

DATE: February 3, 2026

TO: Hearing Attendees and Commenters –
Oregon Administrative Rules chapter 333, division 3 – “State
Emergency Registry of Volunteers in Oregon (SERV-OR)”

FROM: Brittany Hall, Hearing Officer and Administrative Rules Coordinator

cc: Eric Gebbie, Director of Emergency Operations,
Section Manager for Health Security, Preparedness and Response

SUBJECT: Presiding Hearing Officer’s Report on Rulemaking Hearing and Public
Comment Period

Hearing Officer Report

Date of Hearing: January 16, 2026, via Microsoft Teams

Purpose of Hearing: The purpose of this hearing was to receive testimony regarding the Oregon Health Authority (OHA), Public Health Division’s proposed permanent amendment of Oregon Administrative Rules relating to the registration and activation of emergency health care services volunteers in response to the passage of [Senate Bill 837](#) (Oregon Laws 2025, chapter 622) during the 2025 Legislative Session.

Senate Bill 837 updated ORS 401.651, 401.654, 401.657, 401.658, 401.661, 401.664, 401.667, 656.047, and 431A, which authorize and support the Oregon Health Authority emergency health care volunteer program, known as the State Emergency Registry of Volunteers in Oregon (SERV-OR). The passage of the bill updated the statutes to:

- Allow OHA to register administrative and support personnel, in addition to the licensed health care providers already authorized;
- Allow OHA to deploy volunteers year-round for local outbreaks and other needs, rather than only larger state-declared events after specific declarations or determinations;
- Clarify that OHA can provide workers' compensation, as required by existing statutes but which needed supportive language in some areas; and
- Align with current practice and clarify that OHA can conduct health screenings so as not to deploy volunteers in unsafe conditions and create risk to the state and volunteers.

OHA is proposing to permanently update the appropriate administrative rules to help implement the changes in program operations.

Hearing Officer: Brittany Hall

Testimony Received: No individuals provided testimony at the hearing.

Other Comments: Two individuals or organizations submitted written comments to OHA within the period allotted for public comment, which closed at 5:00 PM on January 21, 2026. Written comments received during the public comment period are attached to this report as **EXHIBIT 1**.

Written comments in support of the proposed rule changes note that “the vast majority of the care provided by the free and charitable clinics in our local communities is through the generosity of our volunteers.” Written comments opine that “when health care professionals know that they are needed – and that they aren’t putting themselves at risk for liability issues – they show up and provide critical and needed care.” Written comments further opine that “making it easier to volunteer and removing the hurdles to volunteering is in the interests of all the residents of our state.”

Written comments opine that it “will not be realistically possible for volunteer physicians to deploy unless clearly defined professional liability coverage for their clinical decision-making or medical supervision of EMS and/or nursing personnel

can be legally assured.” A model used in the State of Washington was referenced as a potential model that that could be used in Oregon, where there is “process for free professional insurance coverage provided for volunteer physicians at specific approved free clinics/locations.” Written comments also suggest that volunteer physicians “could be ‘deputized’ into OHA or the local public health department as sometimes is done with public health nurses in other places, or clear legislative language could address this key issue that is relatively unique to physician healthcare professionals, but also could apply to nurse practitioners and PAs” [physician associates]. Written comments further opine that “we need to be careful not to set up our responders for legal and financial repercussions for their service” and that it is “very important for this issue to be addressed up front if the use of Medical volunteers is to be expanded.”

Agency response:

OHA wants to reassure the public and volunteers that the SERV-OR program provides tort liability and workers’ compensation coverage whenever volunteers deploy, including during exercises. The statutes for the program indicate that OHA will “defend against all claims,” which means volunteers are covered under state authority rather than operating as Good Samaritans.

When OHA prepared SB 837, it was shared with the Legislature that over the course of about 3,000 missions, there have been no tort claims against volunteers or the state, and only seven injury reports. This track record has been an important part of demonstrating the strength and reliability of the existing protections.



Oregon Free and Charitable Clinic Consortium

Testimony in support of revisions to SB 837

Date: January 17, 2026

I'm Sallie Neillie, the Executive Director of the Oregon Free and Charitable Clinic Consortium. We represent the free and charitable clinics serving the low income uninsured, underinsured and underserved residents of Oregon State. The vast majority of the care provided by the free and charitable clinics in our local communities is through the generosity of our volunteers; physicians, nurses, mental health professionals, pharmacists, care coordinators, and every other kind of medical and behavioral health personnel any one of us might to keep us healthy and well.

In 2024 (the most recent year that statistics are available), over 1100 volunteers provided services in the free and charitable clinics. They provided clinical services, interpretive services and related administrative services.

The volunteers that provide care at the free and charitable clinics are dedicated to their communities and committed to assuring that all our community members have appropriate access to the health care they need to be strong, well and contributing members of the communities they live in.

When health care professionals know that they are needed – and that they aren't putting themselves at risk for liability issues – they show up and provide critical and needed care. We saw this at the mass vaccination clinics across the state and continue to see it at local health fairs and sports physical clinics in various communities. We see it daily in our free and charitable clinics.

Making it easier to volunteer and removing the hurdles to volunteering is in the interests of all the residents of our state.

Recognizing that emergencies can be local as well as regional – and empowering local officials to make that determination - is a way for local areas to mobilize and address their

community's need more rapidly and efficiently as they also work at the state level for state recognition when that makes sense.

Thank you.

A handwritten signature in blue ink, appearing to read "Sallie Neillie", is positioned above the printed name.

Sallie Neillie

Executive Director

Oregon Free and Charitable Clinic Consortium

From: [helen miller](#)
To: [Public Health Rules](#)
Subject: feedback / registry physician responders
Date: Thursday, January 1, 2026 2:51:05 PM

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It simply will not be realistically possible for volunteer physicians to deploy unless clearly defined professional liability coverage for their clinical decision-making or medical supervision of EMS and/or nursing personnel can be legally assured. That has become an issue in the past eg when COVID was no longer a public health emergency status

In the state of WA, they have a process for free professional insurance coverage provided for volunteer physicians at specific approved free clinics/ locations. Perhaps that could be a potential model—

or they could be “deputized” into OHA or the local public health department as sometimes is done with public health nurses in other places, or clear legislative language could address this key issue that is relatively unique to physician healthcare professionals, but also could apply to nurse practitioners and PAs

Volunteer responders in this context are not “good samaritans”. Good Samaritans UNexpectedly come across a person with life or limb threatening condition such as a car accident or having a heart attack at the mall.....

That does not really apply to volunteer staff when you have set up a clinic and tell patients to come there, for example or when a unit or individual volunteers are responding in that role in support of an agency, as you describe

We need to be careful not to set up our responders for legal and financial repercussions for their service

Very important for this issue to be addressed up front if the use of Medical volunteers is to be expanded, (which would be excellent!)