the pharmacy retailers in overturning their own studied recommendation. The pharmacy retailers must have lots of influence. Sad!

I agree with the American Academy of Family Physicians that the older we get the less easy it is for us to read small print. I know longer easily read the font-9 and 10 well. I'm sorry that the Board canceled their own study's recommendation. I wish the Board would change its mind.

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

} 12 pt.

Sincerely,

Mr. Sherwood Rupp  
 PO Box 637  
 Applegate, CA 95703-0637  
 (530) 878-8849



Kellam de Forest  
 <deforek@aol.com>  
 Sent by:  
 Consumers.Union@dca.ca.gov  
 ; nonprofit publisher of  
 Consumer Reports  
 <action@consumer.org>

To Carolyn\_Klein@dca.ca.gov  
 cc  
 bcc  
 Subject Make Medication Labels Safer!

02/25/2010 02:18 PM

Please respond to  
 Kellam de Forest  
 <deforek@aol.com>

Feb 25, 2010

Ms. Carolyn Klein  
 1625 N Market Blvd, N219  
 Sacramento, CA 95834

Dear Ms. Klein,

Confusing or hard-to-read prescription labels pose a major threat to the safety of patients, especially seniors and others with limited eyesight. We need safer, clearer labels to help prevent deadly errors.

I urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions. This information is especially important as to the number of times a day the medication is to be administered, whether food is required and when it is safe to cease the medication. The name of the medication should be in a font larger than 12 so that patients or their caregivers could access information on the web. Just go to your computer and see for yourself how small 10 point font is. Remember the font on the computer is back lighted. 10 point is harder to read will reduced night time light.

12 pt.  
 @ (1)

name of drug  
 (a)(1)(B)  
 & not relevant to 15 day modifications

Requiring a 12-point font on the most important parts of medication labels is a small step that will save lives. I urge the Board to return to its initial recommendation and vote for stronger prescription label standards for Californians.

Sincerely,

Mr. Kellam de Forest  
 2651 Todos Santos Ln  
 Santa Barbara, CA 93105-2916  
 (805) 682-4834



"Keller, Debra"  
<Debra.Keller@ucsf.edu>  
03/08/2010 07:10 PM

To "Carolyn\_Klein@dca.ca.gov" <Carolyn\_Klein@dca.ca.gov>  
cc  
bcc  
Subject Comments to 1707.5.

Thank you for your efforts to make prescription labels clearer and more patient centered.

I have the follow recommendations for the text of the final regulations

1. Font size - require the use of 12-point rather than 10 point font. 10 point font is difficult for many elderly patients to read.

\* 12 pt  
a.1.

2. Medication name - standardize labels with the generic name of the medication. Alternating between trade and generic names is a significant source of confusion for patients.

3. language requirements: Please discard the clause "if interpretive services in such language are available" present in the current version. Pharmacy's should not be able to opt out of providing interpretive services.

Thank you for taking the time to read my suggestion.

All the best,  
Debra Keller, MD  
UCSF Medical Center  
Internal Medicine Resident

(d) recommendation \*

(a)(1)(B) -  
not part of  
modified text  
for 15-day  
comment period.



Ron Chavez  
<ron94538@yahoo.com>  
03/07/2010 10:35 PM

To Carolyn\_Klein@dca.ca.gov  
cc  
bcc  
Subject Draft regulations (Ms. Klein)

Dear Ms. Klein,

Re: Translation for patients prescriptions

It is very important for our patients who are monolingual in Spanish to have the correct information on their prescription labels so they can read it.

I agree that the following should be included in the final draft of the regulations.

(a) 12-point font is the minimum size for readability.  
Translated labels are essential for our communities to understand how to take their medication effectively and safely.

\*  
} 12 pt  
(a)(1)

(b) Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.

(c) Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

Thank you kindly,  
Ron Chavez, Executive Director  
Grupo Fremont VIP  
4766 Serra Avenue  
Fremont, Ca. 94538  
Alameda County

(d) recommendation:  
strike "if available"

translated labels  
> general comment  
> not part of 15-day  
modifications.



GloPow@aol.com  
03/07/2010 05:11 PM

To Carolyn\_Klein@dca.ca.gov  
cc jreid@californiaalliance.org  
bcc  
Subject Re: Changes to Prescription Drug Labels

Ms Klein:

The following are my comments on the action of the California Board of Pharmacy(Board) at it's February 2010 meeting regarding prescription drug labels.

My name is William Powers and I am the immediate past president of the Board having served in that post for two terms. I was a public member of the Board for over eight years. During that time I considered the Board to be primarily a consumer protection agency and not an industry protection group. That is why it is located in the Department of Consumer Affairs.

Medical errors continue to plague our society on many levels causing suffering and sometimes even death. SCR 49 created a taskforce to address these problems and seek solutions.

One of the recommendations of the taskforce was that the Board look at the standardization of prescription drug labels as one way of addressing this vexing problem. The Board held hearings around the state to hear from consumers, invited experts to provide testimony and generally tried to be open to all suggestions. As one who was intimately in this process, I believe the Board acted in a responsible and prudent manner.

Among the suggestions that emerged from this lengthy process was that the size of the print on the labels should meet certain criteria and the research provided by the experts was that the print for key elements of the label should be no less than a 12 point font. Anything less would make it difficult for a large number of consumers to read the print. This recommendation was presented to the Board at the February 2010 meeting. And despite all of the science and the overwhelming testimony of seniors, who are the group most affected by medical errors, the Board chose to ignore the staff recommendation and reduced the font size to 10 point to meet the objections of the large corporate interests. How sad and disappointing it is to see a governmental agency dedicated to consumer protection bend to the will of industry causing potential harm to seniors and other consumers.

12 pt  
(a)(1)

In addition, the Board refused to consider requiring that prescription drug labels be translated into at least the five most commonly spoken languages in the state. This despite the fact that the populations that speak these languages are expanding in the state. There was recent testimony that the technical capacity to easily produce these translations is available.

Once again the Board chose the interests of the corporate retailers over the safety needs of consumers. I am strongly urging the Board to reverse these two unfortunate decisions and restore the 12 point font and require the above noted translations. While these by themselves will not eliminate medical errors they will get our state on the right track and not go backwards. I trust you will do the right thing by the seniors and consumers of our state.

require translated labels  
commentary



Trang Nguyen  
<t\_ranguyen@yahoo.com>  
03/06/2010 02:34 PM

To carolyn\_klein@dca.ca.gov  
cc  
bcc  
Subject Supporter of drug label drug assistance

March 6, 2010

From:

Trang T. Nguyen

1009 Cypress Lane

Davis, CA 95616

To:

Carolyn Klein, Coordinator  
Legislation and Regulations  
California State Board of Pharmacy  
1625 N. Market Blvd. N 219  
Sacramento, CA 95834  
E-mail: [carolyn\\_klein@dca.ca.gov](mailto:carolyn_klein@dca.ca.gov)  
Telephone No.: (916) 574-7913  
Fax No.: (916) 574-8618

I am writing on behalf of California Communities United Institute as well as an advocate for drug label language assistance.

