



Oregon Office of Rural Health

Mail code: L593
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97239-3098
tel 503 494-4450 | fax 503 494-4798
toll free 866 674-4376
www.ohsu.edu/oregonruralhealth

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

My name is Robert Duehmig, and I am the Director of the Oregon Office of Rural Health (ORH). I am writing in support of HB 3380. 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, local public health and rural EMS. We also provide population health-based assistance. In addition, we provide 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.

In 2005, the Oregon Legislature passed Senate Bill 31, creating the Rural Volunteer EMS Tax Credit program, which grants up to \$250 in personal income tax credit to eligible Emergency Medical Services Providers who volunteer their services within eligible Oregon communities. To be eligible:

- You must be an EMS provider (Emergency Medical Responder, EMT Basic, Advanced EMT, EMT-Intermediate or Paramedic) licensed by the State of Oregon, providing some services on a volunteer basis.
- Your EMS provider volunteer service must meet the following definition: A **volunteer** is a person properly trained under Oregon law who either operates an ambulance to and from the scene of an emergency or renders emergency medical treatment on a volunteer basis so long as the total reimbursement received for such volunteer services does not represent more than 25% of their gross annual income and does not exceed \$3,000 per calendar year.
- The time you spend providing EMS provider services as a volunteer must be 20% or more of your total EMS provider time (paid and volunteer combined). In addition, your volunteer time must be spent with a station or agency located in a qualifying area, which is 25 miles from a city of 30,000 or more. All stand-by, response and training time spent as an EMT counts.

Volunteer, rural/remote EMS providers are the backbone of many of our rural communities' EMS and health care systems. The rural EMS workforce, like the workforce in many areas, is aging, and

it is becoming more difficult to recruit and retain volunteers. In many cases, the cost of training **and** the travel to and from communities offering the training is borne by the individual volunteer. In addition, these volunteers spend time away from their families and work to train and respond to calls.

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, brings 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 is a big state with much to offer. Oregonians from Portland, the Willamette Valley and everywhere in between spend time in rural Oregon to enjoy all it has to offer. Rural EMS services are important to everyone who spends time in rural areas.

In 2024, ORH did a performed a survey of Oregon's rural and remote/frontier EMS agencies. Survey and interview results indicated that one of the top reported resource needs for rural and remote Oregon EMS agencies was workforce, including the following:

- 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; and
- Initial and incumbent EMS staff training (65%), primarily due to the inaccessible location (not located in the community) and/or cost of training.

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 the Helping EMS in Rural Oregon (HERO) Grant, scholarships for EMS training, scholarships for community paramedic training, billing and coding training.

ORH urges your support for HB 3380.

