

House Bill 961 (COMMITTEE SUBSTITUTE)

By: Representatives Powell of the 33rd, Au of the 50th, 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

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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 or 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
33 Section 35-8-2; or communications officer as defined in Code Section 37-12-1.

34 (6) 'Medical necessity' means the need to use emergency ambulance transport when a
35 wounded, injured, sick, invalid, or incapacitated human being's condition would appear
36 to a ordinarily prudent person to make other forms of transport dangerous to the health
37 or condition of such human being to or from a place where medical or hospital care is
38 furnished.

39 (b) A healthcare plan shall consider emergency transport service as a covered service
40 when:

41 (1) Such emergency transport service is requested by a first responder or healthcare
42 practitioner responsible for the care of the individual receiving the emergency transport
43 service; or

44 (2) Such emergency transport service is requested by an individual not included in
45 paragraph (1) of this subsection but the use of such service was a medical necessity.

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

51 (2) When no agreement on a minimum reimbursement rate exists as set forth in
52 paragraph (1) of this subsection, the minimum allowable reimbursement amount shall
53 be 300 percent of the reimbursement rate under the Medicare program, Part A or B of
54 Title XVIII of the federal Social Security Act, 42 U.S.C. Section 1395, et seq., as
55 amended, for ambulance services.

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

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

63 (f) No later than 30 days after the receipt of a clean claim for covered service, an insurer
64 shall remit payment for such service directly to the ambulance provider and shall not remit
65 any payment to a covered person. When an insurer receives a claim that is not a clean
66 claim, such insurer shall, within 30 days after receipt of such claim, send written notice to
67 the ambulance provider making such claim that acknowledges the receipt of such claim and
68 informs the ambulance provider that:

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

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

73 **SECTION 2.**

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