



Regulatory Affairs

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Reply to:

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February 13, 2026

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 Temporary Rules Implementing HB 3243 (2025) – Ground Ambulance Billing

Dear Ms. Emerson:

Thank you for the opportunity to provide comments on the Temporary Rules implementing HB 3243 (2025), which took effect January 1, 2026.

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.

At the January 22, 2026 Rules Advisory Committee meeting, you clarified that the temporary rules will likely become permanent without further modifications. Based on that discussion, we are providing the following feedback for the record:

Billed Charges vs. Local Established Rate

OAR 836-053-0454 of the rules specifies the allowed amount to be paid to ground ambulance services organizations (GASOs). In summary, insurers must pay one of the following amounts:

- The rate established by the local governmental entity where the covered health care services originated; or
- Where applicable, the rate for services provided by a private GASO

We respectfully recommend clarifying that insurers should pay based on the **amount billed**, which reflects the actual services rendered, even when that amount is lower than the local established rate. This approach ensures accurate payment for services actually provided. During the RAC meeting, a GASO



representative confirmed that billed charges will never exceed the local established rate, supporting this interpretation.

Insurer Reliance in Good Faith on Most Recent Submitted Rates When Updated Rates not Submitted Timely

We recommend adopting language similar to 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.

For reference, Washington's WAC states:

“(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 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”.

Conclusion

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 that reads "A. Awuakye". The signature is fluid and cursive, with a large initial "A" and a long, sweeping underline.

Antoinette Awuakye
Sr. Public and Regulatory Affairs Specialist