LC 961 2019 Regular Session 2/26/19 (LHF/ps)

DRAFT

SUMMARY

Assesses fee on emergency medical services providers and uses fee to increase reimbursement paid by Oregon Health Authority for emergency medical services transports.

Declares emergency, effective on passage.

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A BILL FOR AN ACT

2 Relating to emergency medical services providers; and declaring an emer3 gency.

4 Whereas emergency medical services providers play an essential role in 5 serving this state's medical assistance recipients; and

6 Whereas private and contracted emergency medical services providers 7 must be ensured equal access to funding for service that is available from 8 the federal government; now, therefore,

9 Be It Enacted by the People of the State of Oregon:

10 <u>SECTION 1.</u> As used in sections 1 to 4 of this 2019 Act:

(1) "Emergency medical services" means the services provided by
 an emergency medical services provider to an individual experiencing
 a medical emergency in order to:

14 (a) Assess, treat and stabilize the individual's medical condition; or

15 (b) Prepare and transport the individual to a medical facility.

(2) "Emergency medical services provider" means an entity other
 than a fire department that:

(a) Employs individuals who are licensed by the Oregon Health
 Authority under ORS chapter 682 to provide emergency medical ser vices; and

(b) Contracts with a local government pursuant to a plan described
in ORS 682.062.

3 (3) "Emergency medical services transport" means the evaluation 4 of an individual experiencing a medical emergency and the transpor-5 tation of the individual to the nearest medical facility capable of 6 meeting the needs of the individual, for which an emergency medical 7 services provider bills using any of the following Healthcare Common 8 Procedure Codes:

9 (a) Advanced life support level 1, emergency;

10 (b) Basic life support, emergency;

11 (c) Advanced life support level 2, emergency or nonemergency; or

(d) Any successor procedure codes for services described in para graphs (a) to (c) of this subsection, as determined by the authority.

(4)(a) "Gross receipts" means gross payments received as patient
 care revenue for emergency medical services transports, determined
 on a cash basis of accounting.

(b) "Gross receipts" does not include Medicaid supplemental re imbursement pursuant to ORS 413.234.

SECTION 2. (1) Beginning July 1 of each year, the Oregon Health 19 Authority shall assess a quality assurance fee on each emergency 2021medical services transport provided by an emergency medical services provider licensed in this state. The fee shall be in an amount equal to 22five percent of the projected total gross receipts for the following 2312-month period divided by the projected number of emergency medical 24services transports in the following 12-month period. The projections 25must be based on the data reported under section 4 of this 2019 Act. 26

(2) The authority shall prescribe the manner and due dates for the
assessment and collection of quality assurance fees under this section.
(3) The quality assurance fees collected by the authority may not
exceed the amounts allowed by federal law.

31 (4) The authority may modify or make adjustments to any meth-

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odology, fee amount or other provision specified in this section and section 3 of this 2019 Act to the extent necessary to meet the requirements of federal law or to ensure federal financial participation in the costs of emergency medical services transports reimbursed by the authority.

(5) Interest shall be assessed on quality assurance fees not paid by
the date due at 10 percent per annum beginning on the day after the
date the payment was due.

9 (6) In the event that any payment of a quality assurance fee is more 10 than 60 days overdue, the authority shall assess a penalty equal to the 11 interest charged under subsection (5) of this section for each month 12 for which the payment is more than 60 days overdue.

(7) The authority may deduct the amount of any unpaid fee, inter-13 est or penalty assessed under this section from any fee-for-service 14 medical assistance reimbursement owed to the emergency medical 1516 services provider until the full amount of the fee, interest or penalty is recovered. The authority may not make a deduction pursuant to this 17 subsection until after the authority gives the emergency medical ser-18 vices provider written notification. The authority may permit the 19 amount owed to be deducted over a period of time that takes into ac-2021count the financial condition of the emergency medical services provider. 22

(8) All quality assurance fees, interest and penalties collected under
this section shall be deposited into the Emergency Medical Services
Fund established in section 5 of this 2019 Act.

(9) The authority may waive a portion or all of the interest or penalties, or both, assessed under subsections (5) and (6) of this section if the authority determines that the imposition of the full amount of the quality assurance fee in accordance with the due dates established under subsection (2) of this section is likely to impose an undue financial hardship on the emergency medical services provider. The

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waiver must be conditioned on the emergency medical services
provider's agreement to pay the quality assurance fees on an alternative schedule developed by the authority.

