Metro West Ambulance Family of Companies

Metro West, Medix, Bay Cities Ambulance, Pacific West Ambulance, Woodburn Ambulance, Mid-Valley Ambulance, Pioneer Ambulance, Umpqua Valley Ambulance

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RE: HB 3243 (2025) Rules Advisory Committee

Submitted electronically August 19, 2025

Metro West ambulance and our subsidiaries provide critical 911 and inter-facility ambulance service across Oregon. Please consider our comments on the rulemaking efforts related to HB 3243 (2025 Session). Metro West 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.

Metro West representative Shawn Baird was 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—METRO WEST 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)—METRO WEST suggests pulling the definitions from the enrolled HB 3243 (2025).

Section 2(2)—METRO WEST believes that a 30-day timeline for repayment of excess payments may be administratively difficult or impossible. While METRO WEST will strive to ensure that we are not collecting excess payments in the first place—and if we do, we will strive to complete refunds as quickly as possible— a 90 day timeline would better ensure compliance with this requirement. For context, under ORS 743B.451 insurers are able to collect retroactive payments from providers up to 18 months after payment was made.

Section 2(3)—METRO WEST 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. METRO WEST strongly feels that the prescribed reimbursement rate should follow the responding provider, not the geographic district. 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)—METRO WEST 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 ratescurrently listed in the system per the last update are accurate. METRO WEST 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. METRO WEST feels strongly that all codes/reimbursement structures that have been set by local governments should be reflected in the database and reimbursement requirements. Additionally, METRO WEST 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. METRO WEST 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.

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

Section 2(10)— METRO WEST 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.

Metro West greatly appreciates DCBS work to implement HB 3243 (2025). Thank you for your consideration of the above comments.

Shawn Baird

Metro West Ambulance