

<b>Date:</b>	<b>February 27, 2025</b>
<b>To:</b>	Chair Nosse, Vice Chairs Javadi and Nelson, Members of the Behavioral Health and Health Care Committee
<b>From:</b>	Association of Oregon Counties Legislative Affairs Manager Tim Dooley
<b>Subject:</b>	<b>HB 3243 - Neutral</b>

Thank you for the opportunity to submit testimony on HB 3243. For the record, I am Tim Dooley on behalf of the Association of Oregon Counties (AOC), representing Oregon’s county governments.

AOC does not have a position on HB 3243, but we are supportive of the provision in the bill that reinforces the established local rate as the reimbursement rate for ambulance service. As you know, by statute, counties create and manage their Ambulance Service Areas (ASA) to ensure that emergency medical services (EMS) are available within their community. This process often includes local rate setting. A county may have one or several ASAs depending on the needs of the community, and may be served by a private vendor, or an ambulance service run by a city fire department, rural fire district, or even a hospital system.

Counties believe that local governments are best placed to understand and set the rate for ambulance services within their community. They negotiate with their providers and set rates through a process that examines local costs and expenses. Each ASA is going to have different needs based on geography, call volume, staffing, and the mix of payors (Medicare, OHP, or private insurance) which necessitates creating a rate the is tailored to that community and its emergency ambulance provider.

Having a stable and high-functioning EMS system is of high importance to Oregon’s counties, which requires setting rates that enable these services to cover their costs. A statewide rate cap would not reflect the wide variations that EMS providers face across the state.