## **Testimony in Support of HB 2940**

Chair Nosse, Vice-Chair Nelson, Vice-Chair Javadi and Members of the Committee,

My name is Dr. Richard Cohen, I am a Kaiser pediatrician and a pediatric hospitalist for the hospitalized Kaiser patients at Doernbecher Children's Hospital. I went to medical school in Chicago where I was involved in the care of many children and adolescents with sickle cell disease. When I came to Oregon in 1974, there were very few known sickle cell cases. I lobbied strongly for adding hemoglobinopathy screening to the newborn screen and to be honest, there was resistance to this at the state level due to the perceived small population of hemoglobinopathy patients. This was added to the State of Oregon newborn screen in 1995 due in large part to the lobbying of the Sickle Cell Foundation of Oregon and Marcia Taylor. Prior to that, I discovered my first case of sickle cell disease in a 15-month-old boy who developed a serious life-threatening infection with meningitis and this resulted in an adverse outcome.

Patients with sickle cell disease have compromised immune systems and are predisposed to life threatening infections such as the above scenario as well as disseminated blood borne infections, bone and joint disease, acute chest syndrome, gallbladder disease and head and neck infections. Emergency room providers must be aware of addressing the possibility of serious infections acutely in a child who presents with a fever, and not just attribute this to a vaso-occlusive sickle cell crisis.

I have little to add to the compelling testimonies today of those who have lost a dear loved one to the ravages of this disease, that may have been avoided by timely and intuitive management by protocol in the emergency room setting.

As such, I am in full support of HB 2940 being the catalyst for the facilitation of timely and protocol-driven uniform care in the emergency room setting.

Thank you,

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Richard C Cohen, MD Pediatric Physician, Kaiser Permanente