*language*

In 2007 the state legislature passed SB 472, which requires that medication container labels become more patient centered. As a result, the State Board of Pharmacy considered regulations that would establish the size and type of font to be used on the labels along with a standardized set of instructions to be used on those labels. By this, patients will be able to safely take his or her medications labeled in an understandable language.

Recently my grandfather received the wrong prescription drug from his local pharmacy that is managed by Vietnamese pharmacists and staff. No one informed him at the pharmacy that they had given him the wrong drug, an antibiotic. It was not until my aunt looked over his prescriptions two days later and notified the pharmacy about their mistake. Not only should drug labels be clearly written in his or her own preferred language, but also verbally instructed to prevent errors in prescription drug distribution.

*translated labels*

Please enforce pharmacies and/or health institutions that distribute prescriptions to have drug labels language assistance available on the medicine bottle and/or access to a third party interpretive service. In addition, to further protect consumers, pharmacy staff should also verbally inform patients on what type of drugs they are prescribed and how to take those drugs.

Sincerely,

Trang T. Nguyen

(1)  
require lang. assistance



Deborah Levan  
 <dlevan@bhs-inc.org>  
 03/05/2010 05:01 PM

To "Carolyn\_Klein@dca.ca.gov" <Carolyn\_Klein@dca.ca.gov>  
 Janine Palomino <jpalomino@bhs-inc.org>, Gloria Riese  
 cc <griese@bhs-inc.org>, Jenny Alonzo  
 <jalonzo@bhs-inc.org>, "mmartinez@cpehn.org"  
 bcc  
 Subject Re. Proposed Board of Pharmacy regulations

Dear Ms. Klein,

As Director of Older Adult Services for a non-profit in Los Angeles County, Behavioral Health Services, Inc., I operate several programs for seniors, including case management and home care for frail elderly and a medication misuse prevention program for active older adults. Staff members of these programs witness the multiple medications consumed by their older adult clients/participants and the great potential for misuse, given the clients' impaired vision, hearing, memory issues and language barriers. I urge you to add stronger language in the proposed regulations that will help prevent medication misuse and its negative consequences among this vulnerable population. Specifically, I recommend and support the following:

- **12-point font size** for labels. 12-point font is the minimum size for readability and has been validated through research. } 12 pt. (a)(1)
- **Translated labels**. Translated labels are essential for our communities to understand how to take their medication effectively and safely. } translated labels
- Pharmacies should be required to use the translated labels provided by the Board or develop their own translations. } translated labels
- **Oral interpretation must be required** for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions. } (d) oral interp. svcs.

I appreciate your consideration. Please feel free to contact me if you have any questions.

Sincerely,  
 Debbie Levan

Debbie Levan, M.P.H.  
 Divisional Director, Older Adult Services  
 Behavioral Health Services, Inc.  
 15519 Crenshaw Blvd.  
 Gardena, CA 90249  
 310-679-9035  
 Fax 310-679-2795  
 Email [dlevan@bhs-inc.org](mailto:dlevan@bhs-inc.org)

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 Mission: The mission of BHS is to transform lives by offering hope and opportunities for recovery, wellness and independence



"Mahoney, Thomas"  
<tmahoney@communitymedi  
calcenters.org>

03/05/2010 02:06 PM

To <Carolyn\_Klein@dca.ca.gov>

cc

bcc

Subject Title 16 Section Proposed Added Section 1707.5

Ms. Klein,

I am writing to you as a concerned medical director of a community medical center that serves many patients with non-English primary languages. Many of our patients do the work that nobody else wants to do – either in the agricultural industry or at the very bottom ranks of the service industries. Many of our patients have chronic conditions that require medications. In order to assure “compliance”, our patients need to understand how to take their prescribed medications. While I applaud the proposed changes in Title 16, they do not go far enough. Specifically, in Section 1707.5 (a) (1) (B) it states that the medication name can either be the manufacturer’s brand name or the generic name. In order to decrease confusion when more drugs are able to become available in generic forms and providers make the switch, it is best that all prescription labels use the generic medication name. In regards to Section 1707.5 (d) – the limited/no English proficiency section – the last clause that gives the condition that interpretive services need only be met “if available” is unacceptable. Who defines what is “unavailable”? The addition of this clause subtracts the intent of Section 1707.5. I strongly urge you to take this out: Thank you for reading my comments.

Respectfully,

Thomas Mahoney, MD, MPH  
Medical Director  
Community Medical Centers, Inc.  
Administrative Office--7210 Murray Drive  
Stockton, CA 95210  
Ph: 209-373-2830  
Fx: 209-373-2878

*(a)(1)(B)  
not open to  
15-day modifications*

*\* (d) recommendation*

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Anita Sherbanee  
<asherbanee@roadrunner.com>

03/05/2010 10:33 AM

To carolyn\_klein@dca.ca.gov

cc

bcc

Subject Patient Centered Prescription Label Mod to 1707.5

An article in the LA Times regarding mandatory change in prescription labels has gotten my attention and I wish to make a few comments.

While I do agree that some of the labeling is small and very hard to read (particularly those little tiny sticky ones w/precautions that are stuck to the side of the bottle), I do not understand why the proposed labeling cannot be made OPTIONAL for those requiring larger fonts rather than mandatory. I have several medications that I take on a regular basis and have for years, the pills are tiny, and to have them in a now even larger bottle is foolish, not cost effective and creates more burden for our environment. They would definitely be more cumbersome in many ways including storage at home and in facilities. If a patient requires large print, why not just have a large computer print-out on a sheet of paper that is given to the consumer. Of recent, I have had problems with my eyes which also require multiple drops. The solution to knowing what to take when---my physician has given me written instructions on how and when to administer the drops. Perhaps this onus needs to be on the physicians themselves and not the pharmacies.

I clearly believe that the issue of hard to read bottles can be done on an optional, case by case basis, and not a requirement for all prescriptions. Likewise, physicians who prescribe drugs should be responsible for instructing the patient, not the pharmacist. Yes, the labels need to be legible and clear, but not to the extreme proposed by the modifications as outlined in 1707.5

Thank you,  
Anita Sherbanee, R.N., J.D.

