



Regulatory Affairs

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Reply to:

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Lisa Emerson

Senior Policy Analyst

Department of Consumer and Business Services, Division of Financial Regulation

P.O. Box 14480

Salem, OR 97309

SENT VIA EMAIL

RE: Comments on Draft Rules Implementing HB 3243 (2025) – Ground Ambulance Billing

Dear Ms. Emerson:

Thank you for the opportunity to provide comments on the draft rules implementing HB 3243 (2025).

Cambia Health Solutions, which operates Regence BlueCross BlueShield of Oregon (Regence) and BridgeSpan Health plans, is a not-for profit health insurer dedicated to improving the health and well-being of our members and the communities we serve. As the state's largest health insurer, we provide high-value, affordable health care to nearly one million Oregonians across a network of 39,000 providers at 705 sites across the state. In keeping with our values as a tax-paying nonprofit, 90% of every premium dollar goes to pay our members' medical claims and expenses.

Cambia supports the intent of HB 3243 to protect consumers from ground ambulance balance billing. While using Washington's framework as a reference point is valuable, we recommend that the rulemaking focuses exclusively on provisions that require operational clarity under Oregon's specific statutory framework. Several provisions that the Department has selected for adaptation present significant concerns for the following reasons. First, Washington's comprehensive statute includes provisions absent from HB 3243, creating regulatory gaps and confusion. Second, importing inapplicable provisions will create unnecessary administrative burden for both the Department and regulated entities. Third, Oregon-specific rules will provide clearer guidance aligned with our state's actual statutory requirements.

We offer the following comments:

Definitions

Cambia supports the draft rules' approach of defining terms that appear in the underlying statute. However, we request that the Department define those terms introduced in the draft rules and not in the statute such as "mutual aid" transport and "allowed amount". Clear definitions are essential for consistent implementation and compliance. We respectfully oppose including the term "out-of-network" in the Oregon rules. While this term appears in Washington's regulatory framework as "nonparticipating providers", it is not present in HB 3243's statutory language. HB 3243 establishes reimbursement requirements that apply to all GASOs regardless of network status, making the "out-of-network" distinction unnecessary and potentially

misleading. We request that it be removed from the draft rules to ensure Oregon's regulations align precisely with the statutory framework enacted by the Legislature, avoiding confusion for both regulated entities and consumers.

Reimbursement Framework

HB 3243 establishes a clear protection framework. GASOs cannot balance bill enrollees who have paid the required in-network cost-sharing. Health plans must pay either the established local rate or, if none exists, no less than 325 percent of the Medicare rate. This applies regardless of the contract status of the GASO. We request that references to out-of-network be removed.

We recommend using the Medicare rate effective January 1st of each calendar year to align with standard benefit year cycles.

Catalog of Established Local Rates

Cambia supports Section 2.(4) of the draft rules addressing the form and manner for GASOs to submit established local rates to the Department. We also support utilizing the data elements from Washington's ground ambulance rate database, as these provide the necessary components for accurate reimbursement determinations. However, we seek clarification on the classification "resident" and "non-resident" and their significance in reimbursement given that the established local rate per HB 3243 is based on where the health care services originated.

The statutory definition of "established local rate" requires GASOs to include "an analysis of the cost to provide the ground ambulance services". Consistent with standard rate-setting practices, this cost analysis provides essential transparency for both enrollees and payors. We strongly request that these cost analyses be included in the publicly accessible catalog as required by the underlying statute, ensuring full transparency in rate-setting methodologies. This is particularly important given that we've already seen local jurisdictions raise rates in response to this legislation.¹

To enable timely system updates and ensure operational readiness, we recommend establishing clear deadlines. We recommend the following:

- October 1: Annual submission deadline for GASO rates to the Department
- October 6: Department publication deadline (within 5 business days of receipt)

This timeline allows sufficient lead time for health plans to update systems before the January 1 benefit year effective date.

We also recommend adopting language like Washington's WAC 284-43B-027(3) which allows carriers to rely in good faith on rates submitted to the Department. Specifically, we request including a provision that permits health plans to continue using the most recent submitted rates for 60 days when updated rates are not submitted timely. This ensures continuity of operations and prevents payment disruptions. The Washington WAC is as follows:

"(3) A carrier may rely in good faith upon the applicable locally set rate submitted to the insurance commissioner under WAC 284-43B-029. Except to the extent provided otherwise in WAC 284-43B-029 (4)(b), if a local governmental entity's updated rates are not submitted 60 days in advance of the effective date of the updated rate, as provided in WAC 284-43B-029, the carrier may rely upon the most

¹¹ [Clackamas County ambulance rates to more than double by November - oregonlive.com](https://www.oregonlive.com/story/news/politics/2023/09/15/clackamas-county-ambulance-rates-double-november/7000000001/)



recent previous rate submission by that local governmental entity for a period of 60 days following the date the updated rate is published in the insurance commissioner's publicly accessible database".

Creating a Database of Established Local Rates

While the Department has indicated that the need for rules has not been identified, we recommend establishing basic framework requirements now to avoid future implementation delays. Cambia requests inclusion in any future database development discussions to ensure practical functionality for all stakeholders.

Self-Funded Plan Opt-in

Cambia supports the inclusion of Section 2.(6) of the draft rules which establish the form and manner for notifying the Department when self-funded plans elect to opt-in to the ground ambulance billing mandate. To ensure administrative efficiency and reduce regulatory burden, we recommend that the Department adopt the streamlined online process that the Washington OIC has developed. Washington's online process provides a user-friendly, web-based form that allows self-funded plans third party administrators to complete the opt-in notification entirely online through Washington OIC's Website.

We recommend the department review Washington's online opt-in form and consider adapting similar functionality for Oregon. The link to Washington's online form can be found [here](#).

Given that information on each plan's self-funded plan is proprietary business information, we request that the Department specify that the information submitted on this form is confidential and not subject to release as a public record.

Conclusion

Cambia strongly supports consumer protection from ground ambulance balance billing while ensuring practical implementation. We respectfully request Oregon-specific rule development and continued stakeholder engagement throughout the rulemaking process. We remain committed to working collaboratively with the Department to achieve effective consumer protection while maintaining operational efficiency.

Thank you for your consideration of our comments.

Sincerely,

A handwritten signature in blue ink, reading "A. Awuakye". The signature is fluid and cursive, with the first letter of the first name being a large capital 'A'.

Antoinette Awuakye
Sr. Public and Regulatory Affairs Specialist