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RE: HB 3243 (2025) Rules Advisory Committee

Submitted electronically on August 12, 2025

The Oregon State Ambulance Association (OSAA) is a statewide association of EMS providers that includes public, private, non-profit, ground and air membership. On behalf of our membership, we offer the below comments on the rulemaking efforts related to HB 3243 (2025 Session). OSAA greatly appreciates DCBS' work on this critical consumer protection issue, and looks forward to offering any and all assistance to implement this bill in the most meaningful way.

Members of the OSAA and this RAC were intricately involved in negotiating HB 3243 (2025), as well as the Washington legislation it is based on, and also served on the GAPBAC Committee at CMS, which is what most states are basing their balance billing legislation on— including Oregon and Washington. It is with this background and knowledge that we offer the below suggestions, following the first Rules Advisory Committee meeting:

Section 1: Purpose of Rules—OSAA respectfully suggests that additional language be added to this section indicating that a key purpose of the rules is also to regulate reimbursement rates that insurers must pay EMS providers when they are subject to the balance billing ban.

Section 2 (1)—OSAA suggests pulling the definitions from the enrolled HB 3243 (2025).

Section 2(2)—Some OSAA members have identified that a 30-day timeline for repayment of excess payments may be administratively difficult or impossible. For example, some agencies must have all outgoing checks approved at board meetings, which do not meet that frequently. While OSAA members/EMS providers will strive to ensure that they are not collecting excess payments in the first place—and if they do, they will strive to complete refunds as quickly as possible— a 90 day timeline would better ensure compliance with this requirement, particularly for small agencies.

For context, under [ORS 743B.451](#) insurers are able to collect retroactive payments from providers up to 18 months after payment was made.

2024 Officers:

President Tim Novotny Bay Cities Ambulance	Vice President Mike Lepin Jefferson County Fire & EMS	Treasurer Sheila Clough Mercy Flights	Secretary Rob McDonald AMR	Past President Dan Brattain CAL-ORE Life Flight	Legislative Co-Chairs Shawn Baird, Metro West John Tacy, Lebanon Fire
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Section 2(3)—OSAA appreciates language in the draft rule that requires payments from insurers to be made directly to EMS providers. This requirement is beneficial to the patient and the EMS providers, and furthers the goal of balance billing legislation—which is to take patients out of the middle. This language is also consistent with [ORS 743B.462](#).

DCBS inquired about mutual aid rates. Mutual aid is when a neighboring agency is responds, upon request, to an emergency that is happening outside of their regular district. A key element of HB 3243 (2025) is the requirement to pay locally established rates, which reflect local costs of the responding agency. While mutual aid is relatively uncommon, it happens enough that it should be addressed in the rule. Additionally, an agency that is responding via mutual aid often is incurring greater cost while doing so, as they are driving longer distances and using more fuel, and have their own crews out of their regular district. OSAA strongly feels that the prescribed reimbursement rate should follow the responding provider, not the geographic district. For example, if Salem Fire is responding to an emergency in Independence, Salem Fire should be reimbursed at the locally established rate set by the Salem City Council, which was set based on the cost of Salem Fire’s services.

As a reminder, [ORS 682.062](#) states that counties have the responsibility to develop plans for ambulance coverage within their borders. These proceedings are governed by public meeting laws, including [ORS 192.610](#).

Section 2(4)—OSAA suggests an annual submission deadline of January, which will line up well with the initial implementation of HB 3243 (2025). Since rates already must be updated within 5 days of any change, we would suggest that the annual update requirement could be fulfilled by “checking a box” that the rates currently listed in the system per the last update are accurate.

OSAA strongly suggests that EMS agencies be the responsible party for updating these rates, so as not to burden local governments.

DCBS requested information about resident vs. non resident rates. Some local governments in Oregon have approved different rates for resident/non resident patients, and that should be reflected in the database and reimbursement requirements. OSAA feels strongly that all codes/reimbursement structures that have been set by local governments should be reflected in the database and reimbursement requirements.

Additionally, OSAA would support and assist any early efforts by DCBS to collect local rate information ahead of the January 1, 2026 requirement/active date of the bill.

Section 2(6)—EMS agencies will need some way of identifying ERISA plans and PEBB/OEBB plans, and also which of those plans are opting in to the protections of HB 3243 (2025). This will ensure that patients are not mistakenly balance billed. OSAA suggests that plans report their status to DCBS, and DCBS publishes a list of plans that are participating in the protections. This is similar to the process in Washington, where the Office of the Insurance Commissioner lists this information publicly on their website.

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See here: <https://www.insurance.wa.gov/about-us/current-initiatives/protections-surprise-medical-billing/self-funded-group-health-plans-participating-balance-billing-protection-act>

Section 2(10)— OSAA suggests that DCBS add specific language in the enforcement section addressing insurer failure to pay the listed and established local rates, including resident/nonresident rates, where applicable. This recommendation is based on the experience of EMS providers in Washington, who are finding that some insurers are only paying the backup percentage of Medicare, even when a local rate is established and included in the database.

In terms of enforcement of EMS providers, the Oregon Health Authority is the entity that licenses EMS agencies, and would be the most appropriate entity to address an EMS agency's non-compliance with the requirements of HB 3243 (2025) and subsequent rules.

The Oregon State Ambulance Association is appreciative of DCBS work to implement HB 3243 (2025). Thank you for your consideration of the above comments.

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