



MEMORANDUM

To: Rep. Rob Nosse, Chair, House Behavioral Health and Health Care Committee
Rep. Travis Nelson, Vice-Chair, House Behavioral Health and Health Care Committee
Rep. Cyrus Javadi, Vice-Chair, House Behavioral Health and Health Care Committee
Members of the House Behavioral Health and Health Care Committee

From: Courtni Dresser, Vice President of Government Relations

Date: February 11, 2025

Re: OMA Comments on HB 2943

The Oregon Medical Association (OMA) engages in advocacy, policy, and community for over 7,000 physicians, physician associates, and medical and PA students in Oregon. The association serves and supports members in their efforts to practice medicine better, improve the health of Oregonians and provide the best care for their patients.

The OMA appreciates the intent behind House Bill 2943 in expanding HIV and syphilis screening. However, we respectfully oppose the bill as written due to the significant strain it would place on our already burdened healthcare workforce and the limitations it imposes on clinician judgment.

A key concern with HB 2943 is that it removes clinical discretion from clinicians. While screening for infectious diseases is important, broad non-selective testing without a clinician's ability to determine necessity undermines individualized patient care. Clinicians must be able to use their medical expertise to assess risk factors and determine appropriate testing on a case-by-case basis.

Oregon's healthcare system is facing a severe shortage of medical professionals, including clinicians in emergency departments (EDs), which are already overwhelmed with high patient volumes and increasing boarding crises. HB 2943 mandates HIV and syphilis testing for any patient receiving blood work in the ED unless they opt out. While screening is a valuable public health tool, this approach places additional administrative and clinical burdens on emergency physicians, nurses, and staff who are already stretched thin.

Emergency departments are designed for acute, life-threatening care. The additional time required to counsel patients on HIV and syphilis testing, ensure informed consent, process results, and arrange follow-up care for positive cases diverts critical resources from urgent patient needs. Many of these

screenings are more appropriately conducted in outpatient or public health settings, where structured follow-up systems exist.

Additionally, the bill does not account for the logistical challenges of tracking down patients who test positive after they leave the ED. Local public health departments, which would typically oversee follow-up care, are also under-resourced, further complicating the implementation of this requirement and puts the clinician at risk.

Rather than imposing new testing mandates on overburdened emergency departments, OMA urges the legislature to:

1. Remove the ED testing requirement from the bill and allow clinicians to determine appropriate screening based on clinical judgment.
2. Strengthen communicable disease infrastructure at the state and county level to support targeted HIV and syphilis screening programs.
3. Increase funding for outpatient and community-based screening initiatives, where follow-up care is more feasible and effective.

We appreciate the committee's attention to this important issue and urge you to reconsider the approach outlined in HB 2943. Thank you for your time and consideration.

The Oregon Medical Association (OMA) is the state's largest professional organization engaging in advocacy, policy, community-building, and networking opportunities for Oregon's physicians, physician associates medical students, and physician associate students. The OMA's members speak with one voice as they advocate for policies that improve access to quality patient care, reduce administrative burdens on medical professionals, and improve the health of all Oregonians. Additional information can be found at www.theOMA.org.