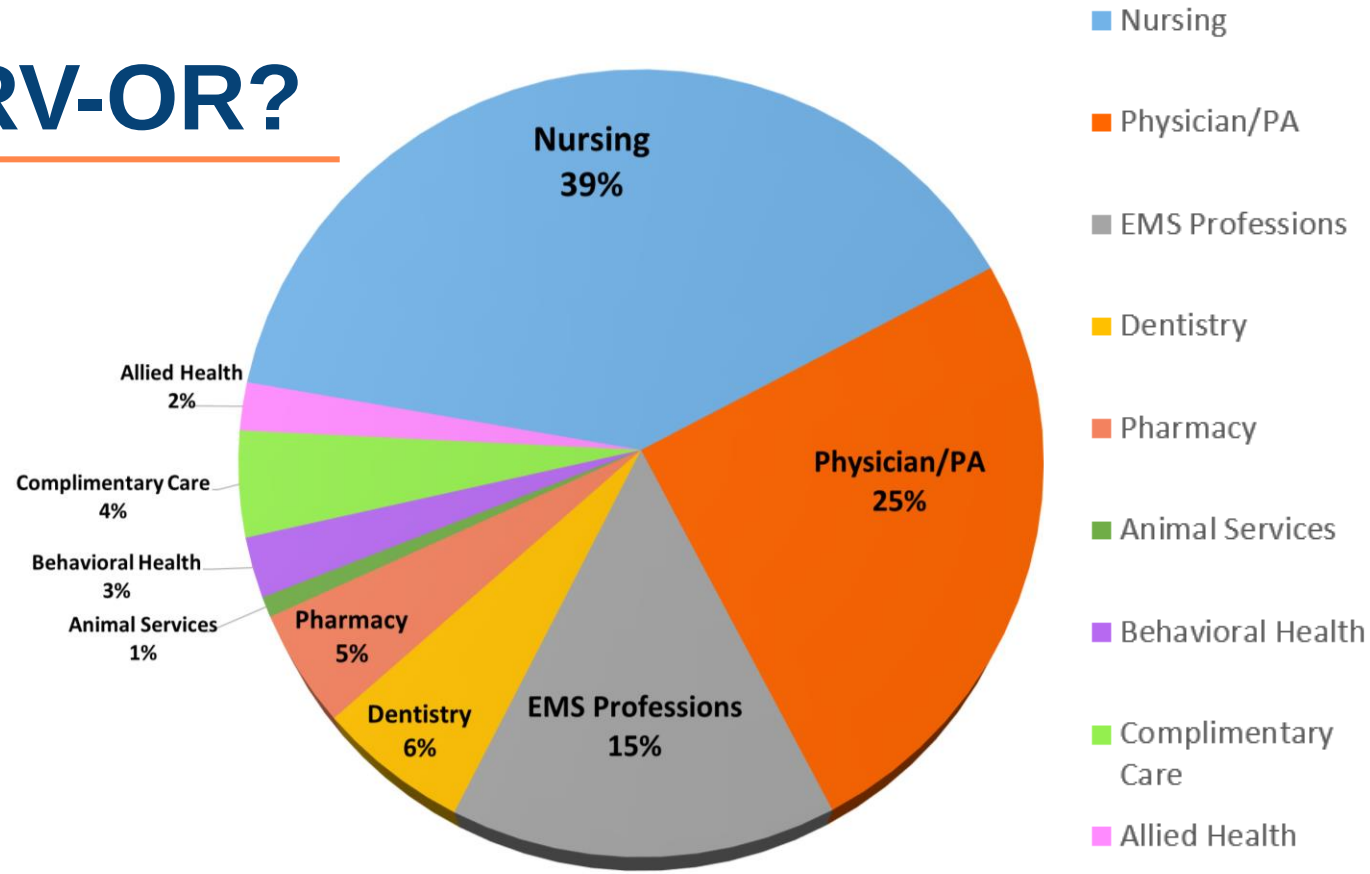
OREGON HEALTH AUTHORITY

February 13, 2025

Senate Bill 837

Relating to OHA's Health Care Volunteer Registry

What and WHO is SERV-OR?



