

April 6, 2015

Senate Committee on Health Care  
Oregon State Legislature  
Salem, OR

Re: SB 920 Testimony

Madame Chair and Members of the Committee:

My name is Dr. Stephen Phelps. I am an Emergency Department physician in Eugene/Springfield where I have worked at Sacred Heart and Riverbend Hospitals since 2008. Previously, I worked at Sky Lakes Hospital in Klamath Falls. I am here today to offer my personal experience working as a community physician concerning the use of antibiotics and the status of antibiotic resistance in the community. Please note that I am not here as a representative of the hospital or my physician's group, nor do I have any experience with agricultural antibiotics.

During the course of a typical shift, I prescribe antibiotics to multiple patients. However, over the past decade, the medical community has been increasingly careful about when and how we prescribe antibiotics. We also focus on educating patients on the proper indications of antibiotics. These efforts aim to improve what has historically been the overuse and misuse of antibiotics in the human population and to decrease the occurrence of antibiotic resistance.

The U.S. Centers for Disease Control and Prevention has reported that at least 2 million Americans fall ill, and more than 23,000 die, from antibiotic-resistant infections each year.<sup>1</sup> It follows then that to address this costly health care crisis, a multi-faceted approach is required to protect the efficacy of antibiotics. Therefore, the same attention to antibiotic overuse and misuse in humans should be applied to agricultural operations.

As for my own practice, I try to limit the use of unnecessary antibiotics on a daily basis. For example, most upper respiratory illnesses (bronchitis, ear infections, sore throats) are not bacterial in nature but are viral and self-limited. However, in the past, many patients with signs of an Upper Respiratory Infection (cough, runny nose, sore throat, fever, etc.) were prescribed antibiotics unnecessarily. This was shown to increase the resistance of the bacterial pathogens that do require antibiotics (pneumonia, etc.). In turn, this practice forced the medical community to prescribe more powerful and more expensive alternatives when encountering true bacterial illness.

One of these bacterial illnesses that I often encounter is urinary tract infection. UTIs are one source of infection that we routinely culture in the lab and monitor closely because of the high prevalence of antibiotic resistance. Often patients are prescribed an antibiotic that the organism does not respond to, and we need to alter the antibiotic prescribed. It is important that for patients like these and others, we limit and proactively address the overuse and misuse of antibiotics in both human and animal populations. Senate Bill 920 is an important step toward this goal.

Please vaccinate your children. Thank you for your time,

Stephen B. Phelps, M.D

<sup>1</sup> <http://www.cdc.gov/drugresistance/index.html>