

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2910**

1 On page 1 of the printed bill, line 10, delete “now, therefore,” and insert
2 “and

3 “Whereas it is the intent of the Legislative Assembly that the Oregon
4 Health Authority seek approval from the Centers for Medicare and Medicaid
5 Services for supplemental funding for nonfederal, nonpublic emergency med-
6 ical services entities only after approval is fully granted for the Ground
7 Emergency Medical Transportation program for public emergency medical
8 services entities; now, therefore,”.

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

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

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

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

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

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

19 **“(A) Employs individuals who are licensed by the Oregon Health**
20 **Authority under ORS chapter 682 to provide emergency medical ser-**
21 **vices; and**

1 **“(B) Contracts with a local government pursuant to a plan de-**
2 **scribed in ORS 682.062.**

3 **“(c) ‘Emergency medical services transport’ means an emergency**
4 **medical services provider’s evaluation of an individual experiencing a**
5 **medical emergency and the transportation of the individual to the**
6 **nearest medical facility capable of meeting the needs of the individual.**

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

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

12 **“(B) ‘Gross receipts’ does not include Medicaid supplemental re-**
13 **imbursement pursuant to ORS 413.234.**

14 **“(f) ‘Local government’ has the meaning given that term in ORS**
15 **174.116.**

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

19 **“(a) On July 1 of each year, assess a quality assurance fee on each**
20 **emergency medical services transport provided by an emergency med-**
21 **ical services provider licensed in this state in an amount equal to the**
22 **lesser of the amount permitted by federal law and five percent of the**
23 **projected total gross receipts for the following 12-month period, di-**
24 **vided by the projected number of emergency medical services trans-**
25 **ports in the same 12-month period. The projections must be based on**
26 **the data reported under paragraph (h) of this subsection.**

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

29 **“(c) Modify or make adjustments to any methodology, fee amount**
30 **or other provision specified in this section to the extent necessary to**

1 meet the requirements of federal law or to ensure federal financial
2 participation in the costs of emergency medical services transports
3 reimbursed by the authority.

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

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

10 “(f) Deduct the amount of any unpaid fee, interest or penalty as-
11 sessed under this section from any fee-for-service medical assistance
12 reimbursement owed to the emergency medical services provider until
13 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
15 after the authority gives the emergency medical services provider
16 written notification. The authority may permit the amount owed to
17 be deducted over a period of time that takes into account the financial
18 condition of the emergency medical services provider.

19 “(g) Establish the reimbursement to be paid to an emergency med-
20 ical services provider for an emergency medical services transport in
21 an amount that is equal to the federal financial participation received
22 by the authority for the cost of the emergency medical services
23 transport. An emergency medical services provider shall use a portion
24 of the funds to increase wages and benefits for employees. The re-
25 imbursement established under this paragraph:

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

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

3 **“(C) May not be used to supplant existing funding for emergency**
4 **medical services transports.**

5 **“(D) Shall be required and payable only for periods in which emer-**
6 **gency medical services providers are required to pay quality assurance**
7 **fees.**

8 **“(h) Prescribe the form and manner for an emergency medical ser-**
9 **vices provider to report the data necessary to administer this section,**
10 **including information about the portion of funds that the emergency**
11 **medical services provider used to increase wages and benefits for em-**
12 **ployees, and may require a certification by each emergency medical**
13 **services provider under penalty of perjury of the truth of the data re-**
14 **ported under this paragraph.**

15 **“(i) Require a medical services provider to report to the authority**
16 **the number of emergency medical services transports it provided in**
17 **each 12-month period, by payer type.**

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

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

23 **“(4) The authority may waive a portion or all of the interest or**
24 **penalties, or both, assessed under subsection (2) of this section if the**
25 **authority determines that the imposition of the full amount of the**
26 **quality assurance fee in accordance with the due dates established**
27 **under subsection (2) of this section is likely to impose an undue fi-**
28 **nancial hardship on the emergency medical services provider. The**
29 **waiver must be conditioned on the emergency medical services**
30 **provider’s agreement to pay the quality assurance fees on an alterna-**

1 **tive schedule developed by the authority.**

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

9 **“(6) The authority shall modify the method for calculating or pay-**
10 **ing the reimbursement under subsection (2) of this section if the**
11 **modification is necessary to ensure that the expenditures for emer-**
12 **gency medical services transports qualify for federal financial partic-**
13 **ipation.**

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

16 **“(a) ORS 413.234 and 413.235; and**

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

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

27 **“SECTION 2. (1) The Emergency Medical Services Fund is estab-**
28 **lished in the State Treasury, separate and distinct from the General**
29 **Fund. The Emergency Medical Services Fund consists of moneys col-**
30 **lected by the Oregon Health Authority under section 1 (3) of this 2021**

1 **Act. Moneys in the fund are continuously appropriated to the author-**
2 **ity for the purposes of:**

3 **“(a) Providing grants to innovative ambulance programs;**

4 **“(b) Funding the state medical assistance program, including but**
5 **not limited to increasing reimbursement rates for emergency medical**
6 **services transports; and**

