

**HB 3243 Ground Ambulance Balance Billing Act (2025)**  
**Sections Identified for Proposed Rules**  
**8-5-25 Rules Advisory Committee Meeting**

HB 3243 Key Provisions (By Section)	Need for OAR identified by DFR	Questions for RAC
<p>Section 1. Section 2 of this 2025 Act is added to and made part of the Insurance Code.</p>	<p><b>OAR 836-053-XXXX, Purpose and Statutory Authority.</b>  (1) The purpose of OAR 836-053-XXXX to 836-053-XXXX is to implement the requirements of HB 3243 (2025) and Or. Laws ch. X that prohibits ground ambulance service organizations from balance billing health benefit plan enrollees and requires ground ambulance service organizations to report local established rates to the Department of Consumer and Business Services. HB 3243 (2025) and Or Laws Ch. X applies to health benefit plans issued, renewed or extended on or after January 1, 2026.</p>	<ul style="list-style-type: none"> <li>Any questions or comments for this section?</li> </ul>
<p>Section 2. (1) Definitions.</p> <ul style="list-style-type: none"> <li>(a) Enrollee</li> <li>(b) Established local rate</li> <li>(c) “Ground Ambulance Services”</li> <li>(d) “Ground ambulance services organization</li> <li>(e) “Health benefit plan”</li> <li>(f) “Health care facility”</li> <li>(g) “In-network”</li> </ul>	<p><b>OAR 836-053-XXXX, Definitions.</b>  As used in these rules:</p> <ul style="list-style-type: none"> <li>(a) Enrollee</li> <li>(b) Established local rate</li> <li>(c) “Ground Ambulance Services”</li> <li>(d) “Ground ambulance services organization</li> <li>(e) “Health benefit plan”</li> <li>(f) “Health care facility”</li> <li>(g) “In-network”</li> <li>(h) “Out-of-network” has the meaning given that term in ORS 743B.280.</li> </ul>	<ul style="list-style-type: none"> <li>Any questions or comments for this section?</li> </ul>

<p>Section 2. (2) A ground ambulance service organization may not bill an enrollee for covered ground ambulance services if the enrollee has paid the in-network cost-sharing amount specified in the enrollee's health benefit plan.</p>	<p><b>OAR 836-053-XXXX, Balance billing prohibition and consumer cost-sharing for ground ambulance services.</b></p> <p>(1) A ground ambulance service may not bill an enrollee for covered ground ambulance services if the enrollee has paid the in-network cost-sharing amount specified in the enrollee's health benefit plan.</p> <p>(a) The enrollee's in-network cost-sharing amount must be calculated using the allowed amount determined under OAR 836-053-XXXX. The health benefit plan shall provide an explanation of benefits to the enrollee and the out-of-network ground ambulance services organization that reflects the cost-sharing amount determined under this subsection.</p> <p>(b) The out-of-network ground ambulance services organization and any agent, trustee, or assignee of the out-of-network ground ambulance services organization may not balance bill or otherwise attempt to collect from the enrollee any amount greater than the amount determined under subsection (a). This does not impact the ground ambulance services organization's ability to collect a past due balance for that cost-sharing amount with interest.</p> <p>(2) The health benefit plan shall treat any cost-sharing amounts determined under</p>	<ul style="list-style-type: none"> <li>Any questions or comments for this section?</li> </ul>
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	<p>subsection (1)(a) paid by the enrollee for an out-of-network ground ambulance services organization's services in the same manner as cost-sharing for health care services provided by an in-network ground ambulance services organization and must apply any cost-sharing amounts paid by the enrollee for such services toward the enrollee's maximum out-of-pocket payment obligation.</p> <p>(3) A ground ambulance services organization shall refund any amount in excess of the in-network cost-sharing amount to an enrollee within 30 business days of receipt if the enrollee has paid the out-of-network ground ambulance services organization an amount that exceeds the in-network cost-sharing amount determined under subsection (1)(a).</p> <p><i>Reference for proposed rules: WAC 284-43B-025</i></p>	
<p>Section 2. (3) A health benefit plan must reimburse the ground ambulance services organization at the established local rate or if an established local rate does not exist, in an amount no less than 325 percent of the Medicare rate.</p>	<p><b>OAR 836-053-XXXX, Payments to out-of-network ground ambulance services organizations.</b></p> <p>(1) Except for mutual aid transports as provided in section (2) of this rule, until December 31, 2027, the allowed amount paid to an out-of-network ground ambulance services organization for covered ground ambulance services under a health benefit plan must be one of the following amounts:</p>	<ul style="list-style-type: none"> <li>• Are payment rates different for “mutual aid transports” in Oregon?</li> <li>• WA-OIC's rules has different payment rate criteria for “mutual aid transports” until December 31, 2027.</li> </ul>

