



500 Summer St. NE E-20
Salem, OR 97301
503-947-2340

350 Winter St. NE
Salem, OR 97301
503-378-4100

February 10, 2026

Senator Deb Patterson, Chair
Senator Cedric Hayden, Vice Chair
Senate Committee on Health Care
900 Court St NE,
Salem, OR 97301

RE: Follow up information, SB 1598

Chair Patterson, Vice-Chair Hayden:

Thank you for the opportunity to testify on Feb. 9, 2026, on the provisions of SB 1598. Below please find supplemental information on several questions asked by committee members.

Standing orders:

If SB 1598 becomes law, a standing order must:

- (A) Promote a legitimate medical purpose.
- (B) Specify the class of individuals for whom the order is intended to benefit.
- (C) Describe any special instructions for use of the drug or device prescribed by the standing order.
- (D) Describe any special instructions for practitioners to administer, deliver or dispense the drug or device prescribed by the standing order.
- (E) Specify whether the standing order applies statewide or to a specific geographic area in this state.
- (F) *Comply with accepted medical standards in this state.*

The standing order itself must comply with the standard of care in Oregon and therefore if the provider followed the standing order, then they followed the requisite standard of care. The bill does not prevent a patient from suing a provider but provides immunity if the provider can show they acted in good faith under the provisions of the standing order. This bill does not confer immunity on vaccine manufacturers.

The liability protections were intended to mirror the protections in ORS 689.800(3)(a) related to the distribution and administration of short-acting opioid antagonists.

As these are largely legal questions, you may wish to consult with Legislative Counsel. There is the National Vaccine Injury Compensation Program that provides individuals with an opportunity to file a petition or claim for financial compensation. The National Childhood Vaccine Injury Act of 1986, as amended, provides some vaccine manufacturers and administrators liability protections. More information can be found [here](#).

It is worth noting that licensed providers acting under the standing order must still comply with their statutory obligations. For example, the standard of care or “duty of care” still applies. Per ORS 677.095:

- (1) A physician licensed to practice medicine by the Oregon Medical Board has the duty to use that degree of care, skill and diligence that is used by ordinarily careful physicians in the same or similar circumstances in the community of the physician or a similar community.
- (2) A physician associate licensed to practice medicine by the board has the duty to use that degree of care, skill and diligence that is used by ordinarily careful physician associates in the same or similar circumstances in the community of the physician associate or a similar community.

Additional questions about individual licensee responsibilities can be directed to licensing boards.

Public Employees Benefit Board and Oregon Educators Benefit Board

PEBB and OEBB are fully subject to federal preventative services requirements, and to state preventive services requirements to the extent that they offer state-regulated health benefit plans. All plans offered by OEBB are fully insured and subject to state regulation proposed under the bill.

Some PEBB plans are self-insured. This bill does not apply to self-insured plans including employer-offer self-insured plans because the state is pre-empted from regulating any self-insured plans under the Insurance Code.

PEBB generally requires its self-insured plan offerings to comply with Oregon Insurance Code benefit requirements as part of its contract with the plan administrators, and in practice we would expect that to apply here.

Immunization Recommendations with regard to the Insurance Code:

The Insurance Code provisions in Section 1 of the bill do two things: update the date reference for the federal preventive services guidance that must be covered without cost sharing; and add a requirement for coverage without cost sharing for evidence-based immunizations recommended by OHA’s Public Health Officer after consideration of evidence-based guidance from medical and scientific organizations. In other words, the federal preventive services guidance remains the floor for required coverage without cost sharing. Any evidence-based immunizations recommended by the Public Health Officer would be in addition to the federally required immunizations. This bill does not

enable the Public Health Officer to make coverage changes to any preventive services other than immunizations.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Sidelinger".

Dean E. Sidelinger, MD MEd
Health Officer and State Epidemiologist
OREGON HEALTH AUTHORITY
Public Health Division

A handwritten signature in black ink, appearing to read "T. Keen".

TK Keen
State Insurance Commissioner
DCBS