

House Bill 961

By: Representatives Powell of the 33rd, Evans of the 57th, Jasperse of the 11th, Oliver of the 84th, Cooper of the 45th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 20E of Title 33 of the Official Code of Georgia Annotated, the "Surprise
2 Billing Consumer Protection Act," so as to provide for insurance coverage for certain
3 out-of-network ambulance transportation service; to provide for the minimum allowable
4 reimbursement rate for such service; to provide for maximum amounts on copayments,
5 coinsurance, or deductibles for such service; to provide for definitions; to provide for related
6 matters; to repeal conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Chapter 20E of Title 33 of the Official Code of Georgia Annotated, the "Surprise Billing
10 Consumer Protection Act," is amended by revising Code Section 33-20E-23, relating to
11 financial responsibilities for ground ambulance transportation, as follows:

12 "33-20E-23.

13 ~~Nothing in this chapter shall reduce a covered person's financial responsibilities with regard~~
14 ~~to ground ambulance transportation.~~

15 (a) As used in this Code section, the term:

16 (1) 'Ambulance provider' means an agency, including an agency of any political
17 subdivision of this state, or a company which is operating under a valid license from the
18 Emergency Health Section of the Department of Public Health and which provides
19 emergency transport service; provided, however, that such term shall not include an air
20 ambulance service as such term is defined in Code Section 31-11-2.

21 (2) 'Covered service' means emergency transport service which a covered person is
22 entitled to receive under the terms of a healthcare plan.

23 (3) 'Emergency transport service' means the provision of emergency transportation on
24 the public streets and highways of this state by an ambulance provider for a wounded,
25 injured, sick, invalid, or incapacitated human being to or from a place where medical or
26 hospital care is furnished.

27 (4) 'First responder' means any firefighter of a municipal, county, or volunteer fire
28 department; paramedic as defined in Code Section 31-11-2; emergency medical
29 technician as defined in Code Section 31-11-2; peace officer as defined in Code
30 Section 35-8-2; or communications officer as defined in Code Section 37-12-1.

31 (b) A healthcare plan shall consider emergency transport service as a covered service when
32 such emergency transport service is requested by a first responder or healthcare practitioner
33 responsible for the care of the individual receiving the emergency transport service.

34 (c)(1) The minimum allowable reimbursement rate under any healthcare plan other than
35 a state healthcare plan for covered service to an out-of-network ambulance provider shall
36 be the rate agreed to by contract with or through passage of an ordinance, resolution, rule,
37 or regulation by a county, municipality, special district, or authority for such service
38 within the respective jurisdiction in which such service originates.

39 (2) When no agreement on a minimum reimbursement rate exists as set forth in
40 paragraph (1) of this subsection, the minimum allowable reimbursement amount shall be
41 the lesser of:

42 (A) Four hundred percent of the reimbursement rate under the Medicare program,
43 Part A or B of Title XVIII of the federal Social Security Act, 42 U.S.C. Section 1395,
44 et seq., as amended, for ambulance services; or

45 (B) The charges billed by the ambulance provider.

46 (d) Any payment made to an ambulance provider pursuant to this Code section shall be
47 considered payment in full for the covered services provided except for any copayment,
48 coinsurance, or deductible owed by the covered person.

49 (e) Any copayment, coinsurance, or deductible paid for covered service provided by an
50 out-of-network ambulance provider shall not exceed the amount of a copayment,
51 coinsurance, or deductible amount owed for similar service provided by an ambulance
52 provider that belongs to the provider network in a healthcare plan. An ambulance provider
53 is prohibited from billing the covered person for any additional amounts for paid covered
54 services. All copayment, coinsurance, and deductible amounts under this subsection shall
55 not exceed the in-network copayment, coinsurance, and deductible amounts for the covered
56 healthcare services received by the covered person.

57 (f) No later than 30 days after the receipt of a claim for covered service which contains all
58 necessary substantiating documentation, an insurer shall remit payment for such service
59 directly to the ambulance provider and shall not remit any payment to a covered person.
60 When an insurer receives a claim that does not contain all necessary substantiating
61 documentation, such insurer shall, within 30 days after receipt of such claim, send written
62 notice to the ambulance provider making such claim that acknowledges the receipt of such
63 claim and informs the ambulance provider that:

64 (1) The insurer has declined to pay all or part of the claim, including the reasons for such
65 denial; or

66 (2) Additional information is necessary to make a determination regarding payment of
67 all or part of the claim submitted, including the specific information required."

68

SECTION 2.

69 All laws and parts of laws in conflict with this Act are repealed.