

LC 426: 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. 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 or events without a declaration of emergency (under ORS 401 or ORS 431A.015). The approval system is time consuming, requires significant staff coordination, and consumes energy that could be used for emergency response. Furthermore, OHA is regularly forced to decline urgent local requests for volunteers to support contact tracing and vaccination and testing events during outbreaks of communicable diseases, whenever those outbreaks are not associated with a formally declared emergency. 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 allied health and supporting health care professionals.

Authority to activate SERV-OR volunteers would transfer from the Governor's Office to the state Public Health Director or their designee. 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 provider 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 and ODHS volunteer programs to limit risk and support community and volunteer needs and expectations.

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