}  
*oppose  
modifications*



"Peck, Caroline  
(CDPH-CDIC)"  
<Caroline.Peck@cdph.ca.gov>  
>

To <Carolyn\_Klein@dca.ca.gov>

cc

bcc

03/04/2010 03:16 PM

Subject Comments to 1707.5

Dear Board of Pharmacy –

Please take into account the following recommendations, as they are much more patient friendly.

1) font size: section a)1 the current proposed regulations requires labels to use 10-point font.  
Recommendation: require use of 12-point font

} 12 pt  
(a) (1)

not part  
of  
15 day  
modifications

2) medication name: section a1B) states that "'name of the drug' means either the manufacturer's trade name, or the generic name and the name of the manufacturer"

Recommendation: standardize labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients

3) language requirements: section d) the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter."

Recommendation: eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation

} (d)

Caroline

**Caroline A Peck, MD, MPH, FACOG**

**Assistant Director, General Preventive Medicine/Public Health Residency  
Director, Cal EIS Applied Epidemiology Fellowship**

**Chief, Program Development Section  
California Department of Public Health  
1616 Capitol Ave Suite 74.420  
PO Box 997377 MS 7213  
Sacramento, CA 95899-7377**

**(916) 552-9940  
(916) 552-9994 FAX  
[caroline.peck@cdph.ca.gov](mailto:caroline.peck@cdph.ca.gov)**

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Thank you.



FloresGarcia Gloria  
 <gfgarcia1@yahoo.com>  
 03/04/2010 04:36 PM

To Carolyn\_Klein@dca.ca.gov  
 cc  
 bcc  
 Subject

To Honorable Legislators:

As a community based organization working with community to prevent and/or manage their health, it is imperative that we pay attention to the needs of individuals that need to feel safe, secure and confident that they understand their prescriptions. We encourage you to think about instructions being necessary to the patient - not the provider and general medical community. If this is what changes are needed than lets move in that direction . It just makes sense and agencies, outlet staff and providers have ENOUGH TO DO!!!!

We encourage you to consider the following:

- 12-point font as the minimum size for readability.
- Translated labels essential for our communities to feel secure in understanding how to take their medication effectively and safely.
- Pharmacies be required to use the translated labels provided by the Board or develop their own translations. Community organizations would be willing to help!!!!
- Oral interpretation be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse and is irresponsible.

not part of  
 15-day  
 modifications

} 12 pt  
 (a) (1)

} (d)

Thank you for the opportunity to speak our voice. gfg

Gloria Flores-Garcia  
 Associate Executive Director  
 El Concilio of San Mateo County  
 Administration  
 1419 Burlingame Avenue, Suite N  
 Burlingame, CA 94010  
 (650) 373-1084  
 Fax (650) 373-1090



"Elaine Zahnd"  
<Elaine.Zahnd@phi.org>  
03/03/2010 03:09 PM

To <Carolyn\_Klein@dca.ca.gov>  
cc  
bcc  
Subject prescription drug labels

Hello Ms. Klein:

I am a senior research scientist who has worked on public health issues with low-income and immigrant populations for over 40 years. Among other projects, I work on the California Health Interview Survey, the largest population-based survey in the nation, and a survey that administers health questions in 5 languages to insure inclusiveness in health data obtained for the entire California population.

I am writing to you to advocate for making some needed changes on prescription formats. I want to begin by asking you to increase the font size on prescription labels to 12 point. It is so difficult for our senior population to read small prescription labels, and erroneously misreading their type of medication, or directions in how to administer the medication could have disastrous effects. When pharmacies print the prescription labels they also increasingly move to smaller and smaller fonts as they attempt to squeeze a lot of information onto a tiny bottle or packet; the impact of such small fonts means that many citizens are unable to read the labels even with the aid of glasses.

} 12 pt  
(a) (1)

In addition, at a minimum, we must have prescriptions available in Spanish in California when it comes to the need for translation. Recent immigrants and senior citizens of Asian and Hispanic backgrounds often are monolingual, and have to rely on their bilingual family members to go with them to visit their medical providers, or to help them with their medications. While difficult, some may be able to get someone to help them at initial doctor visits, but then they return to their homes alone and don't have family members living with them who can read the English-only labels. In the most racially/ethnically diverse state in the nation, I do not understand how you could approve English-only labels in good conscience. At a minimum please help out all seniors by increasing the font size of the labels. Additionally, regardless of cost or challenges for the pharmaceutical industry in implementing these new, needed changes, please adopt a new model standard and have California lead the way in the nation once again in making health care more accessible to seniors and non-English speakers.

translations

font

Thank you for your consideration.

Elaine Zahnd, PhD  
Senior Research Scientist  
925.283.6432 FAX/phone  
ezahnd@phi.org



Rocky Schnaath  
<rocky\_s@pacbell.net>  
03/03/2010 10:14 AM

To <Carolyn\_Klein@dca.ca.gov>  
cc  
bcc  
Subject Support translated Rx Labels

Dear Ms. Klein

With regards to the approved draft regulations, I urge you to consider the following:

12-point font is the minimum size for readability.

Translated labels are essential for our communities to understand how to take their medication effectively and safely.

Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.

Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

Thank you.

Rocky Schnaath  
Spanish Translator & Interpreter

*not part  
of  
15-day*

*} 12 pt  
@ (1)*

*} (d)  
oppose  
"if avail"*



"Michael Lyon"  
 <mlyon01@comcast.net>  
 03/03/2010 08:36 AM

To <Carolyn\_Klein@dca.ca.gov>  
 cc  
 bcc  
 Subject Prescription Labels

Carolyn Klein  
 Manager, Legislation and Regulations  
 California State Board of Pharmacy  
 1625 N. Market Blvd., N219  
 Sacramento, CA 95834  
 Fax: (916) 574-8618  
 Email: [Carolyn\\_Klein@dca.ca.gov](mailto:Carolyn_Klein@dca.ca.gov)

*no recommendations to  
 modified text.*

The Board heard the testimony from one of its own members: Decreasing font size from 12 to 10 point type would mean an additional 300,000 Californians would not be able to read their prescription labels, and would be put a risk of being one of the 100,000 yearly deaths in the US from medical mistakes.

*12 pt.*

Only these deaths would not be the result of a mistake. The Board had already arrived a 12 point type protocol, after exhaustive investigation and consultation with experts, including the Board's hired consultants. The 12 point protocol was reversed, not on the basis of new scientific or clinical information, but on the last-minute stacking of the Board with chain-drug-sympathetic members, who were willing to ignore the advice of one of California's largest prescribers, Kaiser Permanente, who said they have implemented the 12 point protocol with no problem. I know, as I am a Kaiser Permanente patient.

