

Senator Anderson
Chair, Senate Committee On Health Care

Senator Anderson,

I am writing to you with my concerns about and opposition to SB 544.

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 across the nation. Additionally, I have obtained physician subspecialty certification in EMS.

The purpose of SB 544 is to require that ambulances carry emergency treatment medication for adrenal insufficiency disorder, presumably to ensure that such medications are available prehospitally to patients with an emergency medical condition due to this disorder. While this sounds like a reasonable and desirable aim, I believe there are significant problems with this bill as outlined here:

Oregon-licensed ambulances may be staffed by EMS providers of several levels, however according to the Oregon EMS provider Scope of Practice (OAR 847-035-0030) only paramedics are currently allowed to administer these medications (some form of corticosteroid). In areas where ambulances are staffed by non-paramedics, most commonly in the more rural or remote parts of the state, there would be a financial cost to the ambulance agency, yet no benefit for the patient.

SB 452 proposes that the Oregon Health Authority would adopt rules regarding training and best practices for administering these medications. There is no requirement here that physician input would be required in developing such rules, and even if physicians were involved there is no assurance that these physicians would be familiar with EMS in Oregon. An Oregon ambulance medical director (OAR 333-255) is defined as an EMS supervising physician who is required (OAR 847-035-0025) to issue standing orders, arrange for education and provide medical oversight for prehospital care for EMS providers which is the appropriate avenue for establishing medical care.

This issue of emergency medications for adrenal insufficiency disorder was discussed by EMS supervising physicians around the state on multiple occasions a few years ago and I have heard that many Oregon medical directors have since added standing orders allowing for the treatment patients with this condition with medications carried on the ambulance or provided by the patient or family. Determining which paramedic-staffed ambulance agencies do not carry or administer such medications and working with those medical directors, if any, would be a better means to attain the desired aim.

Lastly, SB 544 would create a precedent in Oregon for establishing the practice of medicine by legislative action which I and most, if not all, EMS supervising physicians do not think is appropriate.

Thank you for your consideration of my opposition to SB 544. Please contact me if you have questions or if I can be of further service to you.

Sincerely,

Paul S. Rostykus, MD, MPH, FAEMS