

Senate Bill 462

By: Senators Still of the 48th, Anavitarte of the 31st, Watson of the 1st, Harrell of the 40th, Hatchett of the 50th and others

AS PASSED SENATE

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) 'Clean claim' means a claim for reimbursement of service rendered by an ambulance
22 provider that has no defect of impropriety, including any lack of required substantiating
23 documentation, which would reasonably prevent timely payment for a claim.

24 (3) 'Covered service' means emergency transport service which a covered person is
25 entitled to receive under the terms of a healthcare plan.

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

30 (5) 'First responder' means any firefighter of a municipal, county, or volunteer fire
31 department; paramedic as defined in Code Section 31-11-2; emergency medical
32 technician as defined in Code Section 31-11-2; peace officer as defined in Code Section
33 35-8-2; or communications officer as defined in Code Section 37-12-1.

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

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

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

45 (A) Three hundred and twenty-five percent of the reimbursement rate under the
46 Medicare program, Part A or B of Title XVIII of the federal Social Security Act, 42
47 U.S.C. Section 1395, et seq., as amended, for ambulance services; or

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

49 (d) Any payment made to an ambulance provider pursuant to this Code section shall
50 release a covered person from any further payment responsibility other than any
51 copayment, coinsurance, or deductible owed by the covered person.

52 (e) Any copayment, coinsurance, or deductible paid for covered service provided by an
53 out-of-network ambulance provider shall not exceed the amount of a copayment,
54 coinsurance, or deductible amount owed for similar service provided by an ambulance
55 provider that belongs to the provider network in a healthcare plan.

56 (f) No later than 30 days after the receipt of a clean claim for covered service, an insurer
57 shall remit payment for such service directly to the ambulance provider and shall not remit
58 any payment to a covered person. When an insurer receives a claim that is not a clean
59 claim, such insurer shall, within 30 days after receipt of such claim, send written notice to
60 the ambulance provider making such claim that acknowledges the receipt of such claim and
61 informs the ambulance provider that:

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

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

66 **SECTION 2.**

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