



**TO: Chair Monnes Anderson**  
**Members of the Senate Committee on Healthcare**

**FR: Shawn Baird**  
President, Oregon State Ambulance Association

**Sabrina Riggs**  
Lobbyist, Oregon State Ambulance Association  
[sabrina@daltonadvocacy.com](mailto:sabrina@daltonadvocacy.com)

**RE: Opposition to SB 544**

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Members of the Oregon State Ambulance Association (OSAA) are private, public, non-profit and volunteer EMS organizations that provide 9-1-1 emergency ambulance service and transportation throughout much of the state, and we write to you today respectfully urging your opposition of SB 544.

The question of whether to require ambulances to carry adrenal insufficiency medication has been considered already by previous Legislatures, who decided not to move forward with the requirement, recognizing that specifying a single disease or treatment protocol in statute does not make sense given our current well-regulated practice of the Oregon Medical Board determining Scope of Practice and EMS Medical Directors approving EMS protocols based on local capabilities and patient population.

Adrenal insufficiency disorder is a serious disease, but it is also very rare— affecting only 40-60 people per million<sup>1</sup>. Since it is so rare, it does not make sense to require all ambulances across the state to carry something that they will rarely, if ever, use.

Two of our member companies were made aware of a resident patient in the area this disease and added a protocol and began carrying the medication years ago. Thankfully it has never needed to be used despite hundreds of dollars being spent on medication that just sits on a shelf until expired.

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<sup>1</sup> <https://rarediseases.org/rare-diseases/addisons-disease/>



The list price of the necessary medication costs about \$35 per vial at a leading EMS supplier. One large ambulance service would spend \$10,000 to put two doses on every ambulance, which expire every other year. Statewide, the impact would be many times that.

Notably, SB 544 would require ambulances to carry a medication that not all providers would be able to administer, since it falls outside of a Basic or Intermediate EMT's scope. In rural areas of the state, it is more common that ambulances are staffed by EMTs, not paramedics—and only a paramedic's scope would allow them to administer the medication. Thus, some ambulances would have to buy and carry a drug which could not be used.

For the above reasons, the Oregon State Ambulance Association respectfully urges your opposition to SB 544.