



**EMS SECTION – OREGON FIRE CHIEFS ASSOCIATION
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March 29, 2015

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

Dear Chair Monnes-Anderson and Members of the Committee:

On behalf of the EMS Section of the Oregon Fire Chiefs Association, we would like to express our opposition to SB874. While we can appreciate the underlying worry for patient safety, we have grave concerns regarding the precedent being set by SB874, and believe that the solution(s) offered in the bill have already been addressed via more effective means.

First, all EMS providers receive education on endocrine disorders and/or emergencies during their initial training. Specifically, at the Paramedic level, the National Educational Standards¹ includes specific objectives on Congenital Adrenal Hyperplasia as well as Adrenal Insufficiency. Given these standards are used throughout the United States, adding an additional specific educational requirement here in Oregon would be redundant and potentially costly for local agencies (e.g., overtime, diverted training staff time, and etc).

Secondly, the clinical protocols all EMS providers operate within are established by an agency's Medical Director - as required by the Oregon Health Authority and Oregon Medical Board². These guidelines/protocols are frequently updated and revised based upon current medical evidence and standards of care – ensuring an ability to meet the needs of those visiting and living in Oregon's communities. In fact, a number of Oregon EMS agencies do include guidelines for Adrenal Insufficiency and/or have established patient specific protocols in cooperation with local school districts, ensuring a reasonable safety net for students with Adrenal Insufficiency. Legislating clinical care (as SB874 would do) simply undermines good clinical decision making and the ability to maintain current medical practice in the out of hospital environment.

Finally, mandating the stocking, preparation, and administration of a specific medication (especially for a limited population) reduces an EMS agencies ability to utilize equally effective alternatives. In addition, the ability to implement new clinical innovations would be hindered due to a need for a legislative change. As with mandating clinical care, mandating the pharmacopeia utilized by EMS providers undermines good clinical decision making and the ability to maintain currency with established standards of care.

¹ <http://www.ems.gov/educationstandards.htm>

² OAR 333-250 & OAR 847-035

In closing, we again would like to emphasize our opposition to SB874. The current training, clinical guidelines/protocols and pharmacologic agents available to EMS providers, adequately meet the need. SB874 would do little to change outcomes of those suffering from an Adrenal crisis and only serves to unnecessarily complicate a patient care concern. On behalf of our membership, thank you for the opportunity and we would be happy to answer any questions you may have.

Respectfully submitted,

A handwritten signature in black ink that reads "Mark Stevens". The signature is written in a cursive style with a large, stylized initial "M".

Mark Stevens, President
EMS Section Oregon Fire Chiefs Association
Division Chief – EMS Tualatin Valley Fire and Rescue