

**HB469 INTRODUCED**



1 HB469  
2 2JX7FII-1  
3 By Representative Oliver  
4 RFD: Insurance  
5 First Read: 20-Mar-25



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SYNOPSIS:

Currently, a provider that is not in a health care insurer's network may bill an insured individual for the balance of its retail charge for ground ambulance service after it has received payment from the insurer. This practice is called "balance" or "surprise billing."

This bill would prohibit surprise billing by setting a minimum rate for health insurers to pay out-of-network ground ambulance providers, which would be considered payment in full. This rate would be a multiplier of the current Medicare reimbursement amount. Under this bill, a ground ambulance provider could directly charge an individual for no more than the in-network cost-sharing amount under the insurance contract.

This bill would further require health insurers to directly pay the ambulance service and not the covered individual.

A BILL  
TO BE ENTITLED  
AN ACT



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29           Relating to health insurance; to establish a minimum  
30 reimbursement rate for out-of-network ground ambulance  
31 services covered by health insurance plans; to provide that  
32 the minimum reimbursement amount is payment in full for ground  
33 ambulance services; to prohibit balance billing of insureds  
34 who receive emergency transportation from out-of-network  
35 ground ambulance services; and to provide for reimbursement  
36 guidelines for health insurers and out-of-network ground  
37 ambulance services.

38 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

39           Section 1. For the purposes of this act, the following  
40 words have the following meanings:

41           (1) CLEAN CLAIM. A reimbursement claim for covered  
42 services which is submitted to a health care insurer and which  
43 contains substantially all of the data and information  
44 necessary for accurate adjudication, without the need for  
45 additional information from the emergency medical provider  
46 service or a third party.

47           (2) COLLECTION. Any written or oral communication made  
48 to an enrollee for the purpose of obtaining payment for the  
49 services rendered by an emergency medical service provider,  
50 including invoicing and legal debt collection efforts.

51           (3) COST-SHARING AMOUNT. The enrollee's deductible,  
52 coinsurance, copayment, or other amount due under a health  
53 care benefit plan for covered services.

54           (4) COVERED SERVICES or COVERED SERVICE. Those services  
55 provided by an emergency medical service provider which are  
56 covered by an enrollee's health care benefit plan, including



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57 the following:

58 a. EMERGENCY GROUND TRANSPORT. An emergency event in  
59 which an enrollee is transported by an emergency medical  
60 service provider to a hospital or definitive care facility as  
61 defined in Section 22-18-1, Code of Alabama 1975, and which  
62 may include basic life support or advanced life support.

63 b. TREAT IN PLACE. An emergency response event in which  
64 an emergency medical provider service assesses an enrollee or  
65 renders treatment, including basic life support or advanced  
66 life support, to an enrollee, at his or her location without  
67 emergency ground transport.

68 (5) EMERGENCY MEDICAL SERVICE PROVIDER or PROVIDER. Any  
69 public or private organization that is licensed to provide  
70 emergency medical services as defined in Section 22-18-1, Code  
71 of Alabama 1975, including emergency ground transport and  
72 treat in place.

73 (6) ENROLLEE. An individual who resides in the State of  
74 Alabama who is covered by a health care benefit plan.

75 (7) HEALTH CARE BENEFIT PLAN. Any individual or group  
76 plan, policy, or contract issued, delivered, or renewed in  
77 this state by a health care insurer to provide, deliver,  
78 arrange for, pay for, or reimburse health care services,  
79 including those provided by an emergency medical service  
80 provider, except for payments for health care made under  
81 automobile or homeowners insurance plans, accident-only plans,  
82 specified disease plans, long-term care plans, supplemental  
83 hospital or fixed indemnity plans, dental and vision plans, or  
84 Medicaid.



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85           (8) HEALTH CARE INSURER. Any entity that issues or  
86 administers a health care benefit plan, including a health  
87 care insurer, a health care services plan incorporated under  
88 Chapter 20 of Title 10A, Code of Alabama 1975, or a health  
89 maintenance organization established under Chapter 21A of  
90 Title 27, Code of Alabama 1975.

91           (9) IN-NETWORK. When an emergency medical service  
92 provider is in a contract with the health care insurer to  
93 provide covered services in the health care insurer's provider  
94 network.

95           (10) OUT-OF-NETWORK. When an emergency medical service  
96 provider does not have a contract with a health care insurer  
97 to provide covered services in the health care insurer's  
98 provider network.

99           Section 2. (a) The minimum reimbursement amount a  
100 health care insurer shall pay to an emergency medical service  
101 provider that is out-of-network for covered services is the  
102 lesser of the emergency medical service provider's billed  
103 charge or 325 percent of the Medicare rate that is in effect  
104 for the geographic area in which the covered service,  
105 including emergency ground transport or treat in place, is  
106 provided as published by the Centers for Medicare & Medicaid  
107 Services.

108           (b) If the Medicare benchmark provided in subsection  
109 (a) is the applicable reimbursement and the covered service is  
110 a treat in place, the rate shall be no less than the published  
111 code in effect for providing emergency basic life support.

112           Section 3. (a) (1) Payment in accordance with Section 2



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113 shall be payment in full for covered services.

114 (2) An emergency medical service provider that is  
115 out-of-network, including the provider's agent, contractor, or  
116 assignee, may not bill or seek collection of any amount from  
117 an enrollee which is in excess of the minimum reimbursement  
118 amount as provided in Section 2, except for the enrollee's  
119 in-network cost-sharing amount.

120 (3) The health care insurer shall certify an enrollee's  
121 in-network cost sharing amount to the provider upon request.

122 (b) (1) Within 30 days after receipt of a clean claim  
123 for reimbursement, a health care insurer shall remit payment  
124 to an out-of-network emergency medical service provider and  
125 shall not send payment to an enrollee.

126 (2) If a claim for reimbursement submitted by an  
127 emergency medical service provider to a health care insurer is  
128 not a clean claim, within 30 days the health care insurer  
129 shall send the provider a written receipt acknowledging the  
130 claim, accompanied with one of the following applicable  
131 statements:

132 a. The insurer is declining to pay all or a part of the  
133 claim and the specific reason for the denial.

134 b. Additional information is necessary to determine if  
135 the claim is payable and the specific additional information  
136 that is required.

137 (3) Any dispute between a health care insurer and an  
138 emergency medical service provider over the amount to be paid  
139 to the provider may be settled by one of the following means:

140 a. Affording the provider access to the insurer's



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141 internal forum for resolving provider disputes concerning  
142 coverage and reimbursement amounts.

143 b. Selecting an internal dispute resolution contractor  
144 mutually agreeable to the insurer and the provider.

145 (c) The enrollee shall not be included in any  
146 communication between the health care insurer and the  
147 out-of-network emergency medical service provider pursuant to  
148 the insurer's payment of the provider, nor shall the enrollee  
149 be a party in the resolution of any payment dispute between  
150 the insurer and the provider.

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