

HB 2910 -1 STAFF MEASURE SUMMARY

House Committee On Health Care

Prepared By: Oliver Droppers, LPRO Analyst

Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 3/23, 3/25, 4/1

WHAT THE MEASURE DOES:

Defines emergency medical services (EMS), emergency medical services providers, and emergency medical services transport. Directs Oregon Health Authority (OHA), upon federal approval, to reimburse EMS providers. Requires OHA to assess a quality assurance fee on licensed EMS providers and specifies allowable usages of fees. Specifies fee formula. Allows OHA to modify fees, fee amounts, or fee methodology to ensure federal financial participation for reimbursement. Authorizes OHA to assess a penalty on EMS provider if quality assurance fee becomes 60 days overdue. Specifies criteria when OHA may waive or deduct an unpaid fee, interest, or assessed penalty. Establishes reimbursement guidelines for EMS providers. Allows OHA to retain 15 percent of quality assurance fees to provide grants to coordinated care organizations for innovative ambulance programs and to administer reimbursement program. In rule, directs OHA to establish reporting requirements for EMS providers. Requires OHA to seek federal approval no later than June 1, 2021 and notify Legislative Counsel of decision. Declares emergency, takes effect on passage.

ISSUES DISCUSSED:

- Medicaid reimbursement rates for emergency medical services (EMS)
- Ability for non-profit and private sector EMS providers to receive additional Medicaid reimbursement; uncompensated care
- Voluntary or opt-in approach among private EMR providers
- Federal Medicaid requirement that fee program be "broad-based," prohibits opt-in approach

EFFECT OF AMENDMENT:

-1 Restructures the measure. Defines terms. Removes timeline for OHA to request federal approval to administer the program and grants the agency discretion to seek approval. Modifies the quality assurance fee for licensed EMS providers, reimbursement methodology, interest rate and penalty for late fees. Modifies reimbursement guidelines for EMS providers. Directs OHA to use funds in the EMS Fund to provide grants to innovative ambulance programs, increase reimbursement rates, and administer reimbursement program. Declares emergency, takes effect on passage.

REVENUE: statement issued - further analysis required.

FISCAL: May have fiscal impact, but no statement yet issued

BACKGROUND:

In 2015, House Bill 4030 passed, requiring the Oregon Health Authority (OHA) to develop and implement two programs to reimburse providers of emergency medical services and transportation - a fee-for-service program and a coordinated care organization (CCO) program, which is voluntary for CCOs. The bill also directed OHA to convene a workgroup to develop recommendations to align these two programs with the goals of supporting state health reform and addressing a two-tiered payment methodology that reimburses public and private providers differently for the same service.

According to a survey by the Oregon State Ambulance Association, an average emergency ambulance transport costs approximately \$700 with Medicaid reimbursement averaging \$409 per call (2019). Federal Medicaid law

HB 2910 -1 STAFF MEASURE SUMMARY

allows publicly owned or operated ground emergency medical transport (GEMT) to seek Medicaid reimbursement for uncompensated costs for providing care to Medicaid enrollees. However, non-profit or private GEMT providers in Oregon are not eligible to participate in the fee program and thus are not eligible to leverage a federal match in Medicaid and seek reimbursement for uncompensated care.

House Bill 2910 seeks to assess a fee on emergency medical services providers to enhance federal financial participation in the cost of providing ground emergency medical services to Medicaid enrollees.