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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 836
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE REGULATION

FILED
03/26/2026 2:38 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: HB 3243 (2025) Ground Ambulance Balance Billing

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/29/2026 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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350 Winter St. NE
Salem, OR 97301

Filed By:
Karen Winkel
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 04/22/2026

TIME: 1:30 PM - 2:30 PM

OFFICER: Lisa Emerson

IN-PERSON HEARING DETAILS

ADDRESS: Labor and Industries Building, 350 Winter St. NE, Basement, Conf Rm E, Salem, OR 97301

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 503-446-4951

CONFERENCE ID: 953739780

SPECIAL INSTRUCTIONS:

This is a hybrid meeting conducted in-person and virtually via Microsoft Teams:

Meeting ID: 266 575 260 087 72

Passcode: RU7yw6Vi

NOTE: Public comments are public records and may be publicly available.

NEED FOR THE RULE(S)

HB 3243 (2025) is intended to protect Oregon consumers from out-of-network balance billing for ground ambulance services. The law prohibits billing health benefit plan enrollees more than the in-network cost sharing amount for these services and sets minimum thresholds for health benefit plan reimbursement. The law requires the Department of Consumer and Business Services (DCBS) to make rules to implement the provisions described in Section 2 of the bill. Ground ambulance services reimbursement requirements in HB 3243 apply to health benefit plans issued, renewed or extended on or after 1/1/26.

DCBS adopted temporary rules effective 1/1/26. DCBS proposes minor edits to the temporary rules and two more substantive proposed edits to clarify requirements in rule regarding payments by insurers to ground ambulance service organizations, 1) with whom insurers have an in-network contract; and 2) ground ambulance services organizations' established local rates are reported to the department for transparency purposes. 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 OAR 836-053-0454.

The proposed permanent rules are scheduled to be effective June 1, 2026. The proposed rules provide implementation requirements for the provisions in Section 2 of HB 3243 (codified in ORS 743B.292) regarding:

- Consumer cost-sharing for ground ambulance services, including a required timeline for reimbursing consumers for erroneous overpayments.
- Minimum payment amounts to ground ambulance services organizations (GASOs) that are set according to Medicare rates.
- GASO established local rate reporting requirements to the department.
- Requirements for self-funded employer group health plans and State of Oregon PEBB and OEGB plans that elect to participate to opt-in to Oregon's ground ambulance balance billing law.

To inform the rulemaking process, DCBS convened a Rulemaking Advisory Committee (RAC) that included representatives of ground ambulance service organizations, emergency services, the Association of Oregon Counties, commercial health insurers, and consumer advocates. The RAC provided feedback on draft rule language, data reporting, data collection practices, and potential impacts on equity and administrative burden, helping to ensure that the final rule is both practical and responsive to stakeholder needs.

The RAC met in 2025 on August 5, September 16, October 23, and November 13. A final RAC meeting was held on January 22, 2026.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Draft rules are available from Karen Winkel, Rules Coordinator, Division of Financial Regulation located at 350 Winter St. NE, Salem, OR 97301 and are available on the division's website:

<https://dfr.oregon.gov/laws-rules/Pages/proposed-rules.aspx>.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The bill's consumer protections apply equally to enrollees of health benefit plans regulated by DCBS. However, since the protections are expected to reduce consumer out-of-pocket costs for ground ambulance services, they may disproportionately benefit lower-income consumers who may otherwise struggle to afford to pay these bills. The protections will also disproportionately benefit groups that are more likely to utilize ground ambulance services, such as individuals with complex health conditions, or individuals regularly engaged in activities with a high risk of physical injury.

FISCAL AND ECONOMIC IMPACT:

The underlying statutory requirements regarding reimbursement and balance billing will have a variety of costs and benefits for ground ambulance companies and health insurers. However, the rules solely provide clarification regarding these requirements and are not expected to increase costs beyond the statutory requirements.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) Based on information currently available to DCBS, the proposed rule does not have a fiscal or economic impact on state agencies, local government units, nor members of the public. Members of the public that are patients receiving ground ambulance services may be positively affected economically by the administrative rule that provides clarity for implementation of the ground ambulance balance billing provisions in the law regarding consumer cost-sharing for ground ambulance services, including the required timeline for reimbursing consumers for erroneous overpayments.

