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| Submitter: | Jennifer McCall |
| On Behalf Of: | |
| Committee: | House Committee On Health Care |
| Measure, Appointment or Topic: | SB1598 |

Chair and Members of the Committee,

My name is Dr. Jennifer McCall. I am a pediatrician practicing in Oregon and an assistant professor of pediatrics. I am writing in strong support of Senate Bill 1598.

As a frontline physician, I see every day how access to preventive health services and immunizations directly affects the health and safety of Oregon's children and families. Preventive care is not optional care. It is the foundation of a functioning, equitable, and financially sustainable health system.

SB 1598 accomplishes two critical goals.

First, it ensures that health benefit plans continue to cover evidence-based preventive services consistent with federal standards in effect as of June 30, 2025, and it protects coverage for immunizations recommended by Oregon's Public Health Officer. In a time of uncertainty at the federal level, this bill safeguards stability for patients and clinicians alike. Preventive services only work when they are accessible — and accessibility requires coverage without cost-sharing barriers. Even modest cost-sharing decreases uptake of vaccines and preventive interventions, particularly among families already facing financial strain.

Second, SB 1598 grants the Public Health Officer authority to issue standing orders for drugs or devices to address infectious and noninfectious diseases or other significant public health concerns. This authority is not novel in concept — standing orders are already an essential tool in public health practice. What this bill does is clarify and strengthen Oregon's ability to respond rapidly, using evidence-based guidance, when time matters.

We have seen in recent years how quickly public health threats can emerge. Delays in access — whether due to insurance coverage gaps or prescribing bottlenecks — translate into preventable illness, hospitalizations, and strain on our health care infrastructure. SB 1598 builds in appropriate guardrails: evidence-based recommendations, defined classes of beneficiaries, transparency through publication, consultation with local health officers when feasible, and compliance with accepted medical standards. At the same time, it preserves flexibility for urgent response when delay would endanger the public.

Importantly, the bill does not mandate that any individual receive a drug or device. It

simply ensures that when evidence supports an intervention, Oregon has the tools to make that intervention available efficiently and equitably.

As a pediatrician, I think about the infant whose family delays well-child care because of cost, the immunocompromised child who depends on high community vaccination rates, and the rural clinic that needs clear, actionable standing orders to respond to an outbreak. SB 1598 strengthens the systems that protect them.

This bill promotes health equity, reduces downstream costs from preventable disease, and reinforces Oregon’s commitment to science-based public health policy.

I respectfully urge your support of SB 1598.

Thank you for your time and for your service to the people of Oregon.

Sincerely,
Jennifer McCall, DO FAAP