



ERIN BURNHAM, MD
President, Oregon Chapter
National Association of EMS Physicians®
(NAEMSP®)
oregonnaemsp@gmail.com

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Dear Chair Monnes Anderson and Members of the Senate Healthcare Committee:

On behalf of the Oregon Chapter of the National Association of EMS Physicians (NAEMSP), I am writing to state our opposition to SB 452. NAEMSP is a group of Oregon EMS physician medical directors and agency directors who supervise EMS agencies throughout the state. As we understand it, the purpose of SB 452 is to develop statewide protocols for EMS providers to administer emergency use medications carried by the patient. We support the ability of these patients to carry these medications and are dedicated to caring for them and their unique needs. However, we believe there are serious flaws in this bill as described below:

Oregon paramedics may already administer medications that are carried by a patient. In many instances, EMS systems have created specific care plans in the community related to individual patients. If paramedics are unfamiliar with the medication, they can always contact a physician directly by phone or radio through online medical direction.

Oregon, like most states, does not have statewide EMS protocols. Supervising physicians (OAR 847-035-0025) issue prehospital care protocols, as well as supervise education, and provide medical oversight to each licensed Oregon EMS provider as well as each licensed ambulance agency. EMS is a board-certified subspecialty and this is how we practice medicine.

SB 452 proposes that the Oregon Health Authority in consultation with the State EMS Committee would establish protocols for EMS providers. There is no requirement here that physician input would be required in developing such protocols, and even if physicians were involved there is no assurance that these physicians would be familiar with EMS in Oregon. The medical oversight of such protocols, an essential component of EMS medical direction, is not described. As noted in SB 452, the definition of "emergency use medication" is not defined and subject to the same concerns as noted for establishing protocols.

Lastly, SB 452 would create a precedent in Oregon for establishing the practice of medicine by legislative action, a precedent which we are strongly oppose. With the rapid advancement of medical science through research helping us to better understand complex illnesses and develop medications and other tools for treatment of complex disease processes, it is hard to imagine that our legislative process would be able to respond in a timely manner to these advancements. A law enacted today could require administration of a medication or treatment, which may be proven tomorrow to be dangerous, ineffective or inferior to other treatments.

Thank you for considering our input on this topic.

Sincerely yours,

Erin Burnham, MD
President - Oregon NAEMSP