	<p>(a)(i) The rate established by the local governmental entity where the covered health care services originated for the provision of ground ambulance services by ground ambulance services organizations owned or operated by the local governmental entity and submitted to the Department of Consumer and Business Services' Division of Financial Regulation; or</p> <p>(ii) Where the ground ambulance services were provided by a private ground ambulance services organization under contract with the local governmental entity where the covered health care services originated, the contracted rate submitted to the department;</p> <p>(b) If a rate has not been established under (a) of this subsection, the lesser of:</p> <p>(i) 325 percent of the current published rate for ambulance services as established by the federal Centers for Medicare and Medicaid Services under Title XVIII of the Social Security Act for the same service provided in the same geographic area; or</p> <p>(ii) The ground ambulance services organization's billed charges.</p> <p>(2) Until December 31, 2027, when a ground ambulance services organization</p>	
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	<p>provides a ground ambulance transport outside of their primary geographic service area, also referred to as mutual aid, the rate paid is:</p> <p>(a) The locally set rate for the ground ambulance services organization that provided the transport; or</p> <p>(b) If there is no locally set rate, the lesser of:</p> <p>(i) 325 percent of the current published rate for ambulance services as established by the federal Centers for Medicare and Medicaid Services under Title XVIII of the Social Security Act for the same service provided in the same geographic area; or</p> <p>(ii) The ground ambulance services organization's billed charges.</p> <p>(3) A health benefit plan shall make payments for ground ambulance services provided by out-of-network ground ambulance services organizations directly to the organization, rather than the enrollee.</p> <p>(4) The allowed amount established under this rule constitutes payment in full for the services rendered. A ground ambulance services organization may not request or require a patient at any time, for any procedure, service, or supply, to sign or otherwise execute by</p>	
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	<p>oral, written, or electronic means, any document that would attempt to avoid, waive, or alter any provision of this rule.</p> <p>(5) For purposes of this rule "contracted rates" means rates established in a contract or contracts between a local governmental entity and a private ground ambulance services organization to provide ground ambulance services in their geographic service area.</p> <p><i>Reference for proposed rules: WAC 284-43B-027</i></p>	
<p>Section 2. (4) Ground ambulance services organizations shall submit a catalog of established local rates to the Department of Consumer and Business Services annually and within five calendar days of a change to the rates.</p>	<p><b>OAR 836-053-XXXX, Ground Ambulance Service Organizations rate reporting to the Department.</b></p> <p>(1) Each ground ambulance service organization that has established local rates for ground ambulance services provided in their geographic area must submit the established local rates in an electronic format prescribed by the director of the Department of Consumer and Business Services and in accordance with instructions set forth on the website of the Division of Financial Regulation of the Department of Consumer and Business Services at <a href="http://dfr.oregon.gov">dfr.oregon.gov</a>. Established local rates for ground ambulance services include rates for services provided directly by a local governmental entity and contracted rates.</p>	<ul style="list-style-type: none"> <li>• As DFR works to develop the reporting tool, are the datasets listed in subsection (2) of the sample rule language agreeable and are there additional datasets/field that are needed, or should be re-defined?</li> <li>• Review sample PDF of WA-OIC's ground ambulance rate database report dated 8-5-25. (meeting handout included with agenda email).</li> <li>• Logistically, can local government contracted GASOs (private entities) report rate information as describes to DCBS? Will it be more accurate if local government entities report this information</li> </ul>

