House Bill 3243 Report
As Required by House Bill 3243 (2025)

Sept. 15, 2026

About DCBS: The Department of Consumer and Business Services (DCBS) is Oregon's largest business regulatory and consumer protection agency. For more information, visit dcbs.oregon.gov.

About Oregon DFR: The Division of Financial Regulation (DFR) protects consumers and regulates insurance, depository institutions, trust companies, securities, and consumer financial products and services and is part of DCBS. Visit dfr.oregon.gov.

This report is based on information and data collected by DFR from insurance companies through June 30, 2026.

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Executive summary

House Bill (HB) 3243 was enacted during the 2025 legislative session to protect Oregon consumers from out-of-network balance billing for ground ambulance services and establish minimum reimbursement rates for ground ambulance service organizations (GASOs).

HB 3243 (ORS 743B.292) prohibits billing health benefit plan enrollees more than the in-network cost sharing amount for ground ambulance services and sets minimum thresholds for health benefit plan reimbursement for those services.

Ground ambulance services reimbursement requirements in HB 3243 apply to health benefit plans issued, renewed, or extended on or after Jan. 1, 2026.

Section 3 of the law requires the Department of Consumer and Business Services (DCBS) to report the following information to the Oregon Legislature by Sept. 15, 2026:

(1) All consumer complaints received by the department concerning billing for services provided by GASOs both before and after the implementation of Section 2 of the law (effective Jan. 1, 2026).
(2) The number of contracts GASOs and health benefit plans entered into on or after Jan. 1, 2026.
(3) Any effect on the premium rates for health benefit plans that occurred on or after Jan. 1, 2026, and can be attributed to the implementation of Section 2 of the law.

The Division of Financial Regulation (DFR), part of DCBS, prepared this report by:

(1) Reviewing and analyzing DFR's insurance consumer complaint database; and
(2) Issuing a data call to health benefit plan issuers to provide information about the law's impacts.

Purpose of the report

This report is prepared in compliance with HB 3243 (2025). Section 3 of the new law requires DCBS to report to the Oregon Legislature about the following information:

(1) All consumer complaints received by the department concerning billing for services provided by GASOs both before and after the implementation of Section 2 of the law (effective Jan. 1, 2026).
(2) The number of contracts GASOs and health benefit plans entered into on or after Jan. 1, 2026.
(3) Any effect on the premium rates for health benefit plans that occurred on or after Jan. 1, 2026, and can be attributed to the implementation of Section 2 of the law.

Legislative background

HB 3243 (2025) is intended to protect Oregon consumers from out-of-network balance billing for ground ambulance services. The law prohibits billing health benefit plan enrollees more than the in-network cost sharing amount for these services and sets minimum thresholds for health benefit plan reimbursement. The law requires DCBS to make rules to implement the provisions described in Section 2 of the bill. Ground ambulance services reimbursement requirements in HB 3243 apply to health benefit plans issued, renewed, or extended on or after Jan. 1, 2026.

Methodology

DFR, part of DCBS, prepared this report by:

(1) Reviewing and analyzing DFR's insurance consumer complaint database; and
(2) Issuing a data call to health benefit plan issuers to provide information about the law's impacts.

DFR issued a data call to 10 identified issuers of state regulated commercial health benefit plans. Insurers were asked to report twice: (1) initial data and narrative responses as of March 31, 2026, were to be reported by May 1; and (2) updated data and narratives as of June 30 were to be reported by Aug. 1. The data referenced in this report are as of June 30, 2026.

The data call applied to health insurance carriers that reported more than 1,000 covered lives enrolled in health benefit plans in the Q4 2025 quarterly health enrollment report. This resulted in a total of 10 companies reporting that make up 99.7 percent of covered lives in the state regulated health insurance market. "Covered lives" includes enrollees in the following type of health benefit plans:

- Individual (excluding grandfathered business),

- Small Group (excluding grandfathered business)
- Associations, Trusts, and Multiple Employer Welfare Arrangements
- Large Group
- Student Plans

Consumer complaints data

HB 3243 requires DCBS to report all consumer complaints received by the department concerning billing for services provided by GASOs both before and after the implementation of Section 2 of the law.

Table 1 provides the annual total number of consumer complaints for 2025 and 2026 that concerned billing for services by a GASO. Complaints are also identified as regulated and nonregulated (e.g., fully insured versus self-insured plans). Health coverage in Oregon is regulated by different state and federal agencies depending on the type of plan. DCBS regulates fully insured individual, small group, and large group health benefit plans, as well as certain association, trust, multiple employer welfare arrangement, and student health plans. DCBS does not regulate self-insured employee welfare benefit plans,[1] Medicare, or the Oregon Health Plan.

