



YES on HB 3307 – Ambulance Provider Fee

Background: Medicaid reimbursements for ground emergency ambulance transports, like most other healthcare sectors, are very low and do not cover the actual cost of serving Oregon’s Medicaid patients.

A survey of the Oregon State Ambulance Association’s participating members show that it costs about \$700 per call on-average to provide emergency transports to Medicaid patients. However, Medicaid only reimburses these transports at about \$409 per call.

In 2016, the Legislature took steps to address this problem with HB 4030, otherwise known as Oregon’s Ground Emergency Transportation Program (GEMT). This program authorized OHA to implement a supplemental payment program that offsets the uncompensated costs of providing emergency medical transport services to Medicaid patients. However, CMS only approved GEMT for public providers – so not all of Oregon’s EMS ground transports have access to these funds.

How HB 3307 would work:

- 1. Participating ground EMS providers (all non-publics) will pay a 5% fee on all of their emergency transports— roughly \$34 per call—or, \$6,045,883 annually (number reflects estimate for all providers)**
 - Public/Fire providers are exempt from the program and do not pay the fee. Public providers already have access to GEMT and have asked not to be included in HB 3307.
- 2. 10% of the Ambulance Provider Fee stays with the State**
 - Half of the 10% (roughly \$300k a year) will go to the Oregon Health Authority to administer the program
 - The other half of the 10% (roughly \$300k a year) will go into a separate fund that can be accessed by CCOs via grants to fund innovative ambulance programs—like community paramedicine.
 - These funds can be accessed by all provider types (public, private, non-profit and volunteer)
- 3. The rest of the collected Ambulance Provider Fee goes to the federal government to receive a match, which is then returned to Oregon’s participating providers with roughly an additional \$287 per Medicaid Transport**
 - This increase in reimbursement nearly closes the gap in what it costs to provide emergency transports to Medicaid patients.
 - While HB 3307 and GEMT seek to accomplish the same goal, they are separate programs and one does not impact the other.