

## HOUSE AMENDMENTS TO HOUSE BILL 2910

By COMMITTEE ON HEALTH CARE

March 29

1 On page 1 of the printed bill, line 10, delete “now, therefore,” and insert “and  
2 “Whereas it is the intent of the Legislative Assembly that the Oregon Health Authority seek  
3 approval from the Centers for Medicare and Medicaid Services for supplemental funding for non-  
4 federal, nonpublic emergency medical services entities only after approval is fully granted for the  
5 Ground Emergency Medical Transportation program for public emergency medical services entities;  
6 now, therefore.”.

7 Delete lines 12 through 30 and delete pages 2 through 5 and insert:

8 **“SECTION 1. (1) As used in this section:**

9 **“(a) ‘Emergency medical services’ means the services provided by an emergency medical  
10 services provider to an individual experiencing a medical emergency in order to:**

11 **“(A) Assess, treat and stabilize the individual’s medical condition; or**

12 **“(B) Prepare and transport the individual to a medical facility.**

13 **“(b) ‘Emergency medical services provider’ means a nonfederal or nonpublic entity that:**

14 **“(A) Employs individuals who are licensed by the Oregon Health Authority under ORS  
15 chapter 682 to provide emergency medical services; and**

16 **“(B) Contracts with a local government pursuant to a plan described in ORS 682.062.**

17 **“(c) ‘Emergency medical services transport’ means an emergency medical services  
18 provider’s evaluation of an individual experiencing a medical emergency and the transporta-  
19 tion of the individual to the nearest medical facility capable of meeting the needs of the in-  
20 dividual.**

21 **“(d) ‘Federal financial participation’ has the meaning given that term in ORS 413.234.**

22 **“(e)(A) ‘Gross receipts’ means gross payments received as patient care revenue for  
23 emergency medical services transports, determined on a cash basis of accounting.**

24 **“(B) ‘Gross receipts’ does not include Medicaid supplemental reimbursement pursuant to  
25 ORS 413.234.**

26 **“(f) ‘Local government’ has the meaning given that term in ORS 174.116.**

27 **“(2) The Oregon Health Authority may request approval from the Centers for Medicare  
28 and Medicaid Services to administer the program described in this section. Upon receipt of  
29 approval, the authority shall:**

30 **“(a) On July 1 of each year, assess a quality assurance fee on each emergency medical  
31 services transport provided by an emergency medical services provider licensed in this state  
32 in an amount equal to the lesser of the amount permitted by federal law and five percent  
33 of the projected total gross receipts for the following 12-month period, divided by the  
34 projected number of emergency medical services transports in the same 12-month period.  
35 The projections must be based on the data reported under paragraph (h) of this subsection.**

1       “(b) Prescribe the manner and due dates for the assessment and collection of quality  
2 assurance fees under this section.

3       “(c) Modify or make adjustments to any methodology, fee amount or other provision  
4 specified in this section to the extent necessary to meet the requirements of federal law or  
5 to ensure federal financial participation in the costs of emergency medical services trans-  
6 ports reimbursed by the authority.

7       “(d) Assess interest on quality assurance fees not paid by the date due at 10 percent per  
8 annum, beginning on the day after the date the payment was due.

9       “(e) Assess a penalty equal to the interest charged under paragraph (d) of this subsection  
10 for each month for which the payment is more than 60 days overdue.

11       “(f) Deduct the amount of any unpaid fee, interest or penalty assessed under this section  
12 from any fee-for-service medical assistance reimbursement owed to the emergency medical  
13 services provider until the full amount of the fee, interest or penalty is recovered. The au-  
14 thority may not make a deduction pursuant to this paragraph until after the authority gives  
15 the emergency medical services provider written notification. The authority may permit the  
16 amount owed to be deducted over a period of time that takes into account the financial  
17 condition of the emergency medical services provider.

18       “(g) Establish the reimbursement to be paid to an emergency medical services provider  
19 for an emergency medical services transport in an amount that is equal to the federal fi-  
20 nancial participation received by the authority for the cost of the emergency medical ser-  
21 vices transport. An emergency medical services provider shall use a portion of the funds to  
22 increase wages and benefits for employees. The reimbursement established under this para-  
23 graph:

24       “(A) May not exceed the emergency medical services provider’s actual costs for the  
25 emergency medical services transport, determined in accordance with standards established  
26 by the authority, less the amount of reimbursement that the emergency medical services  
27 provider is eligible to receive from all public and private sources.