*translations  
 interpretations*

I also cannot believe the Pharmacy Board would reverse its recommendations requiring translations of prescription labels and available on-site translation. It is outrageous that it be official State policy that residents be put at danger of harm or even death as a consequence of not being proficient in English. On-site translation is not hard to do: I worked fifteen years at San Francisco General Hospital, and translation in almost any language was always available by phone, if it was not covered by staff interpreters. Similarly, if an easily understandable protocol for prescription labels in English were agreed on, translations of these labels could be greatly simplified, and shared by all pharmacies.

There is no excuse for the Pharmacy Board's negligence of California's elder and non-English-speaking population.

I speak for the Boards of the California Alliance for Retired Americans, San Francisco Gray Panthers, and Senior Action Network.

Michael  
 128  
 San Francisco  
 415-215-7575  
[mlyon01@comcast.net](mailto:mlyon01@comcast.net)

Faith  
 CA

Lyon  
 St.  
 94110



"Wallace, Steven P."  
<swallace@ucla.edu>  
03/02/2010 11:16 PM

To <Carolyn\_Klein@dca.ca.gov>  
cc  
bcc  
Subject SB 472 Implementation

Dear Ms. Klein:

I am writing to recommend that you fully implement SB 472. As a gerontologist and the son of an aging mother, I am aware that readability of prescription bottles is a safety and effectiveness concern.

While some bottles and packaging may be small, there are a number of innovative ways to attach labels that are large enough to support 12 point-type with key information. Cataracts and other vision problems are common among older adults, so anything less than 12-point becomes a problem for the group with the highest number of prescriptions. In addition, over 20% of older Californians have problems speaking English. Since most labels are computer printed using standardized forms, it seems logical to require label information be available when needed in threshold languages. And similarly, we should encourage pharmacies to offer in-language counseling when possible.

Please do not allow the health and safety of California consumers to continue to be at risk due to unreadable prescription labels. They should be at least 12 point in size, in as many alternative languages as feasible (but, at a minimum in threshold languages), and have counseling in their own language when possible. I hope to see the regulations you issue follow these evidence-based standards.

Sincerely,

Steven P. Wallace, Ph.D.  
UCLA School of Public Health  
Professor & Vice-Chair, Dept. Community Health Sciences  
Associate Director, UCLA Center for Health Policy Research

10960 Wilshire Blvd., #1550  
Los Angeles, CA 90024  
310-794-0910 (voice)  
310-794-2686 (fax)  
[www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu)

12 pt  
translated labels  
(d) require interpretive services



Lindy Rice  
<ricelindy@yahoo.com>  
03/02/2010 05:36 PM

To Carolyn\_Klein@dca.ca.gov  
cc  
bcc  
Subject SB 472 regulations

I am writing concerning regulations being drafted by the California Board of Pharmacy on improving prescription drug labels. The regulations are required by SB 472, which was signed by Governor Schwarzenegger in 2008. I am concerned because on February 17 the Board approved draft regulations that are considerably weaker than previous versions. I feel strongly that:

- 12-point font is the minimum size for readability.
- Translated labels are essential for our communities to understand how to take their medication effectively and safely.
- Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.
- Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

*translated labels*

*(a)(1) 12 pt*

Please make sure that the new regulations contain the above criteria.

Thank you.

Lindy Tillement  
[ricelindy@yahoo.com](mailto:ricelindy@yahoo.com)

*(d)  
no recommendation*



Jim Forsyth  
<james.forsyth@sbcglobal.net>

03/02/2010 05:13 PM

To Carolyn\_Klein@dca.ca.gov

cc

bcc

Subject Regulations

In order to comply with AB 472 it would seem to any disinterested person that 12 point type should be the smallest that can be used on pill bottles, in order to be legible for patients. Additionally, translation for the instructions for use should be provided for non-English speakers. Jim Forsyth, 1926 Wingate Way, Hayward CA 94541.

} a 1 12 pt  
}

translation  
not specific to  
oral or written  
(not part of  
15-day modified  
text)



Luis Miguel  
<luis@avantpage.com>  
03/02/2010 03:06 PM

To "Carolyn\_Klein@dca.ca.gov" <Carolyn\_Klein@dca.ca.gov>  
cc  
bcc  
Subject I support Translated Prescription Drug Labels

Ms Klein, if pharmacies do not provide translated labels, you discriminate against people who do not read English. You condemn them to poor health outcomes, as they cannot follow the directions properly.

In addition

- 12-point font is the minimum size for readability.
- Translated labels are essential for our communities to understand how to take their medication effectively and safely.
- Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.
- Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

12 pt  
(a)(1)

Thanks,  
/luis

—  
**Luis Miguel, PhD** | CEO | [luis@avantpage.com](mailto:luis@avantpage.com)  
530.750.2040 | cel 530.867.1148 | fax 530.750.2024  
**Avantpage** | Connect in any Language® | <http://www.avantpage.com/>  
Follow us on Twitter—<http://twitter.com/Avantpage>

(d)  
require  
interpretive svcs



"Kathrin Smith "  
<ksmith@californiaalliance.org>

03/02/2010 02:00 PM

To <Carolyn\_Klein@dca.ca.gov>

cc

bcc

Subject Letter regarding proposed regulations for labels



Dear President Schell and Members of the California Board of Pharmacy, March 1, 2010

I am writing this letter on behalf of the California Alliance for Retired Americans (CARA) to again express our continued disappointment and disgust with the proposed regulations for patient-centered labels that you passed at your February 17<sup>th</sup> Board of Pharmacy meeting. What you approved made the entire process for developing these regulations a joke, and completely disregarded not only the concerns expressed by dozens of consumers and consumer advocacy groups, but also the wisdom and experience of organizations such as the World Health Organization, and Northwestern University and other academics and professionals in the field. Furthermore, the issues outlined in our previous letter, and those presented in other letters, were not adequately addressed by the Board and appear to be in violation of the intent of the legislation.

Specifically CARA is concerned with the regulation establishing 10 point font as the standard. All of the testimony presented by every group and individual, with the sole exception of the Retail Association and Pharmacy chains, has clearly indicated that 12 point font is the MINIMUM standard for readability. One of the Board members, Ramon Castellblanch shared some statistics at the Feb. 17<sup>th</sup> meeting clearly indicating that over 300,000 seniors over the age of 75 will be immediately at risk if these lower font standards go forward, and many more will be at risk as more and more seniors age in California. The issue of translation on the labels was also not adequately addressed, as was required and expected in the original language of SB 472.

Process

These two concerns are enough, in our opinion, to put the entire process and final recommendations in question. But, to add insult to injury, we believe that the process itself was flawed. The revised language that was presented to the Board at the January 20<sup>th</sup> hearing was released only 14 hours prior to the hearing. No one had time for thoughtful review and consideration, yet the Board voted on these recommendations and reaffirmed them at the Feb. 17<sup>th</sup> hearing. The hearing on Feb. 17<sup>th</sup> took public comment only after a vote was taken – clearly an undemocratic and flawed procedure at best. The Board failed to consider pertinent testimony prior to voting – an issue we believe must be addressed by the Office of Administrative Law.

