

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.