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HOUSE OF REPRESENTATIVES

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Committee on Revenue
Oregon House of Representatives
Oregon State Capitol

Ref: House Bill 3307

Chairwoman Nathanson, Vice-Chair Findley, Vice-Chair Marsh, Committee Members:

Thank you for your consideration of HB 3307. This bill was passed out of the House Committee on Healthcare without recommendation because of time. It was introduced by the House Committee on Veterans and Emergency Preparedness, and although we didn't have an opportunity for a discussion of the merits of the measure, I believe (anecdotally) there would be support for the intended outcomes. That said, I am not supporting the measure as the chairman of the committee, but rather as an individual member with a background in the complex issues involved with emergency management and response delivery.

To begin with, we – all Oregonians – need a comprehensive network of emergency response providers. Right now, we do not have anything close to the robust structures and systems we should have. HB 3307 does nothing more than maintain what we already have through an optimization of models used throughout the healthcare complex. This bill is not building new, it is seeking to preserve the critical life services communities throughout Oregon depend upon now, today.

Not long ago the Centers for Medicare and Medicaid Services (CMS) determined that the Ground Emergency Medical Transportation (GEMT) shall only be approved for public providers. And while ambulance services are determined through actions taken by public bodies (the counties have this responsibility), non-profit and private providers for ground emergency medical transport services are not deemed eligible. In other words, public providers are eligible for federal support; non-public providers – even if/when selected by a county as the most sustainable option – are not eligible.

HB 3307 provides a vehicle for bridging the gap in fairness: allowing participating non-profit and private providers to pay a fee based upon the amount of emergency transports provided, and then leveraging that amount as a match for Medicaid reimbursements. Please note: public providers will not pay the fee, ever. Truth be told it is a convoluted solution; it is also a necessary solution. Our existing patchwork approach to funding medical services – especially for the young, aging, and most at-risk economically is a mess. This bill would not remedy the overarching challenges we face one iota, but it will provide a mechanism to ensure that we maintain at least existing service levels throughout the State of Oregon.

This bill is needed because we do not have the ability to “absorb” the impacts of its absence. Non-profit and private providers are already stretched to the limits by the increasing costs associated with more patients in need. People are living longer, and as a result, an aging population requires more care. On top of that, our lingering struggle with poverty puts even more stress upon an already undercapitalized system. This measure also provides fairness for providers who exist because of a specific need. We have a blended system of delivery because of the unique requirements of different locations and their underlying economy, geography, and population. HB 3307 is a necessary remedy for the challenges we face today.

In conclusion, I want to thank you for your efforts as well as your attention to this measure. HB 3307 would bring both fairness as well as sustainability to a problem we simply cannot continue to ignore. Please let me know if you have any additional questions or require more information to help move this forward.

Respectfully,