

Enrolled
House Bill 4156

Sponsored by Representatives SMITH G, GRAYBER, BREESE-IVERSON, Senator FREDERICK; Representatives CATE, MUNOZ, PHAM H, RIEKE SMITH, Senators BROADMAN, SOLLMAN (Presession filed.)

CHAPTER

AN ACT

Relating to medical assistance reimbursement of emergency medical services; amending ORS 413.234 and 413.235; and declaring an emergency.

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

SECTION 1. ORS 413.234 is amended to read:

413.234. (1) As used in ORS 413.234 and 413.235:

(a) “Emergency medical services” means the services provided by emergency medical services providers to an individual experiencing a medical emergency in order to:

(A) Assess, treat and stabilize the individual’s medical condition; or

(B) Prepare and transport the individual by ground to a medical facility.

(b) “Emergency medical services provider” or “provider” means an entity that employs individuals who are licensed by the Oregon Health Authority under ORS chapter 682 to provide emergency medical services and that is owned or operated by a local government, a state agency or a federally recognized Indian tribe.

(c) “Federal financial participation” means the portion of medical assistance expenditures for emergency medical services that are paid or reimbursed by the Centers for Medicare and Medicaid Services in accordance with the state plan for medical assistance.

(d) “Local government” has the meaning given that term in ORS 174.116.

(2) **To the extent allowed by federal law and** upon request, an emergency medical services provider that has entered into a provider agreement with the authority or a contract with a coordinated care organization is eligible to receive Medicaid supplemental reimbursement from the authority or coordinated care organization for the cost of providing emergency medical services to a medical assistance recipient. The Medicaid supplemental reimbursement shall be added to the payment by the authority or coordinated care organization for the emergency medical services as permitted by the Centers for Medicare and Medicaid Services.

(3)(a) Except as provided in paragraph (b) of this subsection, the Medicaid supplemental reimbursement paid to an emergency medical services provider shall be equal to the amount of federal financial participation received by the authority for the provider’s cost for the emergency medical services.

(b) The Medicaid supplemental reimbursement paid to a provider under this section may not exceed the provider’s actual costs for the emergency medical services, determined in accordance with standards established by the authority, less the amount of reimbursement that the provider is eligible to receive from all public and private sources.

(4) An emergency medical services provider shall make readily available to the authority documentation, data and certifications, as prescribed by the authority, necessary to establish that the emergency medical services expenditures qualify for federal financial participation and to calculate the amount of Medicaid supplemental reimbursement that is due.

(5)(a) Except as provided in paragraph (b) of this subsection, the authority shall modify the method for calculating or paying the Medicaid supplemental reimbursement if modification is necessary to ensure that emergency medical services expenditures qualify for federal financial participation.

(b) This section does not authorize the payment of Medicaid supplemental reimbursement to an emergency medical services provider if the provider has not entered into a provider agreement with the authority, or a contract with a coordinated care organization, to serve medical assistance recipients.

(c) If the Centers for Medicare and Medicaid Services approves the implementation of this section and later revokes its approval or expresses its intent to revoke or refuse to renew its approval, the authority shall report the fact at the next convening of the interim or regular session committees of the Legislative Assembly related to health care.

(6) General Fund moneys may not be used to implement this section, **except as necessary to certify an expenditure as eligible for federal financial participation.** As a condition of receiving Medicaid supplemental reimbursement, an emergency medical services provider must enter into and comply with an agreement with the authority to reimburse the authority for the costs of administering this section.

SECTION 2. ORS 413.235 is amended to read:

413.235. (1) **To the extent allowed by federal law,** the Oregon Health Authority shall develop and implement [*an intergovernmental transfer program*] **a funding mechanism** to provide for the transfer of funds [*from*] **between** an emergency medical services provider [*to*] **and** the authority to pay the costs of providing emergency medical services to members of a coordinated care organization. The authority shall pay any federal financial participation received by the authority as a result of the transfer of funds to the coordinated care organization. The coordinated care organization shall increase, [*by the same amount*] **by an amount specified by the authority,** the amount of reimbursement paid to the emergency medical services provider for the costs of the emergency medical services.

(2) The increased reimbursement paid under subsection (1) of this section shall be at least actuarially equivalent to the Medicaid supplemental reimbursement for the emergency medical services paid under ORS 413.234.

(3) General Fund moneys may not be used to implement this section, **except as necessary to certify an expenditure as eligible for federal financial participation.** As a condition of [*participation in the intergovernmental transfer program*] **receiving the increased reimbursement** described in subsection (1) of this section, an emergency medical services provider must [*agree to pay a fee*] **enter into and comply with an agreement with the authority** to reimburse the authority for the costs of administering the program. [*The fee*] **Any fee prescribed by the authority under this subsection** may not exceed 20 percent of the cost of the emergency medical services provided. The authority shall allow up to 120 percent of the fee to be counted as an operating cost for providers.

(4) An emergency medical services provider shall make readily available to the authority documentation, data and certifications, as prescribed by the authority, necessary to establish that the emergency medical services expenditures qualify for federal financial participation and to calculate the amount due to a coordinated care organization for the expenditures.

(5) If the authority determines that any expenditure made by an emergency medical services provider does not qualify for federal financial participation, the authority shall return the funds associated with the expenditure to the provider or [*refuse to accept the transfer of funds associated with the expenditure*] **exclude the expenditure before submitting a request for federal financial participation.**

(6) Participation by any coordinated care organization or emergency medical services provider in the program must be voluntary.

(7) The authority shall consult with emergency medical services providers in the development, implementation and operation of the [intergovernmental transfer program] **funding mechanism described in subsection (1) of this section.**

SECTION 3. This 2026 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2026 Act takes effect on its passage.

Passed by House February 20, 2026

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Timothy G. Sekerak, Chief Clerk of House

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Julie Fahey, Speaker of House

Passed by Senate March 3, 2026

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Rob Wagner, President of Senate

Received by Governor:

.....M.,....., 2026

Approved:

.....M.,....., 2026

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Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2026

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Tobias Read, Secretary of State