Finally, the author of the statute, Senator Ellen Corbett, expressed her disappointment in the way the Board interpreted the intent of SB 472, which was shared at the Feb. 17<sup>th</sup> by her staff person, Anthony Valdez. We believe that her concerns must be addressed by the Board and by the OAL before the regulations are finally adopted.

We urge the Board of Pharmacy to reconsider these regulations, and at least increase the font size standard to 12 point font and translation of the labels into key languages before finalizing these regulations. Let's turn the Board's lemon of a proposal into lemonade while we still have time.

} 12 pt  
(a)(1)

Sincerely,

Nan Brasmer, CARA President

**CARA\* 600 Grand Ave. #410 \* Oakland, CA 94610 \* 510-663-4086 \***  
**[www.californiaalliance.org](http://www.californiaalliance.org)**



bop letter re feb 17 regs.doc



"Steve Spiker"  
<SteveS@urbanstrategies.org>

03/02/2010 01:36 PM

To <Carolyn\_Klein@dca.ca.gov>

cc

bcc

Subject Pharmacy labelling regulations

Carolyn,

I am writing to encourage you to support stronger measures to protect our communities by mandating real, meaningful regulations that provide standards that will result in more equity and fairness in our state's medical system. I believe it is important that our Spanish speaking population is treated with respect and consideration. I support the following issues currently under discussion:

*translated labels*

- 12-point font is the minimum size for readability.
- Translated labels are essential for our communities to understand how to take their medication effectively and safely.
- Pharmacies should be required to use the translated labels provided by the Board or develop their own translations.
- Oral interpretation must be required for all patients. Using the caveat "if available" in the regulation will leave our communities vulnerable to misuse of their prescriptions.

*(a)(1) 12pt*

*(d) recommendation*

regards

**Steve Spiker (GISP)**

Research & Technology Director

URBAN STRATEGIES COUNCIL

672 13th Street | Oakland, CA 94612

(510) 463-2880 ph | (510) 893-6657 fx (Note new phone #)

email: [SteveS@urbanstrategies.org](mailto:SteveS@urbanstrategies.org)

our websites: [www.urbanstrategies.org](http://www.urbanstrategies.org) [www.oakclt.org](http://www.oakclt.org) [www.acreentry.org](http://www.acreentry.org)

[www.benefitingbvhp.org](http://www.benefitingbvhp.org) [www.alamedacountyca.org](http://www.alamedacountyca.org)

[www.oaklandafterschool.org](http://www.oaklandafterschool.org) [www.infoalamedacounty.org](http://www.infoalamedacounty.org)

*Working to eliminate persistent poverty by building healthy, vibrant communities.*

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Ali Uscilka  
<ali.uscilka@gmail.com>  
03/02/2010 01:13 PM

To Carolyn\_Klein@dca.ca.gov  
cc  
bcc  
Subject Public comment: Prescription labels

Hi Carolyn,

I appreciate you accepting public comment on the implementation of SB 472. As a public health professional who works primarily with patients whose primary language is not English, I am writing to urge strict compliance with the following criteria:

*translated labels*

- 12-point font. Anything smaller than that is not legible.
- Translated labels must be available in order for patients to understand how to take their medications and avoid harmful/deadly mistakes.
- Pharmacies should be required to use translated labels.
- Oral interpretation must be required for all patients. It is important for pharmacists to take responsibility for making sure that patients are informed of how to take their medications.

*(a)(1) 12 pt*

Thank you,  
Ali Uscilka  
306 Elsie Street  
San Francisco, CA 94110  
(801) 391-1027  
Email: [ali.uscilka@gmail.com](mailto:ali.uscilka@gmail.com)

*(d) recommendation*



OnlineComplaint@dca.ca.gov  
02/21/2010 01:02 AM

To <bopcomplaint@dca.ca.gov>  
cc  
bcc  
Subject Pharmacy Online Complaint #PHAR-100221010207

**Pharmacy Online Complaint:** #PHAR-100221010207

**Business/Professional Name:** David Fritz <

**License Number:**

**Address:** 19009 Sherman Way #49

**City:** Reseda

**State:** CA

**ZIP Code:** 91335

**Phone Number:** (818) 705-0898

**Person dealt with:**

**Email Address:** geroguy@dslextreme.com <

**Complaint:** VIRGINIA HEROLD ASKED FOR LETTERS REGARDING THIS MATTER. HERE'S MY LETTER TO CVS CORPORATE—I'M SURE YOU'LL GET MY POINT: As a longtime CVS customer and gerontology professional, I was appalled to read that you allowed Deborah Veale to be appointed by Gov. Schwarzenegger to California's pharmacy board for the express purpose of killing a bill that would have required large-print labeling on California prescriptions. If you wish to keep my business and that of my employer (Los Angeles Unified School District, for whom I am both a teacher and on the teachers' union House of Representatives—and I've got a fair amount of clout when it comes to negotiating our annual healthcare contracts [and Medco was just fine before we switched to CVS CareMark]), I insist that you immediately terminate not only Ms. Veale but anyone at CVS who approved her appointment to this committee. I used to think CVS outclassed the other national drug chains when it came to customer service and ethics. You sure showed me, huh!

*No recommendation(s)  
responsive to 15-day  
text modifications*

**Date of Incident:**

**Requested Resolution:**

**Supporting Documents:**

**Previous Complaint:**

\*\*\*\*\*

**Complainant:** Fritz, David

**Address:** 19009 Sherman Way #49

**City:** Reseda

**State:** CA

**ZIP Code:** 91335

**Phone Number:** (818) 705-0898

**Email Address:** geroguy@dslextreme.com



OnlineComplaint@dca.ca.gov  
02/20/2010 08:17 AM

To <bopcomplaint@dca.ca.gov>  
cc  
bcc  
Subject Pharmacy Online Complaint #PHAR-100220081718

**Pharmacy Online Complaint:** #PHAR-100220081718

**Business/Professional Name:** JOHN POITRAS <

**License Number:**

**Address:** XXX

**City:** Santa Ynez

**State:** CA

**ZIP Code:** 93460

**Phone Number:** (805) 686-9747

**Person dealt with:**

**Email Address:** jake@batnet.com<

**Complaint:** This is not a complaint but a comment as requested by Ms. Herhold on the recently defeated legislation: THANK GAWD COMMEN SENSE RULED. PLEASE STOP THIS NONSENSE ABOUT COMMUNICATING IN ALL LANGUAGES--IF SOMEONE IS IN OUR COUNTRY LEGALLY OR OTHERWISE IT IS HIS/HER OBLIGATION TO SPEAK/READ OUR LANGUAGE. THE REST OF US DO NOT NEED MORE BURDENS AND COSTS OF THIS LEGISLATION. THANK YOU.