(2)(a) Per ORS 183.310(10)(a) “Small business” means a corporation, partnership, sole proprietorship or other legal entity formed for the purpose of making a profit, which is independently owned and operated from all other businesses, and which has 50 or fewer employees. Approximately 135 ground ambulance services organizations (GASOs) are licensed by the Oregon Health Authority. A majority of GASOs are public bodies of local government and those that are privately owned are non-profits, so do not meet the definition of a small business under ORS 183.310. Based on financial filings made to the Division of Financial Regulation (DFR), no insurers meet the definition of a small business under ORS 183.310, because no insurer is independently owned and operated.

(2)(b) In general, the expected costs are minimal for the proposed rules. The required annual and update rate reporting by GASOs to DCBS of their established local rates requires minimal administrative activities or costs to comply. Self-funded group health plans, PEBB and OEGB plans that elect to participate in the law’s provisions also have minimal administrative activities or costs to comply with the requirements of the proposed rules.

(2)(c) In general, the expected costs are minimal for the proposed rules as they apply to GASOs and would require minimal administrative activities or costs to comply with the requirements of the proposed rules. The division is providing clear data reporting instructions on its website for GASOs and self-funded group health plans, PEBB and OEGB plans that elect to participate in the law’s provisions, which may help offset any increased administrative costs.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Approximately 135 ground ambulance services organizations (GASOs) are licensed by the Oregon Health Authority, and the majority are local government public entities that do not meet the definition of a small business under ORS 183.310. Based on financial filings made to DFR, no insurers meet the definition of a small business under ORS 183.310, because no insurer is independently owned and operated. However, representatives of small businesses were invited to provide comment on the proposed rules.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

836-053-0444, 836-053-0447, 836-053-0451, 836-053-0454, 836-053-0457, 836-053-0461

ADOPT: 836-053-0444

RULE SUMMARY: Establishes the purpose and statutory authority for rules.

CHANGES TO RULE:

836-053-0444

Purpose and Statutory Authority

(1) The purpose of OAR 836-053-0444 to 836-053-0461 is to implement the requirements in ORS 743B.292, 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 health benefit plans pay ground ambulance service providers certain rates. ¶

(2) These rules apply to health benefit plans issued, renewed or extended on or after January 1, 2026.

Statutory/Other Authority: ORS 743B.292

Statutes/Other Implemented: ORS 743B.292

ADOPT: 836-053-0447

RULE SUMMARY: Provides definitions applicable to OAR 836-053-0444 to 836-053-0461.

CHANGES TO RULE:

836-053-0447

Definitions

As used in OAR 836-053-0444 to 836-053-0461:

(1) "Enrollee" has the meaning given that term in ORS 743B.005.

(2) "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.

(3) "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.

(4) "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.

(5) "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.

(6) "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.

(7) "In-network" has the meaning given that term in ORS 743B.280.

(8) "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.

(9) "Nonresident" means a patient that does not reside in a ground ambulance service organization's service area.

(10) "Resident" means a patient that resides in ground ambulance service organization's service area.

Statutory/Other Authority: ORS 743B.292

Statutes/Other Implemented: ORS 743B.292

ADOPT: 836-053-0451

RULE SUMMARY: Describes requirements for consumer cost-sharing amount for ground ambulance services.

CHANGES TO RULE:

836-053-0451

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 836-053-0454. The health benefit plan shall provide an explanation of benefits to the enrollee and the ground ambulance services organization that reflects the cost-sharing amount determined under this subsection.¶

(b) The ground ambulance services organization and any agent, trustee, or assignee of the 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). ¶

(2) A ground ambulance services organization shall refund any amount in excess of the in-network cost-sharing amount to an enrollee within 45 business days of receipt if the enrollee has paid the 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 ORS 743B.292 pursuant to OAR 836-053-0461.

Statutory/Other Authority: ORS 743B.292

Statutes/Other Implemented: ORS 743B.292

ADOPT: 836-053-0454

RULE SUMMARY: Describes requirements for payment amounts to ground ambulance services organizations.