28       “(B) Shall be paid only from federal financial participation in the costs of emergency  
29 medical services transports.

30       “(C) May not be used to supplant existing funding for emergency medical services  
31 transports.

32       “(D) Shall be required and payable only for periods in which emergency medical services  
33 providers are required to pay quality assurance fees.

34       “(h) Prescribe the form and manner for an emergency medical services provider to report  
35 the data necessary to administer this section, including information about the portion of  
36 funds that the emergency medical services provider used to increase wages and benefits for  
37 employees, and may require a certification by each emergency medical services provider  
38 under penalty of perjury of the truth of the data reported under this paragraph.

39       “(i) Require a medical services provider to report to the authority the number of emer-  
40 gency medical services transports it provided in each 12-month period, by payer type.

41       “(j) Require an emergency medical services provider to report to the authority its gross  
42 receipts for each 12-month period.

43       “(3) All quality assurance fees and interest collected under this section shall be deposited  
44 into the Emergency Medical Services Fund established in section 2 of this 2021 Act.

45       “(4) The authority may waive a portion or all of the interest or penalties, or both, as-

1 sessed under subsection (2) of this section if the authority determines that the imposition  
2 of the full amount of the quality assurance fee in accordance with the due dates established  
3 under subsection (2) of this section is likely to impose an undue financial hardship on the  
4 emergency medical services provider. The waiver must be conditioned on the emergency  
5 medical services provider's agreement to pay the quality assurance fees on an alternative  
6 schedule developed by the authority.

7 “(5) In the event of a merger, acquisition or similar transaction involving an emergency  
8 medical services provider that has outstanding quality assurance fees, interest or penalties  
9 due, the successor emergency medical services provider is responsible for paying to the au-  
10 thority the full amount of outstanding quality assurance fees, interest and penalties that are  
11 due on the effective date of the merger, acquisition or transaction.

12 “(6) The authority shall modify the method for calculating or paying the reimbursement  
13 under subsection (2) of this section if the modification is necessary to ensure that the  
14 expenditures for emergency medical services transports qualify for federal financial partic-  
15 ipation.

16 “(7) The authority shall administer this section in a manner that is consistent with:

17 “(a) ORS 413.234 and 413.235; and

18 “(b) Federal law, including the terms and conditions of agreements with the Centers for  
19 Medicare and Medicaid Services.

20 “(8) An emergency medical services provider shall report the data required by subsection  
21 (2)(h) of this section within five days after the date upon which the report is due. After  
22 sending written notice to an emergency medical services provider, the authority may impose  
23 a penalty of \$100 per day against an emergency medical services provider for every day that  
24 the report is overdue. Any funds resulting from a penalty imposed under this subsection  
25 shall be deposited in the General Fund to be available for general governmental purposes.

26 “**SECTION 2.** (1) The Emergency Medical Services Fund is established in the State  
27 Treasury, separate and distinct from the General Fund. The Emergency Medical Services  
28 Fund consists of moneys collected by the Oregon Health Authority under section 1 (3) of this  
29 2021 Act. Moneys in the fund are continuously appropriated to the authority for the purposes  
30 of:

31 “(a) Providing grants to innovative ambulance programs;

32 “(b) Funding the state medical assistance program, including but not limited to increas-  
33 ing reimbursement rates for emergency medical services transports; and

34 “(c) Administering section 1 of this 2021 Act.

35 “(2) Interest earned by the fund shall be credited to the fund.

36 “**SECTION 3.** (1) Section 1 of this 2021 Act is in addition to and not in lieu of the pro-  
37 visions of ORS 413.234 and 413.235.

38 “(2) The reimbursement established under section 1 of this 2021 Act also applies to the  
39 reimbursement of emergency medical services providers, as defined in section 1 of this 2021  
40 Act, by coordinated care organizations, as defined in ORS 414.025, as permitted by the Cen-  
41 ters for Medicare and Medicaid Services.

