

Dear Senate Committee on Health Care,

My name is Abby Morris. I am the Regional Medical Reserve Corps Program Specialist housed in the Washington County Department of Health and Human Services in the Public Health Division. I am writing in today to support Bill 837.

While the language in this bill focuses on implementing operational and administrative changes to the State Managed Volunteer Pool (SMVP), these changes also impact Medical Reserve Corps units in Oregon. The Medical Reserve Corps (MRC) is a national volunteer network organized into local units that enhance response efforts during major public health crises and natural disasters while also providing emergency preparedness trainings to the public that increase community resilience (e.g. [Stop the Bleed](#), [disaster sanitation](#)).

My role in this network is to lead the administrative process, and coordination of training and special projects for three Medical Reserve Corps volunteer units in the Portland metro region; ensuring volunteer requirements are met and volunteers are eligible, trained, and ready to deploy efficiently.

I love my job. The volunteers I work with are specialized, committed to the health and well-being of their communities, and eager to serve. Unfortunately, there are obstacles we experience as a program that cause frustration for staff and volunteers alike. These obstacles limit our ability to respond to emergencies with the speed and cultural sensitivity we strive for. However, after reviewing the edits to this bill, I am hopeful that, if passed, it will help ease these frustrations or even put an end to them.

The first obstacle involves liability. The three units I support are housed within county governments, which are self-insured. When it comes to using volunteers in emergency response, this means that unless a state of emergency is declared, the county is on the hook for handling and potentially covering any claims- whether from community members reporting harm caused by volunteers or from volunteers getting injured while serving. This financial and administrative burden can cause counties to simplify or forego medical tasks MRC volunteers engage in during a response. MRC is intended to be a force multiplier in supporting positive health outcomes for the community. The potential of this force multiplier is currently lessened because of liability concerns, which prevent the MRC's ability

to provide surge capacity to the extent it is capable of. It also decreases volunteers' morale because they are unable to fully apply their medical skills.

If Bill 837 is passed, it is my understanding the Oregon Health Authority (OHA) will have discretion to support local emergencies without a state-declared emergency. This could reduce local governments' liability and increase the utilization of MRC units while strengthening communication with OHA to streamline response efforts.

The second obstacle is only licensed healthcare professionals are allowed to register with the SMVP, and, during a state-declared emergency, the State only offers liability protections to MRC unit members who are licensed providers. This is a deterrent for unlicensed (e.g. medical assistants, dental assistants, medication aides, home health aides), but practiced, health professionals to join the MRC because it relegates them to solely being able to provide non-medical support to the community. This is not only off-putting but is an equity issue because there is more racial diversity found in unlicensed health positions than licensed positions (please see [slide six](#) from the Bureau of Labor Statistics on this topic). This leads to MRC units in the area being racially homogenous and often not reflecting the demographics of the community they are serving. If Bill 837 is accepted, unlicensed providers will not only be able to register with the SMVP but also receive liability protections from the State as an MRC unit member during sanctioned responses. They also will likely be able to perform the medical tasks they are trained to do and operate within their normal scope of practice. This will create an opportunity for me, as an MRC staff, to create and implement intentional recruitment plans that increase the diversity of our units, changing the demographic make-up of them to reflect the communities we serve. Additionally, unlicensed health professionals will bring different skill sets to the MRC units, which will make the units more adaptable during a response.

The third obstacle is that SMVP and MRC unit members with an Out-of-State license can only provide their medical skills during a state-declared emergency. We have many volunteers in MRC units who are experienced medical providers and experienced with applying their skills in emergency settings. However, because they are not licensed in Oregon, they are often relegated to serving in non-medical capacities, which causes them frustration and decreases our unit's

ability to utilize all our members' skills to the fullest. If this Bill passes, it will give OHA the discretion to allow these volunteers to practice outside of a state declared emergency, which will support MRC units' effectiveness in a response.

While I am excited about the possibility of unlicensed health workers joining the SMVP and MRC units, and Out of State licensed volunteers having more opportunities to apply their skills, I would be remiss if I did not mention that the licensing components of this Bill could be further adapted to enhance racial diversity within these volunteer programs.

There are many immigrants in Oregon who are licensed health professionals in countries other than the United State but are unable to practice in the States due to a lack of reciprocity in their license being recognized. These individuals often are fluent in languages other than English and are members of distinct communities. This is important because, as fears of deportation and general lack of safety rise for some immigrant populations, and distrust in government increases, it may be harder for the SMVP, MRC, and Public Health staff to serve these populations during a public health crisis or in the aftermath of a natural disaster. To ensure all community members in Oregon have access to information and services during emergent times, welcoming health professionals into our volunteer programs who represent their community is critical.

Please do not hesitate to reach out to me if you have any questions. I am grateful for Bill 837 and hope it passes. If it does, community resilience in Oregon will increase.