

**ADOPTED**

Senators Hufstetler of the 52nd and Mullis of the 53rd offered the following amendment:

1 *Amend the Senate Committee on Insurance and Labor substitute to SB 56 (LC 46 0122ERS)*  
 2 *by striking lines 33 through 45 and inserting in lieu thereof the following:*

3 (4) 'Emergency medical services' means those health care services that are provided for  
 4 a condition of recent onset and sufficient severity, including, but not limited to, severe  
 5 pain, that would lead a prudent layperson possessing an average knowledge of medicine  
 6 and health to believe that his or her condition, sickness, or injury is of such a nature that  
 7 failure to obtain immediate medical care could result in:

8 (A) Placing the patient's health in serious jeopardy;

9 (B) Serious impairment to bodily functions; or

10 (C) Serious dysfunction of any bodily organ or part.

11 *By striking lines 46 through 50 and inserting in lieu thereof "(5) Reserved."*

12 *By striking lines 229 through 234 and inserting in lieu thereof the following:*

13 (b) In the event a covered person receives emergency medical services by a  
 14 nonparticipating provider or hospital, the nonparticipating provider or hospital shall bill the  
 15 insurer directly and the insurer shall directly pay the nonparticipating provider or hospital  
 16 as coded for the emergency medical services rendered to the covered person in accordance  
 17 with Code Section 33-24-59.14 the lesser of:

18 *By striking lines 237 through 242.*

19 *By striking lines 247 through 254, by striking "(e)" on line 255 and inserting in lieu thereof*  
 20 *"(d)", and by striking "(f)" on line 259 and inserting in lieu thereof "(e)".*

21 *By striking lines 271 through 282 and inserting in lieu thereof the following:*

22 (a) A health benefit plan contract issued, amended, or renewed on or after July 1, 2020,  
 23 shall provide that if a covered person receives emergency medical services from a  
 24 nonparticipating provider, such covered person shall not be required to pay more than the  
 25 same amount that the covered person would have to pay for the same emergency medical  
 26 services received from a similar participating provider at a similar in-network facility.  
 27 Such amount shall be referred to as the 'in-network cost-sharing amount.'

28 (b) Neither a nonparticipating provider nor a participating provider shall bill or collect any  
29 amount from the covered person for emergency medical services subject to subsection (a)  
30 of this Code section other than the patient's coinsurance, copayments, and deductibles,  
31 which is limited to the in-network cost-sharing amount.

32 *By striking lines 283 through 286.*

33 *By striking lines 288 through 292 and inserting in lieu thereof the following:*

34 (a) A violation of this chapter by an insurer shall be subject to penalties as determined by  
35 the Commissioner.

36 (b) A violation of this chapter by a health care provider shall be subject to penalties as  
37 determined by the applicable licensing board regulating such health care provider.

38 (c) A violation of this chapter by a hospital shall be subject to penalties as determined by  
39 the Department of Community Health pursuant to its enforcement powers in Title 31.