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(NAEMSP®)
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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 544. NAEMSP is a group of Oregon EMS physician medical directors and agency directors who supervise EMS agencies throughout the state. SB 544 states that each ambulance shall carry emergency treatment medication for adrenal insufficiency disorder. Presumably, this is to ensure that such medications are available prehospital to patients with an emergency medical condition due to this disorder. While this sounds like desirable aim, we believe there are significant problems with this bill as outlined here:

Oregon-licensed ambulances may be staffed by EMS providers of several levels, however according to the Oregon EMS provider Scope of Practice (OAR 847-035-0030) as well as other national standards only paramedics are currently allowed to administer these medications (some form of corticosteroid). In areas where ambulances are staffed by non-paramedics, most commonly in the more rural or remote parts of the state, there would be a financial cost to the ambulance agency, yet no benefit for the patient.

SB 544 proposes that the Oregon Health Authority would adopt rules regarding training and best practices for administering these medications. There is no requirement here that physician input would be required in developing such rules, and even if physicians were involved there is no assurance that these physicians would be familiar with EMS in Oregon. An Oregon ambulance medical director (OAR 333-255) is defined as an EMS supervising physician who is required (OAR 847-035-0025) to issue standing orders, arrange for education and provide medical oversight for prehospital care for EMS providers which is the appropriate avenue for establishing medical care.

This issue of emergency medications for adrenal insufficiency disorder was discussed by EMS supervising physicians around the state on multiple occasions a few years ago and many Oregon Medical Directors have since added standing orders allowing for the treatment of patients with this condition with medications carried on the ambulance or provided by the patient or family. Determining which paramedic-staffed ambulance

agencies do not carry or administer such medications and working with those medical directors, if any, would be a better means to attain the desired aim.

Lastly, SB 544 would create a precedent in Oregon for establishing the practice of medicine by legislative action, a precedent which we strongly oppose. We believe that patients with adrenal insufficiency are just as important as any other patient in our system and understand that EMS care needs to continuously evolve in training, protocols, and medications. However, we are opposed to a legislative approach which requires disease-specific dedicated protocols and medications through state statute. Approving such legislation could certainly create a snowball effect where special interest groups petition our legislature for laws regarding care for a myriad of unique conditions, which would unnecessarily complicate EMS care throughout the state. Additionally, the rapid advancement of medical science through research is helping us to better understand 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,

A handwritten signature in black ink that reads "Erin M. Burnham". The signature is written in a cursive style with a long horizontal flourish at the end.

Erin Burnham, MD