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Oregon Chapter, American College of Emergency Physicians (O.C.E.P)

Testimony before the Senate Health Care Committee

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SB 874 Adrenal Insufficiency Protocols in the ED

Chair Monnes Anderson and members of the committee, my name is Katy King and I'm here today representing OCEP, the Oregon Chapter of the American College of Emergency Physicians. OCEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

SB 874 requires the Oregon Health Authority to provide or contract for provision of training on adrenal insufficiency for certain health care professionals. This bill also requires the Oregon Health Authority to establish by rule a protocol for the treatment of patients who have adrenal insufficiency. The protocol shall establish the circumstances under which a hospital emergency department must prioritize the treatment of a patient who has adrenal insufficiency.

OCEP opposes this bill because it seeks to codify medical evaluation and treatment of patients in statute.

Adrenal insufficiency is a disorder that occurs when your body produces insufficient levels of certain hormones produced by your adrenal glands. It can be life-threatening. It's also relatively rare. Oregon's estimated at-risk population is potentially seven patient crises per year.

When a patient in adrenal crisis comes to the ED, they are immediately assessed and treated for life threatening symptoms the same as every other patient in distress. If they have low blood pressure or heart rates this is treated with IV fluids and vasoactive drugs. If they have low blood sugar they are treated with IV

dextrose. If they are cold they receive external warming. If the cause of their symptoms is known to be glucocorticoid deficiency they are given IV glucocorticoids. Whether they are known to have glucocorticoid deficiency or not, they are assessed for the cause of their symptoms, or the precipitating factor for their adrenal crisis. Infection, trauma, and many other conditions can look similar to glucocorticoid deficiency, or may trigger glucocorticoid deficiency.

It's not necessary to establish ED protocols for adrenal insufficiency because the treatment is straightforward to any physician. In fact, there are no legislated protocols for *any* disease or disorder in the emergency department. Physicians need to have the flexibility to make medical decisions based on medical evidence and the best interests of the individual patient.

Thank you for the opportunity to testify. I'd be pleased to answer any questions.