

## HB 2910 A STAFF MEASURE SUMMARY

### House Committee On Health Care

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**Action Date:** 03/25/21

**Action:** Do pass with amendments and be referred to Ways and Means by prior reference.  
(Printed A-Eng.)

**Vote:** 9-0-1-0

**Yeas:** 9 - Alonso Leon, Campos, Dexter, Drazan, Hayden, Moore-Green, Prusak, Salinas, Schouten

**Exc:** 1 - Noble

**Fiscal:** Fiscal impact issued

**Revenue:** Revenue impact issued

**Prepared By:** Oliver Droppers, LPRO Analyst

**Meeting Dates:** 3/23, 3/25

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#### WHAT THE MEASURE DOES:

Defines emergency medical services (EMS), emergency medical services providers, and emergency medical services transport. Authorizes Oregon Health Authority (OHA) to seek federal approval to assess a fee on, and establish a reimbursement program for, EMS providers. If federally approved, 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 to ensure federal participation. Directs EMS providers to use a portion of reimbursement funds to increase wages and benefits for employees. Allows OHA to retain a portion of the quality assurance fees to provide grants to innovative ambulance programs and to administer reimbursement program. Creates reporting requirements for EMS providers. Authorizes OHA to impose \$100 penalty per day if required report is overdue; penalties are to be deposited in the General Fund. Requires OHA to notify Legislative Counsel of federal decision if approval is sought. Declares emergency, effective on passage.

#### ISSUES DISCUSSED:

- Medicaid reimbursement rates for EMS
- Ability for nonprofit and private sector EMS providers to receive additional Medicaid reimbursement; uncompensated care
- Opt-in approach and impact of federal Medicaid requirement that fee programs be "broad-based"
- Types of state Medicaid provider taxes and fees

#### EFFECT OF AMENDMENT:

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, reimbursement methodology, interest rate, and penalty for late fees. Modifies allowable use of reimbursement funds for EMS providers. Declares emergency, effective on passage.

#### 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 work group to develop recommendations to align the programs in supporting state health reform and addressing a two-tiered payment methodology that reimburses public and private providers differently for the

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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 allows publicly owned or operated ground emergency medical transport (GEMT) to seek Medicaid reimbursement for uncompensated costs incurred in providing care to Medicaid enrollees. However, nonprofit 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 A seeks to assess a fee on emergency medical services providers to enhance federal financial participation in the cost of providing ground emergency medical services in Oregon.