**Date of Incident:**

**Requested Resolution:**

**Supporting Documents:**

**Previous Complaint:**

\*\*\*\*\*

**Complainant:** POITRAS, JOHN

**Address:** 3631 Woodstock Road

**City:** Santa Ynez

**State:** CA

**ZIP Code:** 93460

**Phone Number:** (805) 686-9747

**Email Address:**

*English only  
no recommendation(s)  
to modified text*



CHOTRON Tharpa  
<tharpa@mac.com>  
02/27/2010 04:23 AM

To Carolyn\_Klein@dca.ca.gov  
cc  
bcc  
Subject Prescription Labels

(a)(1) 12 pt

PLEASE! No print smaller than 12 point on the bottles. and translation also for those who don't read English.

A bit of common sense these days goes a long way.

All best,

Sarah Sadowsky

1  
translated  
labels



"Chen, Alice"  
 <Achen@medsfgh.ucsf.edu>  
 03/02/2010 01:18 AM

To Carolyn\_Klein@dca.ca.gov  
 cc  
 bcc  
 Subject Comments to 1707.5

Dear Ms. Klein:

I am writing in response to the Board of Pharmacy's revised regulations for SB472 (Corbett), the Standardized Prescription Drug Labeling Act.

As a board certified physician who has been practicing for over 10 years, I have seen first-hand the challenges that my patients face in trying to decipher prescription labels. My current practice includes 33% geriatric patients and 35% limited English speaking patients. The current prescription labeling system is nothing short of a patient safety hazard. I commend the Board for attempting to address this issue by promulgating regulations to standardize prescription labels across our state; however, the current regulations contain several points that miss the mark.

First, with regards to the proposed font size in section a)1, the current proposed regulations requires labels to use 10-point font. **I would urge the Board to require the use of 12-point font.** Literacy experts recommend the use of 12 point font as a minimum size (for example, see the Harvard School of Public Health's evidence-based guidelines on creating and assessing print materials, available at <http://www.hsph.harvard.edu/healthliteracy/materials.html>). In fact, studies assessing the needs of seniors often study font sizes 12-point and larger, with general findings that seniors prefer larger font (for example, see attached study of seniors by Bernard et al, 2001).

} 12 pt  
 @ (1)

Second, with regards to the proposed standardization of medication name, section a1B) states that "name of the drug" means either the manufacturer's trade name, or the generic name and the name of the manufacturer." **I would urge the Board to require standardization of labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients.**

} (a)(1)(B)

→ not modified / open to comment during 15 days

Lastly, with regards to the requirements addressing limited English proficiency in section d), the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter." **I would urge the Board to remove the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation.** If the concern is that there are times when a contracted telephonic interpreter service (e.g. Language Line) may not have an infrequently encountered language available (e.g. Samoan) then the regulations should be amended to reflect this specific concern.

} (d)  
 } recommend -  
 ation

Thank you for your consideration.

Alice Hm Chen, MD, MPH  
 Medical Director, Adult Medical Center, San Francisco General Hospital

Box 1364, San Francisco, CA 94143-1364  
 tel 415-206-4049 fax 415-206-5586 email [achen@medsfgh.ucsf.edu](mailto:achen@medsfgh.ucsf.edu)

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 Thank you!



Thomas Bodenheimer  
 <tbodie@earthlink.net>  
 02/28/2010 08:17 PM

To Carolyn\_Klein@dca.ca.gov  
 cc  
 bcc  
 Subject Comments to 1707.5 regulations

I have 3 suggestions on amending these regulations:

1) Increase font size for labels to minimum 12-point type. Many patients are vision impaired, and for patients with low health literacy, larger type is important.

(a)(1) (2) pt.

2) Patients are very confused about brand vs. generic names. All labels should have the generic name.

(a)(1)(B)  
 not part  
 of 15-day  
 modifications

3) Section d) reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter."

(d)  
 recommendation

This is not acceptable, because the clause "if interpretive services in such language are available" makes this a meaningless regulation. Please delete "if interpretive services in such language are available. "

Thank you for your consideration.

Thomas Bodenheimer MD

Thomas Bodenheimer MD  
 Professor of Family and Community Medicine  
 University of California at San Francisco  
 Bldg 80-83, SF General Hospital  
 1001 Potrero Ave. San Francisco CA 94110  
 phone 415/206-6348  
 fax 415/206-8387  
[TBodenheimer@fcm.ucsf.edu](mailto:TBodenheimer@fcm.ucsf.edu) or [tbodie@earthlink.net](mailto:tbodie@earthlink.net)



"Yu, Albert"  
 <YuA@fcm.ucsf.edu>  
 02/28/2010 04:30 PM

To Carolyn\_Klein@dca.ca.gov  
 cc  
 bcc  
 Subject Comments to 1707.5

Ms. Klein,

I am submitting this communication in direct response to The California Board of Pharmacy's draft regulation Section 1707.5 of Division 17 of Title 16 of the California Code of Regulations on **Patient Centered-Labels on Medication Containers**.

My specific comments and recommendations are:

1) Font Size under section a (1): The current proposed regulations require labels to use 10-point font.

**Recommendation:** Require the use of 12-point font to ensure seniors or others with visual impairment can read and follow instruction. The goal is to enhance patient adherence and safety.

(a)(1)  
 12 pt

2) Medication Name under section a (1B): States that "name of the drug" means either the manufacturer's trade name, or the generic name and the name of the manufacturer"

**Recommendation:** Standardize labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients which hinder adherence; worse lead to poorer patient outcomes.

(a)(1)(B)

3) Language Requirements under section d: The last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available , during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter."

**Recommendation:** Eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation. Patients with limited English proficiency require clear explanation in order for them to understand the instructions for taking prescribed medications.

(d)

Sincerely, Albert

Albert Yu, MD, MPH, MBA  
 Director, SFDPH Chinatown Public Health Center  
 Clinical Professor, UCSF Family & Community Medicine  
 1490 Mason Street  
 San Francisco, CA 94133  
 415-364-7600 (P)  
 415-364-7909 (VM)  
 415-986-1130 (F)  
[Albert.Yu@sfdph.org](mailto:Albert.Yu@sfdph.org)

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"Goldman, Liz"  
<goldman@medicine.ucsf.ed  
u>

02/28/2010 03:37 PM

To "Carolyn\_Klein@dca.ca.gov" <Carolyn\_Klein@dca.ca.gov>

cc

bcc

Subject Comments to 1707.5.

