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Committee: Senate Committee On Health Care
Measure, Appointment or Topic: SB1598

To the Chair and Committee members,

There are many reasons to be concerned over this bill.

Section 22(2)(a) – “The Public Health Officer appointed under ORS 431.045, or a physician licensed under ORS chapter 677 who is employed by the Oregon Health Authority and designated by the Public Health Officer, may issue a standing order to prescribe a drug or device to control, prevent, mitigate or treat any infectious or non-infectious disease or other significant public health concern.

The phrase “any infectious or non-infectious disease or other significant public health concern” is open-ended. It does not require a specific outbreak, epidemic, or declared emergency; a PHO could invoke the authority for Climate-related or for emerging health threats that are merely “significant.”

By allowing the PHO to designate a physician, the statute creates a delegated pipeline that bypasses the usual licensing-board oversight. The designated physician can be swapped at the PHO’s discretion, removing any stable point of accountability.

Loss of Bodily Autonomy

The role of the PHO, as a member of the Oregon Health Authority, might be expanded by other bills, to allow a PHO standing order to translate to school requirements for medical treatments, in order to attend. Although the current bill does not go this far, it has elements which allow it to be a Step 1 in a process which goes there. Such broad and unchecked power should be fiercely opposed.

Blanket Immunity

Section 22(6)(a) – “Notwithstanding any other provision of law, the state, the Public Health Officer and the physician described in subsection (2) are immune from civil or criminal liability or professional disciplinary action related to the issuance of a standing order, except for acts or omissions constituting gross negligence or willful or wanton misconduct.” We have seen how institutions behave when excluded from liability. Let us not go down this road again.

Removal of accountability

Providers and the PHO can issue orders that may be medically inappropriate, erroneous, or even harmful, without fear of malpractice suits or disciplinary action, as long as they avoid the high bar of “gross negligence.”

Potential chilling effect on patients

Patients who suffer adverse effects have limited legal recourse, making it harder to contest compulsory treatment.

Gubernatorial Candidate