

COMMENT ON PUBLIC TESTIMONY BY OHB PROVIDED DURING 3/30/15 HEARING ON SB 916

RE: PROPER ROLE OF STATE LEGISLATION REGARDING MEDICAL STANDARDS AND PRACTICES

During public testimony on SB 916, the representative from the Oregon Health Board (OHB) argued against adoption of SB 916, stating (in part) that it would be highly unusual for the Oregon legislature to dictate specific medical policy. This statement was misleading and incorrect. There are two points that must be made in response:

1. The statement is based on a **false premise** since SB 916 does not mandate specific medical policy or treatment. To the contrary, it simply provides FREEDOM for doctors and nurses to treat according to their best medical judgment, without fear of improper disciplinary action.
2. The statement is **incorrect** since the Oregon legislature has frequently specified medical policy in the past. Contrary to OHB's representation, **this is not unusual**, and in fact, OHB, OHSU and OMA have previously supported legislation dictating specific medical policies and procedures. The listing below highlights a few cases we were able to identify.

ORS 676: First, of course, it is clear that ORS 677 has several directives for policy and/or procedures. See e.g., 676.350 (Authority of health professional regulatory boards to adopt rules permitting expedited partner therapy) and 676.360 (pelvic examinations).

SB1507: PASSED (2012) - Relating to HIV testing; and declaring an emergency.

SB395: PASSED (2014) - Relating to autism, setting up a new board to license applied behavioral analysts and taking steps to phase in a critical autism treatment

SB442: withdrawn 78th legislative session. This bill related to mandatory vaccination. While this bill was ultimately withdrawn, the OREGON MEDICAL BOARD WEIGHED IN FAVOR OF SB442

HB3650: PASSED (2011) - Health Care Transformation act 2011 changing policy of how health care is delivered to reach the Triple Aim goal.

SB722a: PASSED (2014) - Human Papillomavirus (HPV) and related cancers. Recommendations for HPV prevention and cancer control.

Ballot Measure 67 and ORS 475.346 (1998) - Oregon Medical Marijuana Act (OMMA) – provides for patient protection and allows medical marijuana in chronic illness.

Thus, the statement made by the representative of the Oregon Health board is untrue and misleading. It improperly characterizes SB 916 as imposing policy or procedure, whereas, in fact, it ensures the freedom of medical professionals to practice according to their best medical judgment, without fear of improper disciplinary action.

SB 916 provides protection for doctors who choose to practice and treat according to the ILADS standard of care – *which is an evidence-based standard of care for Lyme Disease endorsed by the Institute of Medicine (IOM)*. Ironically, in Oregon today, the recognized standard of care is based on outdated science and received a poor evaluation by the IOM. As a consequence, patients are suffering. The bill does not require any particular standard or care or form of treatment. It merely provides freedom for doctors to practice according to this new standard.

It is disturbing that a representative of the Oregon Health Board would argue against this simple measure – particularly in view of the testimony from patients and their families, which we all heard, documenting the inability of Lyme patients to receive proper care in our state.

We all urge you to do the right thing, and pass this bill without amendments.

Sincerely,

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And

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