

Wednesday, April 29, 2026

Submitted via email to: dfr.rules@dcbs.oregon.gov

Karen Winkel, Rules Coordinator
Division of Financial Regulation
Department of Consumer and Business Services
350 Winter St NE
Salem, OR 97301

Re: Proposed Rules Implementing HB 3243 (2025) – Ground Ambulance Balance Billing (OAR 836-053-0444 to 836-053-0461)

Dear Ms. Karen Winkel and the Division of Financial Regulation,

Providence Health Plan (PHP) appreciates the opportunity to comment on the proposed rules implementing HB 3243 (2025)¹, which establishes important consumer protections related to ground ambulance balance billing.

Providence Health Plan is a regional health insurer serving individuals, families, and employers across Oregon and the broader Pacific Northwest. As part of a payer-provider health system, PHP is committed to improving access to high-quality, affordable care and advancing policies that protect consumers from unnecessary financial burden. PHP administers coverage for a diverse population of members and has a strong interest in ensuring that regulatory frameworks are clear, administrable, and support a seamless experience for those we serve.

We write to provide comments on the treatment of established local rates within the proposed rules, specifically as described in OAR 836-053-0454(3).²

Role of Established Local Rates

The proposed rules state that established local rates are reported to the Department “for transparency purposes,” and that, for billing purposes, payment amounts will be determined based on the allowed amount at the time and place of service.

While PHP supports transparency, limiting the role of established local rates to transparency alone significantly reduces the utility of the reporting framework established under HB 3243.

¹ H.B. 3243, 82d Leg., Reg. Sess. (Or. 2025).

² Ground Ambulance Balance Billing, Notice of Proposed Rulemaking, Or. Admin. R. 836-053-0444 to -0461 (Mar. 26, 2026).

The statutory framework contemplates a more functional role for these rates, particularly given that established local rates are explicitly incorporated into the definition of allowed amounts under OAR 836-053-0454(1). As such, the reporting of these rates should support practical implementation of payment determinations, not exist solely as an informational resource.

Operational and Consumer Impact

Absent the ability to rely on a consistent and accessible set of rates, health plans may be required to evaluate claims on a case-by-case basis to determine the appropriate allowed amount.

This approach introduces unnecessary administrative complexity, increases variability in payment determinations, and may result in delays in claims processing.

These operational challenges ultimately affect consumers. Delays or inconsistencies in payment can create confusion for enrollees and increase the likelihood that patients are inadvertently drawn into billing disputes, despite the protections established under HB 3243.

Alignment with Statutory Framework

PHP recognizes that HB 3243 establishes a clear minimum payment standard tied to a percentage of Medicare rates, as reflected in OAR 836-053-0454(1)(c).

Our recommendation is not intended to alter or weaken these protections. Rather, allowing established local rates to serve as a usable reference point, where applicable within the existing allowed amount framework, would complement the statutory minimum and support more consistent application of the rule.

Thus, the database may function as an administrative tool that enhances predictability without supplanting the floor established by statute.

Recommended Revision

To better align implementation with the intent of HB 3243 and to support efficient, consumer-centered administration, PHP recommends revising OAR 836-053-0454(3) as follows (proposed additions underlined; deletions struck through):

*(3) Established local rates are reported to the department for transparency purposes **and may be used as a reference in determining the allowed amount under sections (1) and (2) of this rule, where applicable.** For billing purposes, the health benefit plan and ground ambulance services 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 clarification would preserve the Division's transparency goals while ensuring that the reported data can be used in a practical and administrable way.

PHP appreciates the Division's work to implement HB 3243 and its commitment to protecting Oregon consumers. We believe that modest clarification to the role of established local rates will strengthen the rule and support its successful implementation.

We look forward to continuing to engage with the Division on this issue.

Sincerely,

Tara Harrison, JD
Government Affairs Director
Providence Health Plan