

HB 3243 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Meeting Dates: 2/27

WHAT THE MEASURE DOES:

The measure prevents some insurance plans from balance billing patients for ambulance ground services in certain situations, requires ambulance service providers to report rates to the Department of Consumer and Business Services (DCBS), and directs DCBS to publish rates in a public database.

Detailed Summary

- Applies to health benefit plans, including the Oregon Educators Benefit Board (OEBB) and the Public Employees' Benefit Board (PEBB), and individual and group plans regulated by DCBS. Any self-funded group health plans may opt-in to participate by providing notice to DCBS.
- Prohibits ambulance services from billing individuals enrolled in some health plans for covered ground transportation services (including nonemergency transportation between health care facilities) when the enrollee has paid the in-network cost-sharing amount included in their plan.
- Prohibits some health plans from imposing out-of-pocket maximum costs above \$100 (for in- and out-of-network providers); or imposing a deductible, out-of-pocket maximum, copay, or coinsurance requirement on services from out-of-network providers that exceeds those imposed on in-network providers.
- Requires some health plans to apply out-of-pocket costs toward an enrollee's deductible and to provide an explanation of benefits related to cost-sharing.
- Directs DCBS to create a publicly accessible database of local ambulance ground transportation service rates. Requires ambulance services to submit local rates to DCBS annually and within five days of a rate change. Allows DCBS to impose civil penalties in instances of repeated violations and specifies parameters for determining penalties.
- Requires some health plans to reimburse ambulance services at the rate in the DCBS database; if a local rate does not exist, the reimbursement must be at least 400% of the published Medicare rate.
- Exempts coverage from automatic sunset provisions of the Insurance Code.

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

Revenue impact: May have revenue impact, but no statement yet issued

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

The [No Surprises Act](#) banned surprise billing for most out-of-network emergency health services, excluding ambulance ground transportation, beginning in 2022. Surprise bills are generally caused by balance billing, the practice of a provider charging a patient for the difference between an in- and out-of-network health service after a health plan reimburses at the allowed rate. Balance billing frequently occurs after a patient receives emergency services that are out-of-network, or services performed by an out-of-network provider at an in-network facility.

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Because ground ambulance transportation was excluded from the No Surprises Act, it is left to each state whether to adopt laws prohibiting balance billing practices in situations where ground ambulance services are involved.

House Bill 3243 prevents some insurance plans from balance billing patients for ambulance ground services in certain situations, requires ambulance service providers to report rates to the Department of Consumer and Business Services (DCBS), and directs DCBS to publish rates in a public database.