	<p>(2) Ground ambulance service organizations must include the following rate information in their submission to the department for each established local rate or contracted rate submitted to the department:</p> <p>(a) The organizations full legal name and address;</p> <p>(b) The national provider identifier(s) (NPI) for any ground ambulance services organization to which the rate applies;</p> <p>(c) The effective date of the rate and any known expiration date of the rate;</p> <p>(d) The service area of the local governmental entity, described by listing the geographic zone improvement plan (ZIP) codes established by the United States Postal Service that are included in the entity's service area;</p> <p>(e) The applicable transport codes to which the rate applies, including any separate mileage code or codes;</p> <p>(f) If applicable, the established local rate for services provided to nonresidents of the ground ambulance organization's service area, if a distinction is made in rates between services provided to residents and those provided to nonresidents.</p>	<p>on behalf of their contracted private GASOs?</p> <ul style="list-style-type: none"> <li>• What Healthcare Common Procedure Coding System (HCPCS) "codes" should be submitted to DCBS? Category I, Category II and Category III codes?</li> <li>• WA-OIC collects rates for the following codes: A0428 (BLS-NE) A0429 (BLS-E) A0426 (ALS1-NE) A0427 (ALS1-E) A0433 (ALS2) A0434 (SCT) A0998 (Non-TX) A0425 (Mileage)</li> <li>• Are rates different for "resident" vs. "non-resident" for ground ambulance services across Oregon, or only apply in specific geographic regions?</li> <li>• Annually, what month/day should all GASOs submit their local established rates to DCBS?</li> </ul>
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	<p>(3) Ground ambulance service organizations must submit their established local rates to the department on the following schedule:</p> <p>(a) Rates must be submitted annually by month/date?</p> <p>(b) Updated rates must be submitted within five calendar days of a change to the rates.</p> <p>(4) For purposes of this section "contracted rates" means rates established in a contract or contracts between a local governmental entity and a private ground ambulance services organization to provide ground ambulance services in their geographic service area.</p> <p><i>Reference for proposed rules: WAC 284-43B-025</i></p>	
<p>Section 2. (5) The department shall create a database of established local rates for ground ambulance services. The department shall ensure this database is accessible by the public.</p>	<p>A need for rules has not been identified for this section/subsection of the bill.</p>	<ul style="list-style-type: none"> <li>Any questions and/or technology solution issues that RAC members would like the DFR to be aware of or consider?</li> <li></li> </ul>



