

Senator Anderson  
Chair, Senate Committee On Health Care

Senator Anderson,

I am writing to you with my concerns about and opposition to SB 452.

As to my background, I have been providing EMS medical direction in Jackson County, Oregon for the past quarter century where I have lived and practiced as a physician. At various times, I have been the EMS supervising physician (OAR 847-035-0025) for EMS providers of about 20 EMS agencies and medical director (OAR 333-255) for 4 ambulance agencies. Currently, I am the supervising physician for EMS providers of 13 EMS agencies, the medical director for 2 ambulance services, the medical director for the local 911 dispatch center and the medical director for the Rogue Community College EMS program. I served on the Oregon Medical Board EMS Advisory Committee for 6 years and for 4 years on the State EMS Committee. About 15 years ago I started the Oregon EMS Forum which is a twice yearly gathering of EMS supervising physicians and agency managers to discuss relevant issues. During this time, I have become very familiar and knowledgeable about EMS around the state, and around the nation. Additionally, I have obtained physician subspecialty certification in EMS.

The purpose of SB 452 is to develop protocols for EMS providers to administer emergency use medications carried by the patient. While this may sound like a reasonable and desirable aim, I believe there are serious flaws in this bill as outlined here:

Oregon does not have statewide EMS protocols, nor do a number of other states. Each licensed and practicing EMS provider in Oregon is required to have a supervising physician (OAR 847-035-0025) who issues prehospital care protocols, arranges education, provides medical oversight and meets with each EMS provider for at least 2 hours each calendar year.

SB 452 proposes that the Oregon Health Authority in consultation with the State EMS Committee would establish protocols for EMS providers. There is no requirement here that physician input would be required in developing such protocols, and even if physicians were involved there is no assurance that these physicians would be familiar with EMS in Oregon. The medical oversight of such protocols, an essential component of EMS medical direction, is not described. As noted in SB 452, the definition of "emergency use medication" is not defined and subject to the same concerns as noted for establishing protocols.

From similar discussions in past years around the state, I believe and have heard that Oregon EMS supervising physicians would be very reluctant to take on the tasks of providing education and medical oversight for EMS provider protocols to which they do not support or agree, especially if the protocols were developed without EMS physician input. If the state is going to determine and mandate a statewide protocol, then the state would need to clearly take on the responsibility and liability of medical direction of such protocols, which could be very difficult to separate from supervising physician determined protocols.

Thank you for your consideration of my concerns opposing SB 452. Please contact me if you have questions or if I can be of further service to you.

Sincerely,

Paul S. Rostykus, MD, MPH, FAEMS