



## Oregon Office of Rural Health

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Testimony in Favor of SB 324  
Senate Rural Communities & Economic Development Committee  
February 12, 2013  
Scott Ekblad, Director, Oregon Office of Rural Health

Chair Roblan, Vice-Chair Baertschiger, Members of the Committee:

I am not sure most Oregonians are aware that, once they venture beyond the Willamette Valley, they are dependent in great measure upon volunteers to respond if an emergency should occur. The more rural the area, the more dependent upon volunteers the local emergency response agency is. Most volunteer EMS personnel must pay out of their pockets for their initial training, their continuing education, and other required expenses. They must take time away from their jobs and families in order to maintain an emergency response 24 hours a day, 7 days a week.

The Oregon Office of Rural Health repeatedly hears from rural EMS organizations that it is increasingly difficult to recruit and retain volunteers. The Oregon Volunteer Rural EMS Provider Tax Credit was created in 2007 to help defray the out of pocket costs of rural volunteer EMTs. Of the time a person provides emergency medical services, at least 20% must be spent volunteering those services in a qualifying rural area. For the purposes of this tax credit, a qualifying rural area is located at least 25 miles from a community of 30,000 or more.

In 2011 the state adopted national licensure terminology for emergency medical responders. As a result, what we once called First Responders are now referred to as Emergency Medical Responders. The former were not considered eligible for this tax credit. When the Oregon Rural Health Association suggested that we revise the program to include First Responders, now called EMRs, Legislative Counsel informed them that EMRs are, in fact, now eligible for the credit.

The fiscal impact of this program is currently about \$300,000 per biennium. It is extremely difficult to determine how many EMRs will be newly eligible for the credit, but a rough estimate would double the impact, to \$600,000 per biennium.

This is a very small incentive for those who sacrifice so much for our health and safety in an emergency. We may be losing ground. In 2008 just over 600 volunteers received this credit. In 2011, 524 did. I believe that, not only should it be continued, it should be increased in value and extended to include volunteers in less remote areas of the state.

Thank you for this opportunity to testify on such an important matter. I am happy to answer any questions.