Please make the following changes to the regulations regarding pharmacy labels as in order to help limited literacy patients, seniors, and people with English as a Second Language.

1) font size: section a)1 the current proposed regulations requires labels to use 10-point font.

This is too small. Please change requirements to 12-point font

} (a)(1)  
} 12 pt

2) medication name: section a1B) states that "'name of the drug' means either the manufacturer's trade name, or the generic name and the name of the manufacturer"

a1B

Please change the recommendations to the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients

3) language requirements: section d) the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter."

(d)

Please eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation

Thank you.

L. Elizabeth Goldman

Assistant Professor of Medicine



University of California, San Francisco Draft Regulations.pdf



"Lozada, Mia"  
<Mia.Lozada@ucsf.edu>  
02/28/2010 01:05 PM

To "Carolyn\_Klein@dca.ca.gov" <Carolyn\_Klein@dca.ca.gov>  
cc  
bcc

Subject comments to 1707.5

Hello,

I am a resident physician in Internal Medicine at UCSF and I would like to encourage that you consider amending the current proposed regulations for prescription labeling. My clinic is at San Francisco General Hospital, where 60% of my patients have a first language that is something other than English. Numerous patients are also elderly or have visual difficulties secondary to their complex medical problems. I cannot emphasize enough the number of times medications errors have occurred because the label was too difficult to read or not in their language. We can change this.

I would ask that the following changes be made to be more patient-friendly and overall safer:

- a/b —
- 1) The use of 12-point font.
  - 2) Standardize labels with the generic name of the medication
  - 3) Eliminate the clause "if interpretive services in such language are available" thereby requiring that all patients have access to explanation/information about their medications in a language they feel comfortable in.

(a)(1) 12 pt

(d)  
recommendation

Thank you very much for your consideration,

Mia Lozada, MD  
Resident Physician, Internal Medicine  
San Francisco General Hospital



Lisa Johnson  
<Lisa.Johnson@sfdph.org>  
02/28/2010 12:11 PM

To Carolyn\_Klein@dca.ca.gov  
cc  
bcc  
Subject Comments to 1707.5

Hello - I am a long time primary care provider in a clinic of SF Dept of Public Health, serving a geriatric patient population. A majority of my patient do not have limited English or are completely monolingual. Here is my input to the proposed regulations, with my recommendations for change. thank you

) font size: section a)1 the current proposed regulations requires labels to use 10-point font.  
**Recommendation:** require use of 12-point font at a minimum (and with serif)

(a)(1)  
12 pt

2) medication name: section a1B) states that "name of the drug" means either the manufacturer's trade name, or the generic name and the name of the manufacturer"

a1B

**Recommendation: standardize labels with the GENERIC NAME - this 2 name system is a major source of confusion and is a huge patient safety issue, especially in the limited English populations.**

3) language requirements: section d) the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter."

**Recommendation: eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation**

(d)

Lisa Johnson, M.D.  
Medical Director for Quality Improvement Programs  
Community Primary Care  
pager: 327-6247 phone: 415-581-2426  
OFFICE LOCATION:  
30 Van Ness Ave Ste 2300  
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1380 Howard St., 4th floor, San Francisco, CA 94103  
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"Azari, Soraya"  
<Soraya.Azari@ucsf.edu>  
02/27/2010 10:42 PM

To "Carolyn\_klein@dca.ca.gov" <Carolyn\_klein@dca.ca.gov>

cc

bcc

Subject Comments on 1707.5

Hello Ms. Klein,

My name is Soraya Azari and I am a doctor that works at San Francisco General Hospital. I am writing in regard to the Board of Pharmacy's Proposed Language for Section 1707.5. As a doctor, I'm concerned about the following sections:

-- 1707.5, a), 1): FONT - I strongly recommend that font be printed in at least 12-point font. I have many elderly patients, that live alone, that bring in their pill bottles and I ask them what the bottles say and they have difficulty reading them. So, if they do not have aggressive coaching and med teaching, they will just take one pill per day. This is extremely important.

} (a)(1)  
12 pt

-- 1707.5, B): NAME OF THE DRUG. I think that the name of the the drug should include the manufacturer's trade name AND the generic name (it currently states or). I have had patients walk into clinic with bottles of both glyburide (generic) and Micronase (trade name) and tell me that they are taking both and have documented cases of hypoglycemia. This is also a frequent occurrence with anti-hypertensives and so double usage can cause life threatening hypotension, especially if the patient has cardiovascular disease. You would think it wouldn't be common to have multiple bottles of meds, but it's actually quite common. The biggest source is hospital discharges. A patient goes to a different hospital, stays for 1-2 days, doesn't get aggressive discharge counseling, goes home now with a repeat prescription for a med, then the patient doesn't know whether to just take the new medicines or to take them all - but they often do the latter - and it's only until their next primary care visit that these issues can be straightened out (and that appointment usually does not happen under one week). At least if both names were there, in large font, the patient could see that they are the same.

a.i.B.

-- 1707.5, d): Policies for limited or no English proficiency patients. Currently, the way this section is written, it implies that if pharmacies do not have those capabilities, then they will not be required to provide it. I think instead it should say that "the pharmacy will provide an oral language translation of the prescription to the patient." I understand that pharmacies may not want to invest in this infrastructure - bilingual personnel or a phone interpreter service, but the reality is that limited english proficiency patients are so prevalent in California that to not accommodate this group amounts to unfair and unequal treatment. Not provided these interpreters will also lead to significant errors. I have witnessed many patients coming in with pills which they are not taking correctly because they did not receive counseling. I would strongly suggest that this portion be amended.

} (d)

I appreciate your consideration for this very, very important legislation. I know it will affect the lives of all of many of my patients and I am writing on their behalf.

Best,

Soraya Azari, MD



dianelatko@aol.com  
02/26/2010 03:11 PM

To Carolyn\_Klein@dca.ca.gov  
cc  
bcc  
Subject decision to keep the type tiny

Would you please provide me with a reason why the labels on drugs should not be read by ALL the people who use them?

Thank you for your answer.

*no modified text addressed .*

*no recommendations*



Joana Ramos  
 <jdr@ramoslink.info>  
 03/09/2010 04:53 PM

To carolyn\_klein@dca.ca.gov  
 cc  
 bcc  
 Subject Improved access to Rx drug labels and medicine information needed in California

Dear Ms. Klein:

I am writing to you now to urge the California Board of Pharmacy to require pharmacies to use a minimum 12-point font for the most important information on medication labels, so that patients can more easily read their prescriptions.