- **What:** Established in statute, authorizing OHA to register, pre-credential, and deploy personnel during a declared emergency
- **Who:** 5,250 licensed clinician volunteers

Integrating health volunteers in the system

Enabling volunteers

- Health care volunteers become part of the system
- Less freelancing, safer, supported and more effective
- Coordinated with OEM, local/tribal emergency managers
- Operational connection with ODHS for shelters

SERV-OR
State Emergency Registry of Volunteers in Oregon

OREGON HEALTH AUTHORITY

OREGON DEPARTMENT OF EMERGENCY MANAGEMENT OEM

Oregon Department of Human Services

Office of Resilience and Emergency Management

Partners

- ODHS Office of Resilience and Emergency Management
- Hospitals, public health clinics, and federally qualified health centers
- Native American Rehabilitation Association (NARA)
- American Red Cross
- Local/tribal public health and emergency management
- Oregon State University

Volunteer Activities

Service in the pandemic

Year	Volunteer Hours	Volunteer Missions	Value of Service
2020	10,397	306	$485,778
2021	69,113	1,360	$3,680,478
2022	16,467	1,135	$1,193,497
2023	406	24	$20,963
Total	**96,383**	**2,825**	**$5,380,716**

Benefits to volunteers

- Basic and Advanced Disaster Life Support training opportunities
- Incident Command System training alongside government personnel
- Disaster behavioral health training and leadership opportunities
- State and national conference scholarships

Peer-to-Peer Network

- Specialty leadership development with SERV-OR Advanced Team

Senate Bill 837

Expanded service

- Expands membership eligibility to non-licensed support and administrative health care volunteers.
- Enables volunteer service year-round
  - Remove requirement for emergency declaration

House-keeping

- Clarify existing authority to deploy to other states
- Clarify that OHA can conduct health screenings of volunteers, to support safe deployments.

Proposed membership expansion

Proposal:

- Add language to allow administrative and support health care volunteers

Goals:

- Enable the licensed clinicians fully by adding the administrative and support personnel that are customary in health care
- Preserve licensed clinicians for clinical work, not support duties
- Higher education and youth recruitment and partnerships

Considerations

- Additional criminal history checks, allowed in the statutes already

Proposed year-round service

Proposal:

- Remove requirement for a Governor's or Public Health declaration

Goals:

- Faster deployments, without process involved in a declaration
- Non-emergency community engagement
  - Preparedness fairs
  - First aid at community events
  - Preventative healthcare clinics for un- and under-insured people
- Higher engagement, team-building and practice for major emergencies

Considerations:

- Risks: In 17 years and ~3,000 missions, no tort claims and 7 injury reports to SAIF (needle sticks)

Proposed house-keeping: Health screenings

Proposal:

- Add language stating OHA may conduct health screenings of volunteers

Goals:

- Clarify authorization to ask limited health information
- Assign volunteers to safe, appropriate duties
- Example: In a heat dome, some can work in the field, others in the EOC
- NOT at application stage. All are welcome.
- Limit risks to volunteers and the state

Considerations:

- Focus information collected, for privacy and records retention

Proposed house-keeping: EMAC deployment

- All 50 states and US territories are signatories for two-way mutual aid in emergencies.
- SERV-OR statutes already authorize EMAC deployments to other states

2018 Alaska earthquake

- Oregon prepared to send 10 behavioral health volunteers but stood down
- ORS language did not align with EMAC

Proposed language:

- Volunteers are “officers of the state for the purposes of EMAC”
- OHA will provide workers compensation on EMAC missions

Vision: Utilizing SERV-OR Through Phases of Emergency

Response

Emergency Deployments

- Walk-up and drive-thru specimen collection & vaccination
- Health care facility staffing
- Case investigation
- Community and responder behavioral health
- Medical surge decompression
- Medical sheltering and triage
- Clinical subject matter expertise

Recovery

Community & System Recovery

- Preventative health fairs
- Fatality management
- Health education
- Houseless reintegration support (hygiene kits)
- Logistical rehab of public health systems (medical cache and inventory projects)

Long-term recovery

Prevention and Mitigation

- Vaccination campaigns
- Points of Distribution
- Surveillance
- Responder and Community Behavioral Health support
- Community outreach and education (CASPER)
- Engage in exercise and training initiatives

Next steps

- Rule-making process with partners
- Develop evaluation plan for the expansion
- Develop screening and monitoring process for non-licensed volunteers
- Plan for mass care volunteer needs with ODHS Office of Resiliency and Emergency Management

Thank you