



To: Chair Nosse, Vice-Chairs Diehl and Nelson, and Members of the Committee

From: Amy Hanifan, Oregon Fire Chief's Association 1st Vice President

Date: February 3rd, 2026

Re: HB 4156

On behalf of the Oregon Fire Chief's Association (OFCA) and the Special Districts Association of Oregon Fire and Emergency Medical Services Chapter, I encourage the passage of HB 4156.

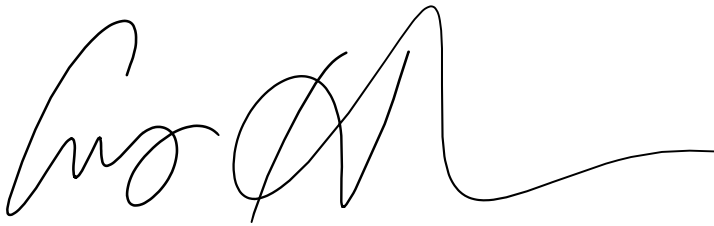
Throughout the past several years the OFCA has worked closely with fire service leaders to understand the challenges faced and one message has been consistent; emergency medical services (EMS) reimbursements are failing to keep up with the cost of providing services to their communities. With the caps placed on Medicaid and Medicare reimbursements, there tend to be high "write-off" numbers on the books for these agencies. The current Oregon State Medicaid Fee Schedule reflects a reimbursement allowance of \$420.62 for an Advanced Life Support treatment and transport of a patient, which doesn't come close to covering the cost.

In 2016 HB 4030 was passed, providing an avenue for public EMS providers to participate in the ground emergency medical transport reimbursement (GEMT) program as eligible through State and Federal processes. GEMT programs provide a reimbursement of uncompensated costs for specific ambulance transport services provided to Medicaid patients. The 2016 HB 4030 legislation spelled out a specific funding mechanism that is used, the Intergovernmental Transfer or an "IGT." The OFCA and other stakeholders have worked closely with the Oregon Health Authority to identify best practices and improvements to these programs. Last year over 18 million dollars were reimbursed to public EMS providers throughout Oregon, through both the Fee for Service (FFS) and Coordinated Care Organization (CCO) GEMT programs. These dollars make a significant impact at the local level. Most agencies rely on these dollars to continue providing the service.

Given federal changes, regarding HR1 and provider tax phase outs, there is concern that the IGT funding mechanism may no longer be available to access these funds. HB 4156 aims to proactively broaden statutory language so stakeholders and the Oregon Health Authority can continue working together to identify a compliant process and funding mechanism that allows reimbursement dollars to be obtained. The proposed language does not mandate changes, rather it preserves flexibility to use an alternative federally compliant funding mechanism if federal requirements limit use of the current one.

There is a potential that a new funding mechanism would require the state to show “matching” dollars as available when the certified reimbursement is requested. There would not be any expenditure of dollars with that process. I would also like to reiterate that there is not a current need to change the funding mechanism, rather a need to be proactive in ensuring these critical dollars are able to be secured by local public providers.

Please support HB 4136 and the continued ability for public providers to seek GEMT reimbursement funding.

A handwritten signature in black ink, appearing to read 'Amy Hanifan', with a long horizontal flourish extending to the right.

Amy Hanifan
OFCA 1st Vice-president