Table 2 divides the annual totals into quarters for more granular detail. The year assigned for each complaint is based on the date the complaint was opened with DFR. Complaint data are current as of July 2, 2026.

Table 1. Consumer complaints received by DFR concerning billing GASO services, as of July 2, 2026, by year.

Year opened	Total complaints	Regulated complaints	Complaints not regulated by DFR
2025	***13***	7	6
2026	***15***	9	6

Table 2. Consumer complaints received by DFR concerning billing GASO services, as of July 2, 2026, by year and quarter.

Year and quarter opened	Total complaints	Regulated complaints	Complaints not regulated by DFR
2025 Q1	***3***	2	1
2025 Q2	***3***	1	2

[1] States are pre-empted from regulating self-insured health plans under the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2025 Q3	***2***	1	1
2025 Q4	***5***	3	2
2026 Q1	***10***	6	4
2026 Q2	***5***	3	2

There was a minor increase in total consumer complaints about GASO billing from 2025 to 2026. The most significant observation is there were ten (10) complaints reported in Q1 2026, of which six were regulated. An explanation for this may be that HB 3243 was newly effective Jan. 1, 2026, and consumers were informed about the new law's consumer protections and where to report ground ambulance balance billing questions and concerns.

Insurance contracts

HB 3243 requires DCBS to report the number of contracts GASOs and health benefit plans entered into on or after Jan. 1, 2026.

Table 3 provides de-identified insurer active contract numbers for contracts with GASOs entered into on or after Jan. 1, 2026. The number of active contracts that existed before Jan. 1, 2026, is provided for comparison.

Table 3. Reported active in-network contracts with GASOs as of Dec. 31, 2025, and since Jan. 1, 2026.

Data reported by insurers as of June 30, 2026.

Insurer	Total number of active in-network contracts with GASOs as of Dec. 31, 2025	Number of contracts with GASOs entered-into since Jan. 1, 2026, as of the report date
A	1	0
B	1	0
C	6	0
D	2	0
E	4	0
F	1	1
G	7	0
H	2	0
I	3	0
J	0	0

Insurer narratives about GASO contracting

DFR asked insurers to briefly describe their experience contracting with GASOs before and after implementation of HB 3243 (ORS 743B.292), including any challenges or successes.

Summaries of insurer experiences contracting with GASOs follow:

- **Company A:** This company has no experience contracting with GASOs, either before or after implementation of HB 3243 (ORS 743B.292), so there is no basis to compare pre- and post-implementation experiences.

- **Company B:** This company had "extremely limited success" in contracting with GASOs before HB 3243. It reports no additional success in contracting with GASOs after implementation of HB 3243.

- **Company C:** This company does not hold contracts directly with GASOs, but it does maintain contracts with healthcare facilities that bill using ground emergency transportation CPT codes. Since Jan. 1, 2026, the plan has not received any new network contract requests related to these services and has not experienced any operational or contracting changes — either challenges or successes — attributable to the implementation of HB 3243 (ORS 743B.292).

- **Company D:** This company reports a challenge**:** Its internal government relations and legal teams are not interpreting the law the same way as GASOs. GASOs are assuming that Company D's contracted rates supersede the county and HB 3243 rates. GASOs have also assumed the law does not apply to commercial and Medicare plans. If there is no locally established rate, HB 3243 requires payment at 325 percent of Medicare rates, which is significantly higher than Company D's contracted rates. No successes have been identified yet.

- **Company E:** This company's experience contracting with GASOs has remained consistent before and after implementation of HB 3243. There have been no material changes to contracting activity, and Company E has not encountered any notable challenges or identified any significant successes related specifically to the implementation of HB 3243 during this reporting period.

- **Company F:** This company pays ground ambulance providers at billed charges; therefore, it has not entered into contract arrangements as a direct result of HB 3243. Members are protected from all balance billing by virtue of Company F's payment policies.

- **Company G:** Historically, Company G has not contracted directly with GASOs unless the service is a component of a broader contractual agreement, such as a rural hospital that

is also the ambulance district for the region. Many GASOs, particularly municipal and fire-based providers, were unwilling or reluctant to contract with commercial health plans due to billing and credentialing requirements. To prevent balance billing to members by noncontracted GASOs, prior to the implementation of HB 3243, Company G made the decision to allow payment of covered ambulance services at 100 percent of billed charges.