4 (10) In the event of a merger, acquisition or similar transaction 5 involving an emergency medical services provider that has outstanding 6 quality assurance fees, interest or penalties due, the successor emer-7 gency medical services provider is responsible for paying to the au-8 thority the full amount of outstanding quality assurance fees, interest 9 and penalties that are due on the effective date of the merger, acqui-10 sition or transaction.

SECTION 3. (1) On July 1 of each year, the Oregon Health Author-11 12ity shall increase the fee-for-service medical assistance reimbursement paid for each emergency medical services transport by an amount 13 equal to the total quality assurance fees projected to be received in the 14 following 12-month period, minus the amounts retained by the au-15thority under subsection (2) of this section, divided by the projected 16 number of emergency medical services transports in the following 1712-month period. The projections must be based on the data reported 18 to the authority under section 4 of this 2019 Act. 19

(2) The authority shall retain 10 percent of the fees collected under
 section 2 of this 2019 Act. Of the amount retained:

(a) Fifty percent shall be used by the authority to provide grants
to coordinated care organizations to be used to fund innovative ambulance programs; and

(b) Fifty percent may be used by the authority for the administration of sections 1 to 4 of this 2019 Act.

(3) The increase in reimbursement required under subsection (1) of
this section shall be paid only from the following sources:

(a) The Emergency Medical Services Fund established under section
5 of this 2019 Act; and

31 (b) Federal financial participation in the costs of emergency med-

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1 ical services transports.

2 (4) The moneys described in subsection (2) of this section may not
3 be used to supplant existing funding for emergency medical services
4 transports.

5 (5) The increase in reimbursement required under subsection (1) of 6 this section shall be required and payable only for periods in which 7 emergency medical services providers are required to pay quality as-8 surance fees.

9 <u>SECTION 4.</u> (1) The Oregon Health Authority shall prescribe the 10 form and manner for an emergency medical services provider to report 11 the data necessary to administer sections 2 and 3 of this 2019 Act.

12 (2) The authority may require a certification by each emergency medical services provider under penalty of perjury of the truth of the 13 data reported under this section. An emergency medical services pro-14 vider shall report the data required by this section within five days 15 after the date upon which the report is due. After sending written 16 notice to an emergency medical services provider, the authority may 17 impose a penalty of \$100 per day against an emergency medical ser-18 vices provider for every day that the report is overdue. Any funds re-19 sulting from a penalty imposed under this subsection shall be 20deposited in the Emergency Medical Services Fund established in sec-21tion 5 of this 2019 Act. 22

(3) An emergency medical services provider shall report to the authority the number of emergency medical services transports it provided in each 12-month period, by payer type.

(4) An emergency medical services provider shall report to the au thority its gross receipts for each 12-month period.

28 <u>SECTION 5.</u> (1) The Emergency Medical Services Fund is estab-29 lished in the State Treasury, separate and distinct from the General 30 Fund. The Emergency Medical Services Fund consists of moneys col-31 lected by the Oregon Health Authority under sections 2 and 4 of this

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2019 Act. Moneys in the fund are continuously appropriated to the
 authority for the purpose of:

3 (a) Enhancing federal financial participation in the costs of pro4 viding emergency medical services transports to medical assistance
5 recipients;

6 (b) Supporting quality improvement efforts by emergency medical
7 services providers;

8 (c) Paying the expenses of the authority in administering sections
9 1 to 4 of this 2019 Act; and

10 (d) Funding medical assistance for residents of this state.

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

<u>SECTION 6.</u> (1) Sections 2 and 3 of this 2019 Act are in addition to
 and not in lieu of the provisions of ORS 413.234 and 413.235.

(2) The increase in reimbursement required under section 3 of this
2019 Act also applies to the reimbursement of emergency medical services providers, as defined in section 1 of this 2019 Act, by coordinated
care organizations, as defined in ORS 414.025.

18 <u>SECTION 7.</u> The Oregon Health Authority shall request federal ap-19 proval as necessary to carry out sections 1 to 4 of this 2019 Act.

20 <u>SECTION 8.</u> (1) Sections 1 to 4 of this 2019 Act become operative 21 on the date that the Centers for Medicare and Medicaid Services ap-22 proves the implementation of sections 1 to 4 of this 2019 Act.

(2) The Oregon Health Authority shall immediately notify the Leg islative Counsel if the Centers for Medicare and Medicaid Services ap proves or disapproves, in whole or in part, the implementation of
 sections 1 to 4 of this 2019 Act.

27 <u>SECTION 9.</u> This 2019 Act being necessary for the immediate pres-28 ervation of the public peace, health and safety, an emergency is de-29 clared to exist, and this 2019 Act takes effect on its passage.

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