



Oregon Office of Rural Health

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Chair Nathanson, Vice Chairs Reschke and Walter, 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.**

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.

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.

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.
- 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.

Oregon has 104 licensed rural transporting EMS agencies. Of those, 84 operate in rural areas 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 a few examples:

Wheeler County's 1715 square miles in north central Oregon has three ambulance agencies and ASAs: Fossil, Spray and Mitchell. All the ambulance medical responders are volunteer. Only two agencies are currently operating; Fossil suspended operations when the last two remaining medics retired. Spray has been covering medical calls in the Fossil area.

However, Mitchell and Spray are struggling to retain medics, and the ones that are still responding are quickly getting burned out. But this doesn't stop the flow of travelers on US Highway 26, and visitors coming to Wheeler County for camping and hunting, fishing the John Day River, and visiting the Painted Hills or other units of the John Day Fossil Beds National Monument. At any given time, there are only two or three medics to respond for either Mitchell or Spray's ambulance agencies and transporting to the nearest hospital can easily 4 hours round-trip. And if a volunteer ambulance crew from Spray takes a patient from Fossil to the nearest hospital, these medics have just donated between 6 to 8 hours for the complete round trip. You can't plan these emergencies; the volunteers are getting up in the night or leaving work or family events.

Rager Emergency Services Ltd. is located in the Paulina area of Crook County. From the heart of their area, it's 56 miles to Prineville and the nearest hospital. In 2015, the agency had nine volunteers and Rager was an active and busy transporting agency with an ambulance. Currently, there are two responders to cover Rager's 1,150 square miles. As the volunteer numbers dropped, the ambulance was sold, and the agency now survives on donations. It is now a non-transporting emergency service.

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 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 a 2025 survey of EMT tax credit recipients, 75% of recipient stated that the tax credit did influence their decision to continue working as a volunteer EMT. Nearly 40% stated that without the credit, they would either stop or reduce the number of hours that they are volunteering. 85% stated that the current tax credit was not enough sufficient to support or retain volunteer EMS providers.

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. **I want to note that this program, as well as all the federally supported work of the Office of Rural Health has been eliminated in the President's 2026 budget.**

HB 3380 would increase the EMS tax credit from \$250 to \$1,000 per tax year, the first increase in the program since it began 20 years ago. Workforce is a challenge in many industries. In many rural EMS, it is at a breaking point. Current volunteers are ageing, and we do not have the necessary workers to replace them. This tax credit is a small investment in a very critical workforce.

ORH urges your support for HB 3380.

COUNT AND LOCATIONS OF EMTs RECEIVING THE OREGON RURAL VOLUNTEER EMT TAX CREDIT 2023 (329 TOTAL)

