

Submitter: Devon Lawson
On Behalf Of:
Committee: House Committee On Health Care
Measure, Appointment or Topic: SB1504

Chair Nosse and Members of the Committee,

My name is Devon Lawson. I am a 19-year-old resident of Springfield, a student of History and Economics at Lane Community College, and I am writing to urge a YES vote on SB 1504.

While this bill may appear to be a minor technical adjustment to school medication rules, it is, in reality, a significant blow against pharmaceutical price-gouging and a victory for both public health and fiscal responsibility. By updating the definition of "premeasured dose" to include methods other than auto-injectors, SB 1504 breaks the statutory monopoly that has allowed corporations to exploit Oregon schools and families for decades.

I urge you to support this bill. For years, the "auto-injector" (specifically the EpiPen) has been the poster child for the worst excesses of monopoly capital. Manufacturers have historically hiked prices by over 400% simply because they held the patent on the delivery mechanism, not the drug itself. SB 1504 is an anti-monopoly bill. By explicitly permitting "intranasal devices," such as the nasal sprays approved by the FDA in 2024, we are ending the era where schools are forced to buy expensive, proprietary hardware just to keep students safe. As Representative Muñoz knows from her work with the Oregon School Employees Association, underfunded districts often struggle to stock enough unexpired EpiPens. Lower-cost nasal alternatives mean better access for our poorest students.

This bill is a common-sense deregulation of medical technology. Current law effectively mandates the purchase of a specific type of device (the auto-injector), locking schools into a high-cost market. By broadening the definition to "premeasured dose," you are allowing the market to work. Schools will be able to choose the most cost-effective delivery method, whether that is a generic auto-injector or a new nasal spray. Representative Harbick, as a business owner, you know that competition drives down costs. This bill forces pharmaceutical companies to compete for school contracts based on price and innovation, rather than relying on a government mandate that favors their specific device.

As medical professionals, you understand that the "best" medication is the one that can be administered quickly and correctly in a crisis. Vice-Chair Nelson, administering an injection can be terrifying for a layperson (like a teacher or bus driver). The hesitation to "stab" a student with a needle can cost seconds in an

anaphylactic emergency. A nasal spray is far less intimidating, reducing the risk of user error or hesitation. Representative Pham, as a pediatric dentist, you treat children who are often fearful of needles. Moving to non-injectable options, where clinically appropriate, is a humane upgrade to our standard of care in schools.

SB 1504 updates our laws to match the material reality of 2026 medical technology. It saves money for taxpayers, protects school workers from liability, and challenges the pharmaceutical monopolies that treat student safety as a profit center.

I ask for your unanimous support.

Thank you.

While I am a member of the Higher Education Coordinating Commission, my testimony today represents only my personal view and not the position of the HECC.