



MEMORANDUM

To: Rep. Rob Nosse, Chair, House Health Care Committee
Rep. Ed Diehl, Vice-Chair, House Health Care Committee
Rep. Travis Nelson, Vice-Chair, House Health Care Committee
Members of the House Health Care Committee

From: Courtni Dresser, Vice President of Government Relations

Date: February 24, 2026

Re: Support for SB 1598

The Oregon Medical Association (OMA) represents and advocates for more than 7,000 physicians, physician associates, and medical and PA students across Oregon. Our mission is to support our members in their efforts to practice medicine effectively, improve the health of Oregonians, and provide the highest quality patient care.

SB 1598 is about protecting access to preventive health services that patients rely on — and ensuring stability when federal guidance shifts in ways that create confusion or unintended barriers.

Last year, we saw how quickly changes at the federal level can ripple through Oregon’s health care system. Without new safety concerns or changes in clinical evidence, certain respiratory immunizations suddenly required prescriptions. Insurance coverage became uncertain. Patients were unsure what was covered, where they could receive care, and whether they would face new out-of-pocket costs.

For patients, particularly older individuals or those with chronic illness, and those who are immunocompromised, those changes did not feel procedural. They meant delays. They meant extra appointments. In some cases, they meant walking away from preventive care altogether. Clinicians were left navigating shifting rules that were not grounded in new medical evidence, while trying to reassure patients and maintain continuity of care.

SB 1598 provides a thoughtful and balanced response.

First, it allows the Public Health Officer to issue evidence-based immunization recommendations and standing orders when there is a legitimate public health purpose. Standing orders are not new. They are a long-standing medical tool used to reduce unnecessary administrative barriers. Importantly, they do not mandate care. They simply allow patients who choose preventive services to access them efficiently.

Second, the bill ensures that insurance coverage aligns with preventive service recommendations that were in effect as of June 30, 2025, and that immunizations recommended by Oregon's Public Health Officer are covered without cost-sharing, consistent with federal law. This helps prevent sudden coverage gaps that shift costs onto patients or create confusion at the pharmacy counter or in clinics.

The bill also includes guardrails. Recommendations must be evidence-based. Standing orders must promote a legitimate medical purpose, specify the class of individuals intended to benefit, and comply with accepted medical standards in this state. And nothing in this measure requires a person to receive a drug or immunization.

At its core, SB 1598 is about predictability and patient trust.

Patients should not lose access to preventive care because of regulatory timing issues or federal administrative shifts unrelated to safety or efficacy. Clinicians should be able to practice according to sound evidence without unnecessary administrative obstacles. And insurance coverage should support prevention, not undermine it.