

## **SB 837: Expanding SERV-OR Activities and Membership**

Based on lessons learned from the pandemic response, and to meet heightened community needs and expectations, Oregon's health care volunteer program should be extended beyond declared emergencies and to include all health care professions.

### **Restrictions Inhibit the Use of SERV-OR Volunteers**

The State Emergency Registry of Volunteers in Oregon (SERV-OR) has demonstrated great success in connecting health professionals who wish to volunteer their services with communities in need of those services. For example, during Oregon's COVID-19 vaccine campaign, SERV-OR volunteers played a crucial role in 1,464 testing and vaccination missions, contributing over 25,000 hours of service with an estimated in-kind value of over \$2 million. Overall, from 2020 to 2023, over 2,800 missions were completed, providing 96,000 hours of volunteer health care worker time, with an estimated value of \$5.3 million. During this period, despite the high intensity of activities, the incidence of tort claims remained at zero.

However, feedback from county and state partners noted two significant drawbacks in the statutes regarding SERV-OR.

One is that, currently, SERV-OR cannot support health care volunteer activities without a declaration of emergency under ORS 401, declaration of public health emergency under 433.441, or determination of multi-county overwhelming public health threat under 431A.015. Furthermore, OHA is regularly forced to decline urgent local requests for volunteers to support warming shelters, cooling shelters, and vaccination and testing events during outbreaks of communicable diseases, as there often is no state-level declaration. In addition, SERV-OR volunteers cannot support community health clinics who request help for health fairs or clinics, outside of an emergency.

Another drawback is that current statutes limit enrollment in SERV-OR to licensed or formerly licensed health care providers. This excludes a wide range of health care professionals, such as medical assistants, transcriptionists, interpreters, and

phlebotomists, who do not operate under a license but who bring important skills and broader diversity to enable more effective and culturally competent services. In fact, it becomes extremely challenging for the licensed clinicians themselves to provide services without a large portion of the health care workforce that normally accompanies, supports, and complements them.

In contrast, comparable DAS and ODHS volunteer programs do not have similar restrictions and provide year-round benefit to communities and volunteers.

## **Removing Restrictions Would Empower Volunteers and Serve More Oregonians**

This bill updates the SERV-OR statutes to:

- Allow year-round volunteer activities, and
- Expand admission criteria to administrative and support personnel.

Authority to activate SERV-OR volunteers would transfer from the Governor's Office to the state Public Health Division program that has managed SERV-OR since its inception, yet remain fully accountable to the Governor and legislature for any notification requirements. Year-round volunteer activities, without an emergency declaration, would engage volunteers more regularly and often, and improve readiness for disaster response.

Expanding the SERV-OR volunteer pool to all health care personnel types and enabling volunteer activities without an emergency declaration would provide more services to underserved populations, support health education and prevention initiatives, support rapid and early response for outbreaks, and build capacity in local public health and community clinics.

OHA would ensure these changes, as well as all SERV-OR policies and practices, align with DAS policy requirements to limit risk and support community and volunteer needs and expectations.

### **For more information:**

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