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

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

9 **“SECTION 3. (1) Section 1 of this 2021 Act is in addition to and not**
10 **in lieu of the provisions of ORS 413.234 and 413.235.**

11 **“(2) The reimbursement established under section 1 of this 2021 Act**
12 **also applies to the reimbursement of emergency medical services pro-**
13 **viders, as defined in section 1 of this 2021 Act, by coordinated care**
14 **organizations, as defined in ORS 414.025, as permitted by the Centers**
15 **for Medicare and Medicaid Services.**

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

17 **“413.234. (1) As used in ORS 413.234 and 413.235:**

18 **“(a) ‘Emergency medical services’ means the services provided by emer-**
19 **gency medical services providers to an individual experiencing a medical**
20 **emergency in order to:**

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

22 **“(B) Prepare and transport the individual by ground to a medical facility.**

23 **“(b) ‘Emergency medical services provider’ or ‘provider’ means an entity**
24 **that[:]**

25 **“[(A)] employs individuals who are licensed by the Oregon Health Au-**
26 **thority under ORS chapter 682 to provide emergency medical services[;] and**

27 **“[(B)(i)] **that** is owned or operated by a local government, a state agency**
28 **or a federally recognized Indian tribe.[; or]**

29 **“[(ii) *Contracts with a local government pursuant to a plan described in***
30 ***ORS 682.062.*]**

1 “(c) ‘Federal financial participation’ means the portion of medical assist-
2 ance expenditures for emergency medical services that are paid or reim-
3 bursed by the Centers for Medicare and Medicaid Services in accordance
4 with the state plan for medical assistance.

5 “(d) ‘Local government’ has the meaning given that term in ORS 174.116.

6 “(2) Upon request, an emergency medical services provider that has en-
7 tered into a provider agreement with the authority **or a contract with a**
8 **coordinated care organization** is eligible to receive Medicaid supplemental
9 reimbursement from the authority **or coordinated care organization** for the
10 cost of providing emergency medical services to a medical assistance recipi-
11 ent. The Medicaid supplemental reimbursement shall be added to the pay-
12 ment **by the authority or coordinated care organization** for the
13 emergency medical services [*established by the authority in accordance with*
14 *ORS 414.065*] **as permitted by the Centers for Medicare and Medicaid**
15 **Services.**

16 “(3)(a) Except as provided in paragraph (b) of this subsection, the
17 Medicaid supplemental reimbursement paid to an emergency medical services
18 provider shall be equal to the amount of federal financial participation re-
19 ceived by the authority for the provider’s cost for the emergency medical
20 services.

21 “(b) The Medicaid supplemental reimbursement paid to a provider under
22 this section may not exceed the provider’s actual costs for the emergency
23 medical services, determined in accordance with standards established by the
24 authority, less the amount of reimbursement that the provider is eligible to
25 receive from all **public and private** sources[, *including the payment amount*
26 *for emergency medical services established by the authority in accordance with*
27 *ORS 414.065*].

28 “(4) An emergency medical services provider shall make readily available
29 to the authority documentation, data and certifications, as prescribed by the
30 authority, necessary to establish that the emergency medical services ex-

1 expenditures qualify for federal financial participation and to calculate the
2 amount of Medicaid supplemental reimbursement that is due.

3 “(5)(a) Except as provided in paragraph (b) of this subsection, the au-
4 thority shall modify the method for calculating or paying the Medicaid sup-
5 plemental reimbursement if modification is necessary to ensure that
6 emergency medical services expenditures qualify for federal financial partic-
7 ipation.

8 “(b) This section does not authorize the payment of Medicaid supple-
9 mental reimbursement to an emergency medical services provider if the pro-
10 vider has not entered into a provider agreement[,] with the authority, **or a**
11 **contract with a coordinated care organization**, to serve medical assist-
12 ance recipients.

13 “(c) If the Centers for Medicare and Medicaid Services approves the im-
14 plementation of this section and later revokes its approval or expresses its
15 intent to revoke or refuse to renew its approval, the authority shall report
16 the fact at the next convening of the interim or regular session committees
17 of the Legislative Assembly related to health care.

18 “(6) General Fund moneys may not be used to implement this section. As
19 a condition of receiving Medicaid supplemental reimbursement, an emer-
20 gency medical services provider must enter into and comply with an agree-
21 ment with the authority to reimburse the authority for the costs of
22 administering this section.

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

25 **“SECTION 5. The Oregon Health Authority shall immediately notify**
26 **the Legislative Counsel if the Centers for Medicare and Medicaid Ser-**
27 **VICES approves or disapproves, in whole or in part, a request for ap-**
28 **proval to administer the program described in section 1 of this 2021**
29 **Act.**

30 **“SECTION 6. This 2021 Act being necessary for the immediate**

1 **preservation of the public peace, health and safety, an emergency is**
2 **declared to exist, and this 2021 Act takes effect on its passage.”.**

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