42 “**SECTION 4.** ORS 413.234 is amended to read:

43 “413.234. (1) As used in ORS 413.234 and 413.235:

44 “(a) ‘Emergency medical services’ means the services provided by emergency medical services  
45 providers to an individual experiencing a medical emergency in order to:

1 “(A) Assess, treat and stabilize the individual’s medical condition; or  
2 “(B) Prepare and transport the individual by ground to a medical facility.  
3 “(b) ‘Emergency medical services provider’ or ‘provider’ means an entity that[:]  
4 “[A)] employs individuals who are licensed by the Oregon Health Authority under ORS chapter  
5 682 to provide emergency medical services[;] and  
6 “[(B)(i)] **that** is owned or operated by a local government, a state agency or a federally recog-  
7 nized Indian tribe.[; or]  
8 “[ii) *Contracts with a local government pursuant to a plan described in ORS 682.062.*]  
9 “(c) ‘Federal financial participation’ means the portion of medical assistance expenditures for  
10 emergency medical services that are paid or reimbursed by the Centers for Medicare and Medicaid  
11 Services in accordance with the state plan for medical assistance.  
12 “(d) ‘Local government’ has the meaning given that term in ORS 174.116.  
13 “(2) Upon request, an emergency medical services provider that has entered into a provider  
14 agreement with the authority **or a contract with a coordinated care organization** is eligible to  
15 receive Medicaid supplemental reimbursement from the authority **or coordinated care organiza-**  
16 **tion** for the cost of providing emergency medical services to a medical assistance recipient. The  
17 Medicaid supplemental reimbursement shall be added to the payment **by the authority or coordi-**  
18 **nated care organization** for the emergency medical services [*established by the authority in ac-*  
19 *cordance with ORS 414.065*] **as permitted by the Centers for Medicare and Medicaid Services.**  
20 “(3)(a) Except as provided in paragraph (b) of this subsection, the Medicaid supplemental re-  
21 imbursement paid to an emergency medical services provider shall be equal to the amount of federal  
22 financial participation received by the authority for the provider’s cost for the emergency medical  
23 services.  
24 “(b) The Medicaid supplemental reimbursement paid to a provider under this section may not  
25 exceed the provider’s actual costs for the emergency medical services, determined in accordance  
26 with standards established by the authority, less the amount of reimbursement that the provider is  
27 eligible to receive from all **public and private** sources[, *including the payment amount for emergency*  
28 *medical services established by the authority in accordance with ORS 414.065*].  
29 “(4) An emergency medical services provider shall make readily available to the authority doc-  
30 umentation, data and certifications, as prescribed by the authority, necessary to establish that the  
31 emergency medical services expenditures qualify for federal financial participation and to calculate  
32 the amount of Medicaid supplemental reimbursement that is due.  
33 “(5)(a) Except as provided in paragraph (b) of this subsection, the authority shall modify the  
34 method for calculating or paying the Medicaid supplemental reimbursement if modification is nec-  
35 essary to ensure that emergency medical services expenditures qualify for federal financial partic-  
36 ipation.  
37 “(b) This section does not authorize the payment of Medicaid supplemental reimbursement to  
38 an emergency medical services provider if the provider has not entered into a provider  
39 agreement[, ] with the authority, **or a contract with a coordinated care organization**, to serve  
40 medical assistance recipients.  
41 “(c) If the Centers for Medicare and Medicaid Services approves the implementation of this  
42 section and later revokes its approval or expresses its intent to revoke or refuse to renew its ap-  
43 proval, the authority shall report the fact at the next convening of the interim or regular session  
44 committees of the Legislative Assembly related to health care.  
45 “(6) General Fund moneys may not be used to implement this section. As a condition of receiv-

1 ing Medicaid supplemental reimbursement, an emergency medical services provider must enter into  
2 and comply with an agreement with the authority to reimburse the authority for the costs of ad-  
3 ministering this section.

4 *“(7) This section applies only to emergency medical services providers that are reimbursed by the*  
5 *authority on a fee-for-service basis.]*

6 **“SECTION 5. The Oregon Health Authority shall immediately notify the Legislative**  
7 **Counsel if the Centers for Medicare and Medicaid Services approves or disapproves, in whole**  
8 **or in part, a request for approval to administer the program described in section 1 of this**  
9 **2021 Act.**

10 **“SECTION 6. This 2021 Act being necessary for the immediate preservation of the public**  
11 **peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect**  
12 **on its passage.”.**

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