

**SB52 INTRODUCED**



1 SB52  
2 1IRPL3-1  
3 By Senators Orr, Melson  
4 RFD: Banking and Insurance  
5 First Read: 06-Feb-24



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SYNOPSIS:

Individuals who have health insurance often incur more out-of-pocket costs for care rendered by an out-of-network health care facility, service, or professional practice. In addition, an out-of-network provider may bill the insured for the total retail charge for the care or service rendered. This practice is called "balance billing" or "surprise billing."

Under current law, the federal "No Surprises Act" prohibits balance billing by out-of-network providers for care rendered in medical emergencies. However, this law excludes ground ambulance services from the emergency care that it covers.

This bill would prohibit balance billing by ground ambulance services and provide for reimbursement amounts to be paid by insurers to out-of-network ground ambulance providers. The Department of Insurance would be authorized to obtain the data necessary for insurers to pay out-of-network ground ambulance providers.

A BILL  
TO BE ENTITLED  
AN ACT



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29 Relating to health insurance; to prohibit balance  
30 billing of insureds who receive emergency transportation from  
31 out-of-network ground ambulance services; to further provide  
32 for reimbursement guidelines for health insurers and  
33 out-of-network ground ambulance services.

34 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

35 Section 1. For purposes of this act, the following  
36 words have the following meanings:

37 (1) APPLICABLE BILLING CODE. Any Current Procedural  
38 Terminology (CPT) or Healthcare Common Procedure Coding System  
39 (HCPCS) code potentially applicable to an emergency ground  
40 transport for purposes of fee reimbursement by an insurer.

41 (2) COLLECTION. Any written or oral communication  
42 directed to an enrollee to obtain payment for providing  
43 emergency ground transport, including invoicing and legal debt  
44 collection efforts.

45 (3) COMMISSIONER. The Alabama Commissioner of  
46 Insurance.

47 (4) CORE-BASED STATISTICAL AREA. A metropolitan or  
48 micropolitan statistical area as defined by the U.S. Office of  
49 Management and Budget which is entirely or partially within  
50 the State of Alabama.

51 (5) COST-SHARING AMOUNT. The enrollee's deductible,  
52 coinsurance, or copayment amount due under a health insurance  
53 plan.

54 (6) DEPARTMENT. The Department of Insurance of the  
55 State of Alabama.

56 (7) EMERGENCY GROUND TRANSPORT. An emergency event in



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57 which an enrollee is transported by a ground ambulance to a  
58 hospital or definitive care facility as defined in Section  
59 22-18-1, Code of Alabama 1975, and includes the following  
60 services performed by the ground ambulance provider during,  
61 immediately before, or immediately after the transport:

62 a. Screening to determine the enrollee's medical  
63 condition.

64 b. Treatment necessary to stabilize the enrollee's  
65 medical condition.

66 (8) ENROLLEE. An individual who resides in the State of  
67 Alabama who is covered by a health insurance plan.

68 (9) GROUND AMBULANCE PROVIDER, PROVIDER. Any public or  
69 private organization that provides emergency medical services  
70 as defined in Section 22-18-1, Code of Alabama 1975, which  
71 include transport by ground ambulance.

72 (10) HEALTH INSURANCE PLAN. Any individual or group  
73 plan, policy, or contract that covers hospital and medical  
74 expenses, including emergency ground transport, issued,  
75 delivered, or renewed in this state by a health care insurer,  
76 health maintenance organization, accident and sickness  
77 insurer, fraternal benefit society, nonprofit hospital  
78 insurance corporation, nonprofit medical service corporation,  
79 health care service plan, or any other person that pays for,  
80 purchases, or reimburses health care services on behalf of  
81 individuals.

82 (11) IN-NETWORK AMOUNT. The contractual amount paid by  
83 an insurer to a ground ambulance provider in the insurer's  
84 provider network for emergency ground transport of the



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85 insurer's enrollee.

86 (12) INSURER. The issuer of the enrollee's health  
87 insurance plan.

88 (13) MEDIAN IN-NETWORK AMOUNT. The median amount paid  
89 by insurers to in-network ground ambulance providers for  
90 emergency ground transport under the applicable billing code.

91 (14) OUT-OF-NETWORK. A ground ambulance provider that  
92 does not have a contract with the insurer to accept an  
93 in-network amount as payment in full for providing emergency  
94 ground transport.

95 Section 2. (a) (1) An out-of-network ground ambulance  
96 provider may not seek collection from an enrollee of any  
97 amount for an emergency ground transport in excess of the  
98 enrollee's in-network cost-sharing amount as provided in the  
99 enrollee's health insurance plan for emergency ground  
100 transport.

101 (2) Any agent, contractor, or assignee of an  
102 out-of-network ground ambulance provider may not seek  
103 collection from an enrollee of any amount for an emergency  
104 ground transport in excess of the enrollee's in-network  
105 cost-sharing amount as provided in the enrollee's health  
106 insurance plan for emergency ground transport.

107 (b) An insurer, upon request of the out-of-network  
108 ground ambulance provider, shall certify to the provider the  
109 in-network cost-sharing amount for which the enrollee is  
110 liable under the health insurance plan.

111 Section 3. (a) An out-of-network ground ambulance  
112 provider may be paid by an insurer, less the enrollee's



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113 in-network cost-sharing amount, one of the following:

114 (1) For an emergency ground transport to a hospital or  
115 definitive care facility located in a core-based statistical  
116 area, the median in-network amount for the core-based  
117 statistical area.

118 (2) For an emergency ground transport to a hospital or  
119 definitive care facility located in a county outside of a  
120 core-based statistical area, the median in-network amount for  
121 the county.

122 (b) Any dispute between an insurer and an  
123 out-of-network ground ambulance provider over the amount to be  
124 paid by the insurer may be settled by one of the following  
125 means:

126 (1) Affording the out-of-network ground ambulance  
127 provider access to the insurer's internal forum for resolving  
128 provider disputes concerning coverage and reimbursement  
129 amount.

130 (2) Selecting an internal dispute resolution contractor  
131 mutually agreeable to the insurer and the out-of-network  
132 ground ambulance provider.

133 (c) The enrollee shall not be a participant to any  
134 communication between the insurer and the out-of-network  
135 ground ambulance provider pursuant to the insurer's payment of  
136 the provider, nor shall the enrollee be a party to any payment  
137 dispute between the insurer and the provider.

138 (d) (1) The Commissioner may enter a contract with a  
139 nonprofit entity that gathers data on healthcare costs and  
140 health insurance payments to regularly provide the department



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141 with the data from which can be derived the median in-network  
142 amount paid and adjusted each calendar year on the basis of  
143 the following:

144           a. For any applicable billing code for each core-based  
145 statistical area.

146           b. For any applicable billing code for each county in  
147 this state outside of a core-based statistical area.

148           (2) The department shall make the information described  
149 in subdivision (1) available to insurers and out-of-network  
150 ground ambulance providers.

151           Section 4. This act shall become effective on January  
152 1, 2025.