

**HB 4156 A STAFF MEASURE SUMMARY**

**Carrier:** Sen. Patterson

**Senate Committee On Health Care**

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**Action Date:** 02/25/26

**Action:** Do pass the A-Eng bill.

**Vote:** 5-0-0-0

**Yeas:** 5 - Campos, Hayden, Linthicum, Patterson, Reynolds

**Fiscal:** Has minimal fiscal impact

**Revenue:** No revenue impact

**Prepared By:** Daniel Dietz, LPRO Analyst

**Meeting Dates:** 2/25

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**WHAT THE MEASURE DOES:**

The measure modifies language in existing statute related to the emergency services intergovernmental transfer program, replacing the term “intergovernmental transfer program” with “funding mechanism,” and permits the use of General Fund dollars to certify a program expenditure. The measure declares an emergency, effective on its passage.

**ISSUES DISCUSSED:**

- Sustainable funding for emergency services
- Distinction from intergovernmental transfer for hospitals
- Provisions of the measure

**EFFECT OF AMENDMENT:**

No amendment.

**BACKGROUND:**

House Bill 4030 (2016) directed the Oregon Health Authority (OHA) to implement programs to increase medical assistance reimbursement for public emergency medical services (EMS) providers and other providers who contract with local governments, including a program for Ground Emergency Medical Transportation (GEMT) services (e.g., ambulance) to be provided by governments and federally recognized Tribes. The bill directed OHA to implement an emergency services intergovernmental transfer program to cover the costs of EMS for coordinated care organization patients, prohibiting the use of General Fund dollars for program operations.

The GEMT program is voluntary and makes supplemental payments to eligible providers who provide qualifying emergency ambulance services to medical assistance recipients. Supplemental payments cover the gap between the total allowable costs established by the Centers for Medicare & Medicaid Services–approved cost report and the base payment, mileage, and all other sources of reimbursement. House Bill 2910 (2021) subsequently required OHA to establish a supplemental payment program for private GEMT providers, those who do not qualify for or participate in the public provider program.