

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

Please accept this statement for the record in support of Senate Bill 544.

Summary of Bill 544:

**Requires ambulances to carry emergency treatment medication for adrenal insufficiency disorder. Authorizes Oregon Health Authority to adopt rules.**

Those suffering from Adrenal Insufficiency need appropriate care in a medical emergency. Rapid care is critical to their survival, as their body does not produce the stress hormone cortisol. During an Adrenal Crisis death can occur in as little as 30 minutes if life saving medications are not administered promptly.

Solu-Cortef (corticosteroid) is the gold standard medication. The retail cost of one 100 mg Solu-Cortef vial is as little as \$15. Purchased in larger quantities, wholesale, the cost to equip Oregon ambulances would result in a negligible financial impact. Shelf life of the medication is 2 + years and it requires no special refrigeration.

Many Adrenal Insufficiency patients carry their own Solu-Cortef medication on their person and administer the medication to themselves when Adrenal Crisis symptoms present. After administering the medication they get themselves to the nearest Emergency Room for observation and additional medical care. This protocol works well when the patient is well enough and aware enough to self inject.

However, some Adrenal Crisis situations can and do occur because of an accident or illness wherein the patient is not able to self inject or advocate for themselves. Or, they don't have their own medications with them when the Adrenal Crisis occurs. If in these situations, an ambulance is called and that ambulance is not carrying the Solu-Cortef medication, precious time is lost in transport to an Emergency Room. As mentioned above, a patient can die in as short as 30 minutes. Not all accidents, illnesses and/or Adrenal Crises occur within a very short, quick distance to an emergency room.

Some of those who have opposed this Bill state injecting steroids (Solu-Cortef) is "paramedic level" medications. They say lower level providers do not have the training or clinical expertise to prepare, draw and inject these medications. These medications are extremely easy to administer. Children are able to self inject their life-saving medication. The vials come with easy to understand instructions. The training and administration of the medication is a very low hurdle to overcome. If emergency medical personnel are able to read and look at a drawing of instructions, they will be able to properly administer the medication to a patient in adrenal crisis and save their life. Training of EMS personnel will not be cumbersome, time consuming, nor expensive to complete

Another opposition states medical science is rapidly advancing and 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. Adrenal Insufficiency (Addison's Disease) was discovered in 1859 by Dr. Thomas Addison. Treatment protocol has not changed in 160 years.

Finally, one in opposition stated Adrenal Insufficiency is a rare disorder. It is true, it is more rare than some other medical disorders. However, when your family member has a life-threatening medical disorder - whether rare or common, you desire rapid, effective, readily available treatments. All life is precious, even those lives with a "rare" disorder. Many precious children are afflicted with Adrenal

Insufficiency. John F. Kennedy our Country's 35th President, was an Adrenal Insufficiency patient for most of his life. Thank goodness he had access to good medical care and was able to reach important goals during his lifetime.

I urge you to vote in favor of Senate Bill 544.  
Thank you.

Most sincerely,  
Annette L. Cornish