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From: Tim Dooley
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Re: HB 3243 (2025) Rules Advisory Committee Comments

Oregon's county governments, represented by the Association of Oregon Counties (AOC), have a unique statutory role in overseeing the local emergency medical services (EMS) system. Counties themselves do not run EMS systems, but work with our fire districts, cities, nonprofit organizations, and private sector partners to ensure that our communities receive quality emergency medical care in a system that is sustainable.

As such, counties are deeply invested in ensuring the fiscal health of these systems, where reimbursement by public programs such as Medicare and Medicaid is substantially below the cost of providing services.

AOC appreciates the bulk of the draft rule, and the discussion from the October RAC meeting was encouraging. Counties only have one outstanding issue that we believe remains to be addressed in this draft rule.

Reimbursement Rates

The Legislative intent is clear, insurance providers are to reimburse locally established rates that reflect the local analysis of costs incurred to provide services, or, in the absence of a locally established rate, 325% of the rate set by Medicare. To interpret this Medicare rate as frozen in time as of the effective date of the legislation is nonsensical and would lead to an erosion of reimbursement over time. Medicare reimbursement is below the median cost to providers as is, freezing this rate at 2025 levels would exacerbate this

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trend.¹ For example, the Medicare rate in Oregon for ALS transport in urban areas increased 23.8% from 2020-2025.² A rate freeze would mean substantial financial harm to EMS providers.

AOC appreciates the argument that the nondelegation doctrine does not permit a continual peg to the current Medicare rate. While we do not believe that is an accurate assessment, should DCBS accept that premise, AOC requests that the department incorporate language into the rule to require an annual review, similar to other rules that OHA has written, such as OAR 410-127-0060. This annual review would be consistent with current regulatory practice, alleviate concerns over nondelegation issues, and meet the legislative intent that ground ambulance service organizations (GASO) be able to have their costs reimbursed by insurers.

AOC wishes to thank DCBS for this rulemaking process and is confident that the final rule will encompass the goals of timely cost reimbursement for GASOs and protecting consumers from balance billing, while allowing local governments to have some flexibility in the timing of returning any inadvertent overpayments. We look forward to reviewing the final draft rule at the upcoming RAC meeting.

¹ [Amber ground ambulance dataset reflects complexity and challenges of the industry, highlights the need to improve and continue cost data collection](#), (HMA white paper, April 2025)

² [CMS Ambulance Fee Schedule Public Use Files](#), (Fee schedules 2020 to 2025)