<p>Section 2. (6) The provisions of this section apply to a self-funded group health plan whether governed by or exempt from the provisions of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.), as amended, only if the self-funded group health plan elects to participate in the provisions of this section by providing notice to the department in the form and manner described by the department by rule.</p> <p>Section 2. (7) The Public Employees' Benefit Board and the Oregon Educators Benefit Board may elect to participate in the coverage provisions described in this section by providing notice to the department in the form and manner described by the department by rule.</p>	<p><b>OAR 836-053-XXXX, Self-funded group health plan, Public Employees Benefit Board and Oregon Educators Benefit Board, election to participate.</b></p> <p>(1) A self-funded group health plan, the Public Employees' Benefit Board, and the Oregon Educators Benefit Board may elect to participate in Or Laws Ch. X.</p> <p>(1) Notice of election must be provided to the Director of the Department of Consumer and Business Services on a form prescribed by the department.</p> <p>(a) The self-funded group health plan, the Public Employees' Benefit Board or the Oregon Educators Benefit Board that has elected to participate must agree and attest to:</p> <p>(i) Be bound by Or Laws ch. X and rules adopted to implement the provisions of the law.</p> <p>(ii) Participate for a full year and elect to initiate its participation on January 1st or on the first day of the plan year of any year.</p> <p>(iii) Inform any entity that administers or insures the plan of their election to participate.</p>	<ul style="list-style-type: none"> <li>Any questions or comments for this section?</li> </ul>
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	<p>(b) On its election form, the plan must indicate whether it chooses to affirmatively renew its election on an annual basis or whether it should be presumed to have renewed on an annual basis until the department receives advance notice from the plan that it is terminating its election as of either December 31st of a calendar year or the last day of its plan year.</p> <p>(3) Notices under subsection (2) must be submitted to the department at least 15 days in advance of the effective date of the election to initiate participation and the effective date of the termination of participation.</p> <p>(4) The form will be posted on the department's division of financial regulation public website at <a href="http://dfr.oregon.gov">dfr.oregon.gov</a> for use by self-funded group health plans, the Public Employees' Benefit Board and the Oregon Educators Benefit Board.</p> <p>(5) A self-funded group health plan operated by an out-of-state employer that has at least one employee who resides in Oregon may elect to participate in ground ambulance balance billing protections as provided in Or Laws Ch. X on behalf of their Oregon resident employees and dependents. If a self-funded group health plan established by an Oregon employer has elected to participate in balance billing protections</p>	
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	<p>under Or Laws Ch. X and has employees that reside in other states, those employees are protected from ground ambulance balance billing when receiving care from an Oregon ground ambulance service provider.</p> <p>(6) Self-funded group health plan sponsors and their third party administrators may develop their own internal processes related to member notification, member appeals and other functions associated with their fiduciary duty to enrollees under the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p><i>Reference for proposed rules: WAC 284-43B-070</i></p>	
<p>Section 2. (10) The department may impose civil penalties, as described in ORS 731.988, but may not exceed \$1,000 for repeated violations of this section.</p>	<p><b>OAR 836-053-XXXX, Enforcement.</b></p> <p>The division is still discussing what need there may be for rules for this section.</p> <p><i>Reference for proposed rules: WAC 284-43B-060</i></p>	<ul style="list-style-type: none"> <li>Any questions or comments for this section?</li> </ul>

<p>Section 3. No later than September 15, 2026, the Department of Consumer and Business Services shall submit a report in the form and manner described in ORS 192.245 to the interim committees of the Legislative Assembly related to health. The report shall include:</p> <p>(1) All consumer complaints received by the department concerning billing for services provided by ground ambulance services organizations both before and after the implementation of section 2 of this 2025 Act.</p> <p>(2) The number of contracts ground ambulance services organizations and health benefit plans entered into on or after January 1, 2026.</p> <p>(3) Any effect on the premium rates for health benefit plans that occurred on or after January 1, 2026, and can be attributed to the implementation of section 2 of this 2025 Act.</p>	<p>A need for rules has not been identified for this section/subsections of the bill.</p>	<ul style="list-style-type: none"> <li>Any questions or comments for this section?</li> </ul>
<p>SECTION 6. Section 2 of this 2025 Act applies to health benefit plans issued, renewed or extended on or after the effective date of this 2025 Act.</p>	<p>A need for rules has not been identified for this section of the bill.</p>	<ul style="list-style-type: none"> <li>Any questions or comments for this section?</li> </ul>

<p>For reference, following are WA OIC rules ground ambulance rules adopted and added to their state Balance Billing Protection Act (2019).  <a href="https://app.leg.wa.gov/wac/default.aspx?cite=284-43B">https://app.leg.wa.gov/wac/default.aspx?cite=284-43B</a></p>	<p>WAC 284-43B-030 Out-of-network claim payment and placing a claim into dispute.</p> <p>WAC 284-43B-032 Applicable dispute resolution system.</p> <p>WAC 284-43B-035 Arbitration initiation and selection of arbitrator.</p> <p>WAC 284-43B-037 Arbitration proceedings.</p> <p>WAC 284-43B-040 Determining whether an enrollee's health plan is subject to the requirements of the act.</p> <p>WAC 284-43B-050. Notice of consumer rights and transparency.</p>	
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