



National Association of EMS Physicians®
Oregon Chapter

April 1, 2015

The Honorable Laurie Monnes-Anderson, Chair
Senate Committee on Health Care
Oregon State Capitol
900 Court Street NE
Salem, OR 97301

Dear Senator Monnes-Anderson and Members of the Committee:

Thank you for the opportunity to present this statement for the record to the Senate Committee on Health Care. We write this letter in opposition of SB 874 on behalf of the Oregon Chapter of the National Association of EMS Physicians®. NAEMSP® is an organization of physicians and other professionals partnering to provide leadership and foster excellence in the subspecialty of EMS (Emergency Medical Services) medicine.

SB 874 places the legislature in the business of practicing medicine. The bill does much more than simply require education; it requires EMS to have specific protocols and to carry specific medications. The decision as to which medications are carried and what protocols our EMS practitioners operate under is determined by the EMS Medical Director and falls clearly within the practice of medicine. The practice of EMS medicine is already regulated by both the Oregon Medical Board and the Oregon Health Authority. If this bill is passed, adrenal insufficiency would be the first specific disease process with statutory requirements as to how it is to be treated. Other common and life-threatening emergencies, such as heart attack and stroke, have no such treatment legislation. Passage of this bill would also set a precedent of legislating the medical treatment of other specific medical conditions. Medicine changes much more quickly than the legislative process and having specific medical care established in statute is inappropriate and potentially detrimental to the public health.

As bad as this bill is, it might make some sense if it would save lives. The reality is that this bill would do nothing to change outcomes. The number of patients admitted to the hospital with a diagnosis of adrenal insufficiency is exceedingly small and this type of “blanket requirement” would do little to change that. Additionally, the management of shock, the use of intravenous electrolyte solutions, and the consideration of the use of steroids in patients with refractory shock are routinely taught very early in both paramedic and emergency physician training.

The most effective method of ensuring the best possible outcome for these patients is clear self-identification of these patients, them personally carrying their own medication, and working closely with the local EMS agencies and health care providers. Many EMS providers today have patients in their community with unique and special needs. We work hard to build relationships with these patients and families, and, if needed, create local protocols to care for them. We have many examples in our communities of working with patients with adrenal insufficiency, as well as other specific medical conditions.



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Finally, we understand and empathize with patients and their families when they receive a diagnosis that is both dangerous and treatable. We pledge to continue to work closely with these patients and families to ensure that they receive the best possible medical care, in both the pre-hospital and hospital environment.

Sincerely,

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