



Oregon Office of Rural Health

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Chair Nosse, Vice Chairs Javadi and Nelson, Members of the Committee,

My name is Robert Duehmig, I am the Director of the Oregon Office of Rural Health (ORH). **I am writing in support of HB 3572.** I apologize for not being able to testify in person but have a prior teaching commitment.

Our mission is to improve the quality, availability and accessibility of health care for rural Oregonians. We do this through the provision of technical assistance to rural and Critical Access Hospitals, certified Rural Health Clinics, rural public health, and rural EMS. We also offer population health-based assistance. Further, we offer workforce assistance through a full-time provider recruiter who works with our rural facilities, providers and students. We administer federal and state provider incentive programs, including loan repayment, loan forgiveness and rural provider and EMS tax credits.

EMS services are an often overlooked and critical part of our rural health care system. Oregon has 104 licensed rural transporting EMS agencies. Of those, 84 operate in rural and 20 in remote/frontier (fewer than six people per square mile) Ambulance Service Areas (ASAs). The size of their coverage areas presents steep challenges. Coupled with heavy reliance on volunteer personnel and fluctuating resources, many agencies struggle to remain operational. Remote and rural demographic challenges also make recruiting replacements difficult; when there are candidates among the fewer than six residents per square mile, they must often travel to another county, primarily at their own expense, to complete training and certification.

To give just two examples:

1. Wheeler County, which includes three protected park areas and 53 miles of the John Day River, bringing in an estimated 200,000 travelers annually. Wheeler County has no hospital; transport to the closest hospital from the county seat is 65.5 miles - a one-hour 31-minute drive on secondary roads in good weather.
2. Oregon's largest county, Harney, has a single ASA with 15 staff and four ambulances to cover over 10,000 square miles.

Oregon's 25 CAHs, 98 RHCs, and 104 rural EMS agencies are instrumental in addressing population health challenges. ORH analyzes CAH Community Health Needs Assessments each year to understand the unique health care challenges Oregon's rural communities face, which it compiles into an [ArcGIS map](#). The following areas were the most commonly identified population health needs for CAH service areas, which also provides a picture of the population Oregon rural EMS agencies serve:

1) a vulnerable and growing aging population (96%); 2) access to behavioral health care, including substance use treatment (76%); 3) access to primary care (60%); 4) nutrition, physical activity and weight status (48%); 5) social drivers of health (48%); and 6) preventive health/chronic disease (36%).

In 2024, ORH did a survey of Oregon's rural and remote/frontier EMS agencies. Survey and interview results indicated that the top reported resource needs for rural and remote Oregon EMS agencies are as follows:

- Equipment (87.1%) (ambulances or a command vehicle (22%), automated electronic defibrillators (22%), and leads (11%)). Further, most (86%) rural and remote EMS agencies reported the need to fundraise, at least partially, to purchase needed equipment.
- Workforce recruitment (65%) and retention (64%). Further, only 18% of rural and remote EMS agencies reported adequate staffing for 100% of the emergency calls they receive. Regarding retention, the top barriers are the time burden and long work hours for staff, along with the initial and continuing training requirements.
- Initial and incumbent EMS staff training (65%), primarily due to the inaccessible location (not located in the community) and/or cost of trainings; and
- Lack of billing/coding training and resources needed to maximize billing for EMS services (65%).

In addition, data from the Oregon Health Authority EMS Licensing Survey show that many rural EMS agencies experience operational vulnerability; 24% of rural and 15% of remote agencies are in danger of service suspension and/or are struggling to operate.

In 2024, ORH applied for and received a federal grant to support and expand [our work with rural EMS](#), including [Helping EMS in Rural Oregon \(HERO\) Grants](#), scholarships for EMS training, scholarships for community paramedic training, billing and coding training.

HB 3572 is an important and long overdue bill that supports many of the challenges that are being faced by our EMS services. Workforce is a challenge in many industries. In many rural EMS, it is at a breaking point. Current volunteers are aging, and we do not have the necessary workers to replace them. By subsidizing paramedic licenses, providing loan forgiveness to EMS providers to receive the necessary training and expanding the rural volunteer EMS tax credit (HB 3380), this legislation will begin to move us in the right direction. It will also support the efforts underway that are funded by the federal grant ORH received, which is focused on EMS workforce recruitment and retention. Adoption of the interstate compact will open the door to expanding our EMS workforce as providers move into the state.

Developing and implementing a 10-year strategic plan for our EMS services is essential to building our EMS system into one that meets the current and future needs communities and health system.

ORH urges your support for HB 3572.

Rural EMS Services

