

HB 3243 Ground Ambulance balance billing red-line discussion draft rules
10-23-25

OAR 836-053-XXXX, Purpose and Statutory Authority.

- (1) The purpose of OAR 836-053-XXXX to 836-053-XXXX is to implement the requirements ~~of HB 3243 (2025) and in~~ Or. Laws 2025 Ch. 614, ~~that which~~ prohibits ground ambulance service organizations from balance billing health benefit plan enrollees, requires ground ambulance service organizations to report local established rates to the Department of Consumer and Business Services and requires insurers health benefit plans pay ground ambulance service providers certain rates. ~~HB 3243 (2025) and Or Laws Ch. 614~~
- (2) These rules applies-apply to health benefit plans issued, renewed or extended on or after January 1, 2026.

OAR 836-053-XXXX, Definitions.

- (1) As used in these OAR 836-053-XXXX to 836-053-XXXX:
- (a) "Enrollee" has the meaning given that term in ORS 743B.005.
- (b) "Established local rate" means the rate established where the health care services originated for the provision of ground ambulance services through a publicly accessible process that includes an analysis of the cost to provide the ground ambulance services by:
- (A) The local government entity if the ground ambulance services are provided by ground ambulance services organizations that are owned or operated by the local government entity; or
- (B) The contract between a privately owned or operated ground ambulance services organization and the local government entity if the ground ambulance services are provided by a privately owned or operated ground ambulance services organization.
- (c) "Ground ambulance services" means:
- (A) The rendering of medical treatment and care at the scene of a medical emergency or while transporting an individual from the scene to an appropriate health care facility when the services are provided by one or more ground ambulance vehicles designed for this purpose; and

(B) Transport between health care facilities when the services are medically necessary and are provided by one or more ground ambulance vehicles designed for this purpose.

(d) “Ground ambulance services organization” means a public or private organization licensed by the Oregon Health Authority pursuant to ORS 682.045 to provide ground ambulance services.

(e) “Health benefit plan” has the meaning given that term in ORS 743B.005, except that “health benefit plan” does not include a coverage offered by the Public Employees’ Benefit Board or the Oregon Educators Benefit Board through a commercial insurer, a health care service contractor or a third party administrator.

(f) “Health care facility” means a facility that provides health care services directly to patients, including but not limited to a hospital, clinic, health care provider’s office, health maintenance organization, diagnostic or treatment center, mental health facility, behavioral health service provider, emergency services provider or hospice or nursing home.

(g) “In-network” has the meaning given that term in ORS 743B.280.

(h) “Mutual aid transport” means a transport by a ground ambulance service organization that originates outside their designated area and is requested or subject to an agreement between ground ambulance service providers for reciprocal services.

(i) “Nonresident” means a patient that does not reside in a ground ambulance service organization’s service area.

(j) “Resident” means a patient that resides in ground ambulance service organization’s service area.

~~(h) “Out-of-network” has the meaning given that term in ORS 743B.280.~~

OAR 836-053-XXXX, Balance billing prohibition and consumer cost-sharing for ground ambulance services.

(1) A ground ambulance services 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.

(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.

(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.~~

~~(2) The health benefit plan shall treat any cost-sharing amounts determined under subsection (1)(a) paid by the enrollee for an out-of-network non-participating 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.~~

~~(3)~~ (2) A ground ambulance services organization shall refund any amount in excess of the in-network cost-sharing amount to an enrollee within ~~30~~ 45 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).

(3) This rule applies to persons covered by a self-funded group health plan, including plans offered by the Public Employees' Benefit Board or the Oregon Educators Benefit Board, that has elected to participate in the provisions of Or Laws 2025 Ch. 614 pursuant to OAR 836-053-XXXX.

OAR 836-053-XXXX, Payments to ~~out-of-network~~ ground ambulance services organizations.

(1) 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:

(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

(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;

(b) If a rate has not been established under (a) of this subsection, the lesser of an amount no less than 325 percent of the Medicare rate as published on January 1, 2026 by the Centers for Medicare and Medicaid Services.

~~(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~~

~~(ii) The ground ambulance services organization's billed charges.~~

(2) When a ground ambulance services organization provides a ground ambulance transport outside of their primary geographic service area, also referred to as mutual aid transport, the rate paid is:

(a) The locally set rate for the ground ambulance services organization that provided the transport; or

(b) If there is no locally set rate, the lesser of: an amount no less than 325 percent of the Medicare rate as published on January 1, 2026 by the Centers for Medicare and Medicaid Services.

~~(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~~

~~(ii) The ground ambulance services organization's billed charges.~~

(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.

(4) The allowed amount established under section (1) and (2) of 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 oral, written, or electronic means, any document that would attempt to avoid, waive, or alter any provision of this rule.

(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.

(6) This rule applies to a self-funded group health plan, including plans offered by the Public Employees' Benefit Board or the Oregon Educators Benefit Board, that has elected to participate in the provisions of Or Laws 2025 Ch. 614 pursuant to OAR 836-053-XXXX.

OAR 836-053-XXXX, ~~Local governmental entity~~Ground Ambulance Service Organization rate reporting to the Department

(1) Each ~~local governmental entity~~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 dfr.oregon.gov. Established local rates for ground ambulance services include rates for services provided directly by the local governmental entity and contracted rates.

(2) ~~Local governmental entities~~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:

(a) The ~~local governmental entity's~~ground ambulance service organization's full legal name and address;

(b) The national provider identifier(s) (NPI) for any ground ambulance services organization to which the rate applies;

- (c) The effective date of the rate and any known expiration date of the rate;
 - (d) The service area of the ~~local governmental entity~~ground ambulance service organization, 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;
 - (e) The applicable transport codes to which the rate applies, including any separate mileage code or codes;
 - (f) If applicable, the established local rate for services provided to nonresidents of the local governmental entity's service area, if a distinction is made in rates between services provided to residents and those provided to nonresidents.
- (3) ~~Local governmental entities~~Ground ambulance service organizations must submit their established local rates to the department on the following schedule:
- (a) Rates must be submitted ~~annually by month/date~~on or before January 12, 2026 and thereafter, annually on or before November 1.
 - (b) Updated rates must be submitted within five calendar days of a change to the rates.
 - (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.

OAR 836-053-XXXX, Self-funded group health plan, Public Employees Benefit Board and Oregon Educators Benefit Board, election to participate.

- (1) A self-funded group health plan, the Public Employees' Benefit Board, and the Oregon Educators Benefit Board may elect to participate in the provisions of Or Laws 2025 Ch. ~~X-614~~.
- ~~(2)~~(3) Notice of election must be provided to the Director of the Department of Consumer and Business Services on a form prescribed by the department.
- (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:
 - (i) Be bound by Or Laws 2025 ~~Ch.~~ X-614 and rules adopted to implement the provisions of the law.
 - (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.
 - (iii) Inform any entity that administers or insures the plan of their election to participate.

(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.

(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.

(4) The form will be posted on the department's division of financial regulation public website at dfr.oregon.gov for use by self-funded group health plans, the Public Employees' Benefit Board and the Oregon Educators Benefit Board.

(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 [2025 Ch. ~~X-614~~](#) 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 under Or Laws [2025 Ch. ~~X-614~~](#) 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.

(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).

[Statutory/Other Authority: OR Laws 2025 cCh. 614](#)

[Statutes/Other Implemented: OR Laws 2025 cCh. 614](#)