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RE: HB 3243 (2025) Rules Advisory Committee

Submitted electronically on October 3, 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).

First, we are very appreciative that several of the suggestions made by the Oregon State Ambulance Association were incorporated into the draft rules shared at the second RAC meeting. 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.

Our remaining primary concerns are around the identification of which plans are participating in the protections (or not), and enforcement on insurers to ensure they pay the locally established rate.

Identification of participating plans

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. This tool is also helpful for patients who are looking for information about what their insurance plan offers them.

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.

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>

Enforcement of locally established rate: Our members that serve both Oregon and Washington have shared that in Washington, they are experiencing that some insurers are only paying out the backup Medicare rate, and not the locally established rate even when it is included in the database. OSAA suggests adding strong enforcement

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language to the draft rules, and including information for EMS agencies in either the rule or an FAQ document about the available resources for providers, in the event that an insurer is not reimbursing appropriately.

Additional considerations:

- **Clarification that HB 3243 does not eliminate contracts between EMS agencies and insurers:** OSAA would appreciate a clarifying statement that the protections outlined in the rules and HB 3243 exist when there is not a contract between EMS providers and insurers. While in-network contracts are somewhat rare in the industry, we believe it is legislative intent to continue to allow these contracted relationships.

This is supported by the fact that the report-back mechanism contained in HB 3243 states that the report must include information about the number of contracts between EMS providers and insurers entered into on or *after* January 2026 (Section 3, HB 3243).

- **Timeline for repayment:** Some OSAA members have maintain 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 longer timeline would better ensure compliance with this requirement, particularly for small agencies.

Initially, we proposed 90-days, but would be agreeable to a slightly shorter timeframe of 60-days.

Additionally, OSAA re-emphasizes our commitment to 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.

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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