

Submitter: Angelita Sanchez  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: SB1598

Thank you for the opportunity to testify. I am here to address concerns about how SB 1598 appears to affect parental control over medical decision-making for minors, as well as the bill's broader implications for families, insurance carriers, ratepayers, and taxpayers. This testimony is submitted in my personal capacity and not representative of anyone other than myself.

SB 1598 does not explicitly eliminate parental rights. However, it appears to weaken them indirectly by expanding administrative discretion without clearly preserving parental consent in statute. That distinction matters when public health authority intersects with medical decisions involving children and the principle of shared decision-making between parents, patients, and providers.

The bill repeatedly uses the word "may," which appears to grant broad discretion to the Public Health Officer or a designated physician, including authority to issue standing orders for drugs, vaccines, and medical devices.

What the bill does not do is equally important. It does not clearly state that parental consent for minors must be preserved, does not limit how standing orders apply to children, and does not establish clear criteria governing when or how this authority is exercised. When discretion is broad and statutory protections are absent, decision-making appears to shift away from families and toward administrative agencies, weakening shared decision-making in practice.

Standing orders also appear to reduce individualized medical judgment. They allow medical interventions to occur without a patient-specific decision at the point of care. SB 1598 does not specify that standing orders may not be used for minors without parental consent, does not require parental notification, and does not affirm that parents remain the primary decision-makers in the doctor-parent-child relationship. Without those protections clearly written into law, parental consent appears at risk of becoming procedural rather than substantive, with future changes occurring through rulemaking rather than legislative debate.

This raises two critical questions that deserve clear answers on the record:

First, how does liability differ when medical decisions are made under PHO-authorized standing orders, where authority and responsibility may be diffuse or shielded, compared to individualized care by private providers, where informed consent and accountability are more directly enforceable?

Second, if a parent does not agree with a PHO-recommended or standing-order intervention for their child, could that disagreement later be interpreted as medical neglect under existing law or agency practice?

Oregon law already preserves parental consent for minors' medical care, with narrow and explicit exceptions enacted by the Legislature. SB 1598 does not repeal those statutes, but it does not reference or reaffirm them. By creating new standing-order authority without clear guardrails for minors, the bill appears to risk bypassing existing consent frameworks in practice.

I am also concerned about the insurance mandate contained in this bill. SB 1598 requires coverage of recommended preventive services without clearly addressing cost impacts on families, employers, or insurance carriers. Covered services become the standard of care, the standard becomes the expectation, and that expectation places financial pressure on families and carriers alike. In a time of rising premiums, deductibles, and coverage instability, expanding mandates without transparent cost analysis appears to shift financial risk onto families, carriers, and ultimately taxpayers.

Parents are not seeking to block public health efforts. We are asking for clarity, balance, and accountability: clear statutory language preserving parental consent, reasonable limits on standing orders for minors, meaningful shared decision-making, transparency regarding costs, and clear answer