

HB 4156 A STAFF MEASURE SUMMARY

Carrier: Rep. Smith G

House Committee On Health Care

Action Date: 02/12/26

Action: Do pass with amendments and rescind
subsequent referral to Ways and Means. (Printed A-Eng.)

Vote: 8-0-0-0

Yea: 8 - Diehl, Harbick, Javadi, McIntire, Munoz, Nelson, Nosse, Pham H

Fiscal: Has minimal fiscal impact

Revenue: No revenue impact

Prepared By: Alexandra Kihn-Stang, LPRO Analyst

Meeting Dates: 2/5, 2/12

WHAT THE MEASURE DOES:

The measure modifies language in existing statute related to the emergency services intergovernmental transfer program, replacing the term “intergovernmental transfer program” with “funding mechanism,” and permits the use of General Fund dollars to certify a program expenditure. The measure declares an emergency, effective on its passage.

ISSUES DISCUSSED:

- Emergency medical services (EMS) in Oregon
- Potential for future federal changes to intergovernmental transfers and the need to proactively update statute

EFFECT OF AMENDMENT:

The amendment restores the requirement that the Oregon Health Authority (OHA) shall return funds associated with the expenditure to the provider if OHA determines that the expenditure does not qualify for federal financial participation.

BACKGROUND:

House Bill 4030 (2016) directed OHA to implement programs to increase medical assistance reimbursement for public EMS providers and other providers who contract with local governments, including a program for Ground Emergency Medical Transportation (GEMT) services (e.g., ambulance) to be provided by governments and federally recognized Tribes. The bill directed OHA to implement an emergency services intergovernmental transfer program to cover the costs of EMS for coordinated care organization patients, prohibiting the use of General Fund dollars for program operations.

The GEMT program is voluntary and makes supplemental payments to eligible providers who provide qualifying emergency ambulance services to medical assistance recipients. Supplemental payments cover the gap between the total allowable costs established by the Centers for Medicare & Medicaid Services-approved cost report and the base payment, mileage, and all other sources of reimbursement. House Bill 2910 (2021) subsequently required OHA to establish a supplemental payment program for private GEMT providers, those who do not qualify for or participate in the public provider program.