

April 24, 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 Permanent Rules Implementing HB 3243 (2025) – Ground Ambulance Billing

Dear Ms. Emerson:

Thank you for the opportunity to provide comments on the proposed permanent 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 Oregon's largest health insurer, we provide high-value, affordable health care to nearly one million Oregonians through 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.

We submit these comments to provide feedback on two specific rules: (1) OAR 836-053-0454 - Payments to Ground Ambulance Service Organizations; and (2) OAR 836-053-0447- Definitions.

Comments on OAR 836-053-0454(3)

A provision was added to OAR 836-053-0454(3), which states:

"Established local rates are reported to the department by ground ambulance service organizations (GASO) for transparency purposes. For billing purposes, the health benefit plan and ground ambulance service organization will determine the payment amount based on the allowed amount at the time and place of the service pursuant to sections (1) and (2) of this rule."

This provision was added after a DFR policy memo that was unexpectedly sent directly to insurers because it was brought to the DFR's attention that some insurers were defaulting to paying the 325% of Medicare rates when there is not a reported local established rate for that area. The memo instructed insurers to:

"Exercise due diligence and verify that the GASO's established local rate exists before reducing the charge to 325% of the Medicare rate." "For example, a search of a GASO's website and outreach by phone or email to the GASO will confirm that the GASO has an "established local rate" that meets the definition in the law and rule referenced above."

Since the inception of this rulemaking, beginning with the temporary rules, we consistently encouraged DFR to adopt the same local established rate reporting process used in Washington, as the legislation expressly left this determination to the state regulator. The intent of the legislation placed the responsibility for informing payors of established local rates squarely on the state regulator. Furthermore, GASOs bear their own responsibility to report their local established rates in a timely manner, as required under both the temporary and now permanent rules. Accordingly, DFR should not impose additional administrative burdens on insurers to independently verify rates by searching GASO websites or reaching out to GASOs directly via phone or email. Such a requirement is inconsistent with what was contemplated when DFR agreed to follow Washington's process.

Moreover, at the January 22, 2026 Rulemaking Advisory Committee (RAC) meeting, GASO representatives provided assurance that billing will always reflect and never exceed the established local rate. Therefore, in instances where a GASO has not reported its local established rate but proceeds to bill an insurer, the insurer should be permitted to reimburse based on billed charges without having to check the GASO's website or call or email it. This approach ensures accurate payment for services actually rendered, upholds the good-faith representations made by GASOs at the RAC meeting, and reduces unnecessary administrative complexity for insurers.

Comments on OAR 836-053-0447(2) – RE Established Local Rate Cost Analysis

OAR 836-053-0444(2) defines "Established local rate" and requires that any such rate be established through a publicly accessible process that includes **an analysis of the cost** to provide ground ambulance services. The full definition reads as follows:

"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".....

This cost analysis requirement is not only embedded in the administrative rule but is also independently reinforced by statute. Despite this dual mandate, to our knowledge, no cost analysis has been submitted to the DFR in connection with any established local rate.

We therefore respectfully request that the DFR take the following actions: (1) enforce this requirement as outlined in both the administrative rule and statute; (2) require cost analyses for all previously submitted rates; and (3) require that all future rate submissions be accompanied by a cost analysis.

Without this data, the implementation of these rules remains incomplete, and their intended purpose cannot be fully realized.

Conclusion

We remain committed to working collaboratively with the Department to achieve effective consumer protection while maintaining operational efficiency. Before the

rulemaking concludes, we respectfully request the DFR address the concern and points made in this letter.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "A. Awuakye". The signature is fluid and cursive, with the first letter of each word being capitalized and prominent.

Antoinette Awuakye
Sr. Public and Regulatory Affairs Specialist
Cambia Health Solutions

CC: Kieth Turner
Manager, Pharmacy Benefit Manager Compliance and Business Analytics
Department of Consumer and Business Services, Division of Financial
Regulation