

March 12, 2025

TO: Chair Patterson, Vice-Chair Hayden, Members of Senate Committee on Health Care

Over the past several years we have demonstrated that no part of our state is immune from disasters and other emergencies. Like most everyone else, we rely on volunteers for incidents large, small, and in between. Our State Emergency Registry of Volunteers in Oregon (SERV-OR), administered by OHA, comprises two pools of trained and experienced healthcare professionals: county-based Medical Reserve Corps (MRC) and a State-Managed Volunteer Pool (SMVP). I am part of both; the great majority of my volunteer service over the past five years has been through SMVP. Counties have substantial discretion on how, when, and where to deploy MRCs but SMVP deployments require emergency declarations. SB 837 proposes augmenting our volunteer capacity and capability not just by expanding our rosters but mostly by broadening the circumstances under which our existing SMVP volunteers may be deployed.

SB 837 addresses our needs via four components:

1. **Expand membership eligibility** to include the non-licensed administrative and support personnel that are essential health care, thus allowing more comprehensive deployments, whether in support of our licensed volunteer providers or to meet a primary need.
2. **Enable volunteer service whenever and wherever needed**, without requiring a declared emergency, on par with the ODHS volunteer program and our MRCs. This includes “sub-declaration” incidents like small disease outbreaks, localized severe weather, and shelters, as well as public training and education. This would ease the administrative burden and delays associated with needing a declaration to deploy, while adding minimal risk to the state.
3. **Correct language to enable SERV-OR volunteers to be deployed to other states** experiencing an emergency, as originally intended. The update clarifies that deployed volunteers are “officers of the state” as required by statutes authorizing SERV-OR deployment to other states through the Emergency Management Assistance Compact; it also clarifies that we can provide tort and workers compensation coverage on those missions.
4. **Clarify that OHA can and should conduct health screenings of volunteers**; this enhances deployment safety by assigning our volunteers to the right missions, meeting their needs around mobility, fitness, or medical conditions.

Based on minimal injury and *zero* tort claims related to thousands of SERV-OR deployments over the past five years, these changes are likely to generate minimal risk/expense but substantial benefit for all of Oregon and our neighbors. Opportunities to significantly expand our emergency healthcare capacity at minimal expense are uncommon; I urge you to take advantage of this one.

Sincerely,



Jeff Rubin, PhD, NREMT
(Semi-)Retired Emergency Manager, Oregon local government (2001-2019)
Vice Chair, Governor’s Task Force on Resilience Plan Implementation (2014)
SERV-OR and Medical Reserve Corps volunteer (2020-present)