

Submitter: Marsha Day  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: SB1598

To the Honorable Members of the Oregon Senate Committee on Health Care,  
My name is Marsha Day , a resident of Florence, Oregon. I am submitting this written testimony in strong opposition to Senate Bill 1598, which I believe grants excessive unchecked authority to the Public Health Officer and undermines individual rights, legislative oversight, and medical autonomy in our state. While I appreciate efforts to promote public health, this bill goes too far in centralizing power and imposing one-size-fits-all policies that could have far-reaching negative consequences for Oregonians. Below, I outline my key concerns based on the bill's provisions.

First, SB 1598 authorizes the Public Health Officer or a designated physician to issue standing orders for prescriptions, drugs, or devices to address public health concerns, potentially on a statewide basis (Section 2). This represents an alarming expansion of executive authority without sufficient checks and balances. Such orders could be issued with minimal input from local health officials or stakeholders, and while the bill requires them to be evidence-based, it lacks robust mechanisms for public review, appeal, or legislative veto. In an era where public trust in health institutions is already strained, concentrating this power in one office risks abuse or overreach, even if unintended.

Second, by mandating that health benefit plans cover immunizations recommended by the Public Health Officer without cost-sharing (Section 1), the bill paves the way for automatic vaccine mandates that could affect access to schools and other public services without requiring another legislative vote. Oregon's current school immunization requirements are tied to administrative rules that could incorporate these recommendations, effectively bypassing the democratic process. This could lead to new vaccine requirements being imposed on families and children indirectly, limiting parental choice and access to education based on compliance with ever-evolving public health directives.

Third, the bill enforces statewide, one-size-fits-all medical orders without regard for individual consent or circumstances (Sections 1 and 2). Standing orders allow for the prescribing and dispensing of drugs or devices to broad classes of individuals, potentially overriding personalized medical advice. This approach ignores the diversity of Oregon's population—rural vs. urban, varying health needs, and personal beliefs—and could coerce participation in health interventions under the guise of public good, even though the bill claims not to compel individuals directly.

Fourth, SB 1598 compels insurance companies, as well as taxpayer-supported public programs, to pay in full for these vaccines and preventive health services (Section 1). This mandate will inevitably drive up premiums and costs for all Oregonians, including those who may not need or want these services. By aligning coverage with federal rules frozen as of June 30, 2025, and adding future Public Health Officer

recommendations, the bill shifts financial burdens onto private insurers and public funds without accountability for rising expenses or proof of cost-effectiveness.

Finally, this legislation diminishes the role of doctors in making decisions in the best interest of their patients. By prioritizing standing orders and mandatory coverage, it could pressure healthcare providers to follow top-down directives rather than tailoring care to individual needs, potentially eroding the doctor-patient relationship and professional judgment.

In conclusion, SB 1598 prioritizes bureaucratic authority over individual freedoms, legislative oversight, and fiscal responsibility. I urge you to reject this bill and instead pursue health policies that respect personal autonomy, require transparent decision-making, and involve broader stakeholder input. Thank you for considering my testimony and for your service to Oregon.