Based on two years of study, the Board's draft regulations would have required pharmacies to standardize labels and print important information in 12-point font. The American College of Physicians and several experts supported this proposed regulation as a much-needed improvement over the 9 or 10 point font currently used by most pharmacies.

*(d)  
no recommendation*

It is unconscionable that at the last minute, the Board of Pharmacy, bolstered by Gov. Schwarzenegger's overnight appointment of Deborah Veale of CVS, sided with pharmacy overturned their own studied recommendations changing the regulations to require only a 10-point font minimum. The Board's action at its February 17th meeting ignores the recommendations of experts and fails to protect patients, particularly seniors, from medication errors. These new regulations do not go far enough to make prescription labels safer for Californians.

According to the American Academy of Family Physicians, approximately one in three Americans have a vision-reducing eye disease by the age of 65. It is too dangerous to force our parents and grandparents to strain to read their dosing instructions and other essential prescription information.

*translations  
language*

Equally important is the need to make sure that all Californians, regardless of what language they speak and/or read, to be able to receive Rx labels and to be given counseling about their prescription(s) in language that they can understand. Interpretation and translation of medicine information and usage instructions are not optional add-ons that are nice to have "if available", but are essential to protect the lives and well-being of the significant number of patients of all ages who have limited proficiency in spoken and/or written English. To do so, the original language and intent of SB 472 must be upheld.

*(d)  
no recommendation*

California has no shortage of highly skilled multilingual healthcare, language services, and technology professionals whose services could be readily utilized to create translated Rx labels and to routinely provide personalized interpretation to each patient on the use of his/her medicine(s). Investing in these services now will go a long way to preventing medication errors, and will pay enormous dividends in terms of improved health of individuals and reduction of unacceptable health inequalities among vulnerable populations.

Policy must be based on the needs of California's people, not the profit motives of major pharmacy chains and pharmaceutical companies. And by implementing the best-practices mandated by law, California can serve as a model leading the way for protecting patients and improving health nationwide.

Sincerely,

Joana Ramos, MSW  
 Seattle WA  
 Director, Washington Coalition for Prescribing Integrity  
 Founding member, Washington State Coalition for Language Access and

Chair, WASCLA Pharmacy Access Committee  
Portuguese Medical Interpreter  
<http://www.diversityrxconference.org/Your-Voice/Webinars/Webinar-3-Meds-LEP/165/>  
email: warxreform@gmail.com



jdr.vcf



"Sarkar, Urmimala"  
<usarkar@medsfgh.ucsf.edu  
>

03/01/2010 10:54 AM

To Carolyn\_Klein@dca.ca.gov  
cc  
bcc  
Subject Comments to 1707.5

I would like to draw your attention to three specific issues that I feel should be amended:

1) font size: section a)1 the current proposed regulations requires labels to use 10-point font.

**Recommendation: require use of 12-point font**

(a) 1) 12pt

2) medication name: section a1B) states that "'name of the drug' means either the manufacturer's trade name, or the generic name and the name of the manufacturer"

**Recommendation: standardize labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients**

a 1B

3) language requirements: section d) the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter."

**Recommendation: eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation**

(d)  
recommendation

**Urmimala Sarkar**

Assistant Professor in Residence  
Division of General Internal Medicine  
University of California, San Francisco  
Center for Vulnerable Populations  
San Francisco General Hospital  
Box 1364 , SFGH Bldg 10, Ward 13 1310  
University of California, San Francisco  
San Francisco, CA. 94143 - 1364  
Office 415 206-4273  
Fax 415 206-5586



"Napoles, Anna"  
<ANapoles@medicine.ucsf.edu>

03/01/2010 10:06 AM

To "Carolyn\_Klein@dca.ca.gov" <Carolyn\_Klein@dca.ca.gov>  
cc  
bcc  
Subject Comments to 1707.5

**As a researcher on LEP patients and quality of care, I would like to make the following suggestions:**

1) font size: section a)1 the current proposed regulations requires labels to use 10-point font.  
**Recommendation: require use of 12-point font**

(a) (1)  
12 pt

a. 1. B

2) medication name: section a1B) states that "name of the drug" means either the manufacturer's trade name, or the generic name and the name of the manufacturer"  
**Recommendation: standardize labels with the generic name of the medication because alternating between trade and generic names is a significant source of confusion for patients**

3) language requirements: section d) the last sentence reads "The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available [emphasis added], during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter."  
**Recommendation: eliminate the clause "if interpretive services in such language are available" as this effectively releases pharmacists from any obligation to provide interpretation**

(d)

**Thank you for your attention.  
Anna**

Anna Maria Nápoles, PhD, MPH  
Associate Professor of Medicine  
University of California San Francisco  
Box 0856  
San Francisco, CA 94143-0856  
ph 415-476-6290  
fax 415 502-8291  
[anapoles@ucsf.edu](mailto:anapoles@ucsf.edu)





Pam Spevack  
<pam\_wctss@yahoo.com>  
02/22/2010 01:35 PM

To Carolyn\_Klein@dca.ca.gov  
cc  
bcc  
Subject Senior Site

OK now I can read this as a senior with decent vision, my client residents already have a difficult time with medicines, if it is printed as pt10 then this is how it would look, they will need more help getting there medications right, one slip up can cost a life! What are you thinking? Wrong headed.

pam

Pamela R. Spevack, SSC  
Social Services Department

Westlake Christian Terrace  
(510) 893-2999 x106

#1



OnlineComplaint@dca.ca.gov  
02/25/2010 10:58 AM

To <bopcomplaint@dca.ca.gov>  
cc  
bcc

Subject Pharmacy Online Complaint #PHAR-100225105812

**Pharmacy Online Complaint:** #PHAR-100225105812

**Business/Professional Name:** pamela spevack

**License Number:** 0

**Address:** 275 28th

**City:** Oakland

**State:** CA

**ZIP Code:** ca

**Phone Number:** (510) 593-0063

**Person dealt with:** e mail

**Email Address:** pam\_wctss@yahoo.com

**Complaint:** I was referred to your website to complain about a change in point size on prescriptions/medications. It is absurd that seniors who have a difficult time and others with vision problems are expected to read it. This difficulty will result in incorrect and possible death to those taking the wrong medicine. It is already difficult now!

**Date of Incident:**

**Requested Resolution:**

**Supporting Documents:**

**Previous Complaint:** No125 Resident Seniors living independently where I am the Social Servies Coordinator.

\*\*\*\*\*

**Complainant:** Spevack, pam

**Address:** 6 Wyman Place

**City:** Oakland

**State:** CA

**ZIP Code:** 94611

**Phone Number:** (510) 893-2999

**Email Address:** pam\_wctss@yahoo.com