

**REVENUE:** May have revenue impact, statement not yet issued

**FISCAL:** May have fiscal impact, statement not yet issued

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<b>Action:</b>	Do Pass and Be Referred to the Committees on Revenue and Finance and Ways and Means by prior reference
<b>Vote:</b>	4 - 0 - 1
<b>Yeas:</b>	Kruse, Monnes Anderson, Verger, Morrisette
<b>Nays:</b>	0
<b>Exc.:</b>	George G.
<b>Prepared By:</b>	Ilana Weinbaum, Administrator
<b>Meeting Dates:</b>	2/9, 2/12

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**WHAT THE MEASURE DOES:** Requires that, of the revenue from the cigarette tax dedicated to the General Fund, 0.7 percent be credited to Office of Rural Health (ORH) for enhancing emergency services in rural communities, 0.85 percent be credited to ORH to provide rural safety net services including rural health facilities, and that 2.0 percent be credited to ORH for rural health viability grants. Appropriates additional money from the General Fund to the Rural Health Care Revolving Account. Declares an emergency, effective July 1, 2007.

**ISSUES DISCUSSED:**

- Financial and time burden to rural Emergency Medical Services (EMS) volunteers
- EMS ability to bill insurance companies for services
- Size of rural EMS budgets
- Retention and recruitment of rural providers
- Additional funds needed to improve rural health safety net
- Appropriateness of funding source and other possible funding source
- Conditions of rural facilities

**EFFECT OF COMMITTEE AMENDMENT:** No amendment.

**BACKGROUND:** Oregon's Office of Rural Health is one of 50 in the nation and was established by the legislature in 1979. It is advised by the Oregon Rural Health Coordinating Council. The Office partnered with Oregon Health & Science University (OHSU) in 1989. The Office coordinates efforts to improve rural health systems, provides technical assistance to rural communities, recruits health care providers, advises hospitals about the Critical Access Hospital option, and serves as a clearinghouse for information on rural health issues.

Senate Bill 37 would reinstate the rural Emergency Medical Services program, eliminated in 2003, by appropriating money to the Office of Rural health to provide grants to rural EMS organizations for equipment and to Health Education Centers to provide free training to rural Emergency Medical Technicians. It would also fund the technical and financial assistance account within the Office of Rural Health to provide financial assistance to isolated rural primary care clinics. In addition, the bill would direct funds to the Office of Rural Health to assist rural communities in maintaining viable health care delivery services, by offering grants to modernize facilities and expand access to vulnerable rural populations.

2/15/2007 2:25:00 PM

*This summary has not been adopted or officially endorsed by action of the committee.*