

I submit this testimony in strong opposition to SB 1598.

While framed as an administrative or technical update, this bill represents a significant and permanent expansion of unelected public health authority in Oregon, operating outside emergency declarations, without legislative approval, and with diminished accountability.

Oregon's experience during the COVID-19 pandemic makes clear why this expansion is deeply concerning.

1. COVID-era experience demands greater guardrails — not fewer

During the COVID-19 pandemic, Oregonians lived under far-reaching public health directives that profoundly affected:

- Employment and livelihoods
- Education and child development
- Access to medical care
- Civil liberties and personal autonomy
- Trust in public institutions

Many of these policies were issued rapidly, with limited legislative involvement, inconsistent transparency, and evolving justifications. While emergency conditions may justify extraordinary authority, the pandemic demonstrated the real harm that can occur when power is centralized, unchecked, and insulated from accountability.

This bill does not incorporate the lessons learned from that period. Instead, it institutionalizes emergency-style authority as a permanent feature of Oregon law — without emergency declarations, time limits, or legislative oversight.

2. This bill concentrates authority in a single appointed official

This bill allows the Public Health Officer, or a designee within the Oregon Health Authority, to issue statewide or regional standing orders for drugs or devices to address "any infectious or noninfectious disease or other significant public health concern."

That phrase is undefined, open-ended, and extraordinarily broad.

COVID taught Oregonians that vague standards combined with unilateral authority can lead to sweeping policies with real-world consequences — often without clear endpoints, measurable benchmarks, or recourse for those affected.

3. Extraordinary authority without an emergency declaration

Historically, Oregon law has reserved the most expansive public health powers for declared emergencies, when urgency and necessity are clearly established.

This bill intentionally removes that safeguard.

It authorizes:

- Standing orders
- Insurance coverage mandates
- Statewide or regional clinical directives

without an emergency declaration, without legislative involvement, and without automatic expiration.

If COVID showed us anything, it is that emergency powers should be temporary, clearly justified, and closely monitored — not converted into standing authority.

4. Local voices can be bypassed — a lesson learned the hard way

The bill permits the Public Health Officer to bypass consultation with local health officers whenever they determine consultation might cause delay.

During COVID, many communities experienced:

- One-size-fits-all policies
- Ignored local conditions
- Limited opportunity for local input or correction

This bill codifies that problem rather than correcting it, further weakening Oregon's tradition of shared state-local public health governance.

5. “Not a mandate” in name only

The bill states that standing orders may not “require” a person to receive a drug or device.

However, COVID demonstrated that mandates are often imposed indirectly, through:

- Employer requirements
- Insurance conditions
- Institutional access rules
- Provider compliance pressure

This bill enables those exact mechanisms by:

- Mandating insurance coverage within 15 business days
- Eliminating cost-sharing
- Issuing statewide standing orders for entire classes of people
- Providing broad immunity to decision-makers

COVID taught Oregonians that policy pressure can be just as coercive as statutory mandates, especially when alternatives are unavailable.

6. Immunity without accountability repeats past mistakes

The bill grants sweeping immunity from civil, criminal, and professional liability.

During COVID, many Oregonians felt decisions were made without meaningful accountability, even when harms occurred or policies proved ineffective.

If authority is expanded, accountability must increase — not disappear.

7. Rulemaking authority risks future expansion

The bill authorizes the Oregon Health Authority to adopt rules “necessary to carry out this section.”

COVID-era rulemaking showed how quickly administrative authority can expand beyond legislative intent, leaving lawmakers and the public reacting after the fact.

This bill asks the Legislature to approve a framework, not just a policy — with long-term consequences well beyond today’s debate.

COVID taught Oregonians difficult but necessary lessons:

- Emergency powers must be temporary
- Authority must be clearly limited
- Local voices matter
- Accountability is essential

Trust cannot be commanded — it must be earned. This bill moves Oregon in the opposite direction.

It creates permanent, centralized public health authority capable of imposing sweeping measures without emergencies, without legislative approval, without local input, and without meaningful accountability.

For these reasons, I respectfully urge the committee to reject this bill.

Thank you for your time and consideration.

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