Dear Dr. Mehmet Oz,

The bipartisan, bicameral Oregon State Legislators signatory to this letter write to share our significant concerns with proposed rule CMS-2449-P as it relates to state directed supplemental payment programs (SDP) for Emergency Medical Services (EMS) providers. We represent constituents in all corners of this state, from rural and frontier counties to the metro area.

Oregon relies on SDP supplemental programs as a largely rural state with EMS workforce challenges and a high Medicaid population. In rural communities in particular, EMS providers are often the only healthcare providers delivering care for hundreds of miles. An **ambulance desert** is an area or population located 25 minutes or more away from the nearest ambulance station. In Oregon, this is a severe statewide issue: a study by the Maine Rural Health Research Center and the American Ambulance Association shows that **100% of Oregon's 36 counties** contain ambulance deserts.

Medicaid supplemental payment programs offer transparent and sustainable ways to support first responders, allowing them to continue providing life-saving services, train paramedics, and ensure our rural communities are not left without care. The Oregon Legislature has approved several kinds of supplemental payment programs to cover all kinds of EMS providers, and the Oregon Health Authority has received approval from CMS for these programs, and they have been operating effectively and transparently for years. Oregon even requires that a subset of EMS providers use the supplemental payments to increase wage and benefits for our EMS workforce in an effort to further sustainability of our workforce and communities.

Legislative language in H.R. 1 specifically identified four services including; inpatient hospital, outpatient hospital, nursing facility, and physician services at academic medical centers as being subject to a cap of no more than 100% of Medicare rates in Medicaid expansion states and no more than 110% of Medicare in non-expansion states, yet the proposed rule would have the practical effect of capping SDP rates to all providers—including EMS. Congress made the intentional choice to protect patient access to lifesaving emergency response and not include EMS supplemental payment programs in HR 1. **CMS is significantly exceeding the scope of HR 1 by attempting to push EMS supplemental payment programs off a funding cliff effective in 2029.**

If this proposed rule goes through, Oregon's EMS system, and the patients they care for, will be irrevocably harmed. As Oregon Legislators we urge you not to act outside of the legislative language including in HR 1, and to shield EMS providers from proposed cuts, as Congress intended.

Sincerely,

Representative Dacia Grayber

Senator Diane Linthicum

House Majority Leader Ben Bowman

Senate President Rob Wagner

Representative Paul Evans

Senate Majority Leader Kayse Jama

Representative Rob Nosse

Representative Rick Lewis

Representative Lamar Wise

Senator Kate Lieber

Representative Tom Andersen

Representative Farrah Chaichi

Representative Darin Harbick

Representative Emily MacIntire

Representative Sue Reike-Smith

Representative Jason Kropf

Representative Andrea Valderrama

Senator WInsvey Campos

Representative Hai Pham

Senator Janeen Sollman

Representative Kim Wallan

Senator Kathleen Taylor

Representative Zach Hudson

Senator James Manning

Representative Travis Nelson

Senator Lisa Reynolds

Representative Nancy Nathanson

Representative Willy Chotzen

Representative Court Boice

Representative Emerson Levy

Representative Cyrus Javadi

Representative Lesly Munoz

Representative Greg Smith

Representative Ricki Ruiz

Senator Mark Meek