After implementation of HB 3243, the statutory framework has improved predictability and stability in payment outcomes for ground ambulance services, even in the absence of formal contracts. Company G prices member claims for ground ambulance services according to stipulated requirements unless a contract is established. The claim is priced according to the GASO's posted rates as published on the Oregon.gov website. If there are no posted rates, Company G will attempt to contact the GASO directly to obtain the rates. As a result of the regulated pricing, Company G is not engaged in formal contracting with GASOs as the legislation has provided a more workable structure.

- **Company H:** Before the implementation of HB 3243, bringing ground ambulance providers into Company H's network presented a considerable challenge. Providers were largely unwilling to agree to structures that prioritized member affordability, and the added complexity of aligning both ground and air transport created additional barriers to reaching agreement. Since implementation, providers continue to be disinterested in contracting and have a reduced incentive given the statutory reimbursement model provided by HB 3243.

- **Company I:** There has been no discernable change in contracting with GASOs.

- **Company J:** This insurer asserted that before HB 3243, generally GASOs were not incentivized to contract with insurers because they could balance bill members. Now that HB 3243 is effective, GASOs are not incentivized to contract with insurers because they have a set rate.

Health benefit plan premium rates

HB 3243 requires DCBS to report on any effect on the premium rates for health benefit plans that occurred on or after Jan. 1, 2026, and can be attributed to the implementation of Section 2 of the law.

The DFR data call required insurers to describe the anticipated effects on premiums for health benefit plan rates due to the passage of HB 3243 (2025) in the form of actual and projected premiums per member per month (PMPM) for plan years 2025, 2026, and 2027.

Table 4 provides de-identified insurer data responses. The data in the table is the total PMPM cost for providing ground ambulance services and includes the actual and anticipated PMPM impact of HB 3243.

Table 4. Reported PMPM premiums attributable to the ground ambulance health plan benefits for plan years 2025 and 2026, and the projected PMPM for plan year 2027.

Data reported by insurers as of June 30, 2026.

Insurer	Plan year 2025	Plan year 2026	Projected PMPM for plan year 2027
A	$ 3.86	$ 4.00	$ 4.52
B	$ 4.83	$ 4.83	$ 4.83
C	$ 2.54	$ 2.61	$ 2.67
D	$ 3.76	$ 4.40	$ 6.65
E	$ 2.60	$ 2.95	$ 3.15
F	$ 2.47	$ 2.70	$ 2.82
G	$ 2.92	$ 3.07	$ 3.22
H	$ 3.04	$ 3.93	$ 4.38
I	$ 10.88	$ 14.44	$ 15.31
J	$ 0.79	$ 1.42	$ 1.70

Table 4 observations:

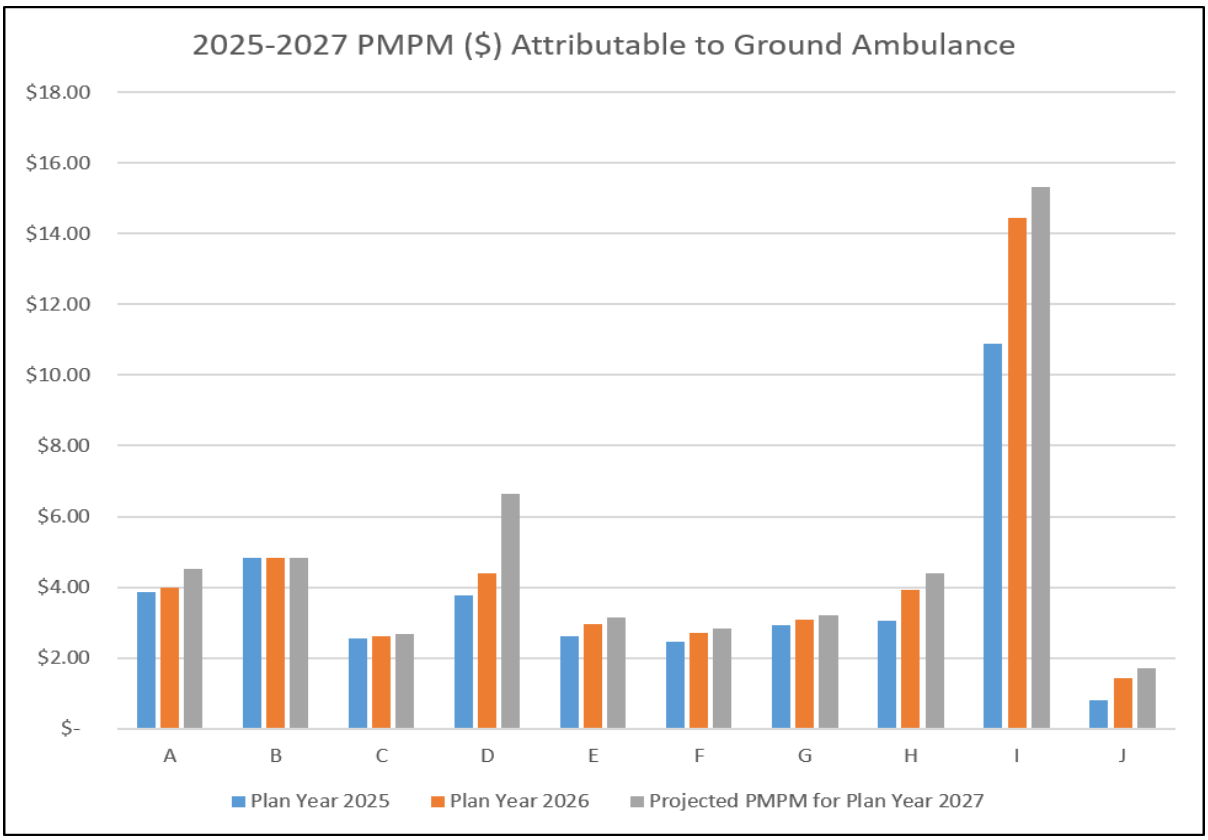
- 9 of 10 insurers reported a premium PMPM increase of less than $1 from 2025 to 2026 attributable to the ground ambulance health plan benefits.
- 5 of 10 reported less than a 25-cent increase for the same period.

