



PERMANENT ADMINISTRATIVE ORDER

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CHAPTER 836

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES INSURANCE REGULATION

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RULES:

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

ADOPT: 836-053-0444

REPEAL: Temporary 836-053-0444 from ID 15-2025

NOTICE FILED DATE: 03/26/2026

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 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

REPEAL: Temporary 836-053-0447 from ID 15-2025

NOTICE FILED DATE: 03/26/2026

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

REPEAL: Temporary 836-053-0451 from ID 15-2025

NOTICE FILED DATE: 03/26/2026

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

REPEAL: Temporary 836-053-0454 from ID 15-2025

NOTICE FILED DATE: 03/26/2026

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 a 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 (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.¶

(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 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.¶

(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

REPEAL: Temporary 836-053-0457 from ID 15-2025

NOTICE FILED DATE: 03/26/2026

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;

(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

REPEAL: Temporary 836-053-0461 from ID 15-2025

NOTICE FILED DATE: 03/26/2026

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