CHANGES TO RULE:

836-053-0454

Payments to Ground Ambulance Services Organizations

(1) The allowed amount paid to ground ambulance services organization for covered ground ambulance services under a health benefit plan must be one of the following amounts:¶

(a)(A) The rate established by the local government 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 government entity; or¶

(B) Where the ground ambulance services were provided by a private ground ambulance services organization under contract with the local government entity where the covered health care services originated, the contracted rate. ¶

(b) The rate pursuant to a written contract between the ground ambulance services organization and the health benefit plan.¶

(c) If a rate has not been established under (a) or (b) of this subsection, an amount no less than 325 percent of the Medicare rate, as published by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services (CMS) as of January 1, 2026, and thereafter as published by the department in an annual bulletin and made available on the division's website at <https://dfr.oregon.gov/laws-rules/Pages/bulletins.aspx>, or its successor. The bulletin will notify health benefit plans of annual adjustment in the Medicare rate, if any, as published by CMS. The annual adjustment will be effective January 1 of each calendar year.¶

(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 one of the following amounts:¶

(a) The rate established by the local government entity for the ground ambulance services organization that provided the transport. ¶

(b) If a rate has not been established under (a) or (c) of this subsection, an amount no less than 325 percent of the Medicare rate, as published by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services (CMS) as of January 1, 2026, and thereafter as published by the department in an annual bulletin and made available on the division's website at <https://dfr.oregon.gov/laws-rules/Pages/bulletins.aspx>, or its successor. The bulletin will notify health benefit plans of annual adjustment in the Medicare rate, if any, as published by CMS. The annual adjustment will be effective January 1 of each calendar year. ¶

(c) The rate pursuant to a written contract between the ground ambulance services organization and the health benefit plan.¶

(3) Established local rates are reported to the department by ground ambulance service organizations for transparency purposes. 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.¶

(4) A health benefit plan shall make payments for ground ambulance services provided by ground ambulance services organizations directly to the organization, rather than the enrollee.¶

(5) The allowed amount established under sections (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.¶

(6) For purposes of this rule "contracted rate" means rates established in a contract or contracts between a local government entity and a private ground ambulance services organization to provide ground ambulance services in their geographic service area.¶

(7) 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 ORS 743B.292 pursuant to OAR 836-053-0461.

Statutory/Other Authority: ORS 743B.292

Statutes/Other Implemented: ORS 743B.292

ADOPT: 836-053-0457

RULE SUMMARY: Describes requirements for ground ambulance service organization rate reporting to the department.

CHANGES TO RULE:

836-053-0457

Ground Ambulance Service Organization Rate Reporting to the Department

(1) Each 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 government entity and contracted rates.

(2) Established local rates are reported to the department by ground ambulance service organizations for transparency purposes. 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 OAR 836-053-0454.

(3) 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 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 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; and

(f) If applicable, the established local rate for services provided to nonresidents of the local government entity's service area, if a distinction is made in rates between services provided to residents and those provided to nonresidents.

(4) Ground ambulance service organizations must submit their established local rates to the department on the following schedule:

(a) Rates must be submitted on or before January 1, 2026 and thereafter, annually on or before October 1.

(b) Updated rates must be submitted within five calendar days of a change to the rates.

(5) For purposes of this rule "contracted rates" means rates established in a contract or contracts between a local government entity and a private ground ambulance services organization to provide ground ambulance services in their geographic service area.

Statutory/Other Authority: ORS 743B.292

Statutes/Other Implemented: ORS 743B.292

ADOPT: 836-053-0461

RULE SUMMARY: Describes requirements for self-funded group health plan, Public Employees' Benefit Board and Oregon Educators Benefit Board, election to participate (opt-in) to Oregon's ground ambulance balance billing law provisions.

CHANGES TO RULE:

836-053-0461

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 ORS 743B.292.¶

(2) 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:¶

(A) Be bound by ORS 743B.292 and rules adopted to implement the provisions of the law.¶

(B) Participate for a full year and elect to initiate its participation on January 1 or on the first day of the plan year of any year.¶

(C) 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 31 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. Notices submitted January 1, 2026 through January 31, 2026 may have an effective date of January 1, 2026 or later.¶

(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 ORS 743B.292 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 ORS 743B.292 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: ORS 743B.292

Statutes/Other Implemented: ORS 743B.292