- 9 of 10 insurers projected a premium PMPM increase of less than $1 for 2027 attributable to the ground ambulance health plan benefits.
- 7 of 10 insurers project 2027 premium PMPM to increase less than $1 from 2025 premium PMPM attributable to the ground ambulance health plan benefits.
- Company "I" is considered an outlier, due to its low enrollment.

Table 5 provides a bar graph visual of the actual and projected PMPM premium rate changes for ground ambulance services for plan years 2025-2027, considering passage of HB 3243.

Table 5. Reported PMPM premium attributable to the ground ambulance health plan benefits for plan years 2025 and 2026, and the projected PMPM for plan year 2027.

Data reported by insurers as of June 30, 2026.



* Company “I” is an outlier due to its low enrollment.

Insurer narratives about premium rates

The DFR data-call also asked insurers for a narrative description of the anticipated effects of HB 3243 on premium for health benefit plan rates due to the passage of HB 3243 (2025).

De-identified insurer responses are summarized below:

- **Company A:** The company is not changing rates to account for the passage of HB 3243 at this time.

- **Company B:** The company confirmed, as of June 30, 2026, there is no anticipated effect on premiums for health benefit plan rates due to the passage of HB 3243. There are no contract changes for these services and Company B will continue to anticipate the PMPM for these services to trend in line with national assumptions for unit cost and utilization.

- **Company C:** The company does not anticipate a material change in ground ambulance benefit spending as an immediate result of HB 3243.

- **Company D:** The company believes HB 3243 disincentivizes ground ambulance providers from contracting at rates below the rates specified by the law. The law's required reimbursement rates are significantly higher than the insurer's current negotiated rates for GASOs and will increase unit cost. Ultimately, the company believes this increase in unit cost will work its way downstream into rates and negatively impact the consumer.

- **Company E:** The company anticipates effects are roughly $0.20 PMPM or 0.03 percent of premium increase.

- **Company F:** The company anticipates only a slight increase in premiums due to the passage of HB 3243.

- **Company G:** The company states pricing is based on historical experience before HB 3243 became effective. As a result, it expects a reduction in premiums if HB 3243 leads to lower reimbursement levels, and no premium impact if reimbursement remains unchanged.

- **Company H:** The company anticipates its claims cost to increase about $0.50 PMPM across its commercial business due to the passage of HB 3243, with these costs leading to similar increases to premiums.

- **Company I:** The company advised that premium rates will increase in the next underwriting cycle to account for the increased PMPM trend from 2025.

- **Company J:** The 2027 projected PMPM increased from $1.60 to $1.70 due to higher-than-expected 2026 claims development observed in Q2 2026 ($1.42 PMPM versus $1.17 PMPM previously reported for Q1).

Conclusion

Overall, since the law was effective Jan. 1, 2026:

- There was a minor increase in total consumer complaints from 2025 to 2026 and mostly in the first quarter of 2026. A possible reason for this is increased consumer awareness of the new ground ambulance balance billing consumer protections and established thresholds for reimbursement for GASOs.
- There has been no significant change in contracting with GASOs.
- The impact of HB 3243 on premium rates based on PMPM actual and protected amounts is small, and premium PMPM changes year to year as projected are minimal, particularly in the context of trends in medical inflation overall.