

SB 245-FN - AS AMENDED BY THE SENATE

03/13/2025 0775s

2025 SESSION

25-1109

05/08

SENATE BILL **245-FN**

AN ACT prohibiting surprise ambulance billing and regulating ground ambulance reimbursement.

SPONSORS: Sen. Prentiss, Dist 5

COMMITTEE: Health and Human Services

ANALYSIS

This bill prohibits health carriers and providers from balance billing for ambulance services and establishes parameters for reimbursement of ground ambulance services by participating and non-participating ambulance service providers.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struckthrough.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Five

AN ACT prohibiting surprise ambulance billing and regulating ground ambulance reimbursement.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Managed Care Law; Ground Ambulance Reimbursement. Amend RSA 420-J by
2 inserting after section 8-h the following new section:

3 420-J:8-i Ground Ambulance Reimbursement.

4 Each health carrier that issues or renews a health benefit plan shall provide reimbursement for
5 ground emergency ambulance services, including responses to 9-1-1 calls or other unscheduled
6 ground ambulance calls, in accordance with this section.

7 I. With respect to a claim for covered services rendered by a non-participating ground
8 ambulance service provider, the health carrier shall directly reimburse the non-participating ground
9 emergency ambulance service provider the rates set or approved, whether in contract, in ordinance,
10 or otherwise, by a local governmental entity in the jurisdiction in which the non-participating ground
11 emergency services originated. If the local government entity having jurisdiction where the ground
12 emergency ambulance service originated does not have set or approved rates, the health carrier shall
13 directly reimburse the non-participating ground emergency ambulance service provider a minimum
14 of 325 percent of the current urban, rural or super rural Medicare rates based on the geographic
15 area where the ground emergency ambulance service originated.

16 (a) The payment shall be considered payment in full for the ambulance service provided,
17 except for any copayment, coinsurance, deductible, and other cost sharing amounts that the carrier
18 requires the covered individual to pay; and

19 (b) The non-participating ambulance service provider is prohibited from billing the
20 covered individual for any additional amount for the ambulance service provided except for any
21 copayment, coinsurance, deductible, and other cost sharing amounts that the carrier requires the
22 covered individual to pay.

23 II. An health carrier shall not require a non-participating ground emergency ambulance
24 service provider to obtain prior authorization before transporting an enrollee in an emergency or
25 otherwise unscheduled manner to a hospital, between hospitals or from a hospital to a nursing
26 home, hospice care facility or other health care facility.

27 III. If the non-participating ground emergency ambulance service is requested in accordance
28 with the local governmental entity dispatch protocols, by a medical clinician or first responder, the
29 service is deemed medically necessary.

30 IV. This section shall not apply to air ambulance services.

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1 V. A health carrier shall reimburse a non-participating ground emergency ambulance
2 provider in accordance with RSA 420-J:8-a, the prompt payment requirements.

3 VI. A health carrier shall clearly indicate on all payment explanations of benefits whether
4 the claim relates to an insurance plan subject to the jurisdiction of the commissioner.

5 VII. A health carrier that issues or renews any individual policy, plan, or contract of
6 accident or health insurance that constitutes health coverage and that provides benefits for
7 medically necessary ambulance services shall reimburse the non-participating ground emergency
8 ambulance service provider directly.

9 VIII. Nothing in this section shall preclude an health carrier from negotiating with and
10 subsequently entering into a contract with a non-participating ambulance provider that establishes
11 rates of reimbursement for ground emergency ambulance services; provided that until such time as a
12 contract is entered the health carrier shall reimburse the non-participating ground emergency
13 ambulance service provider at the rates and methods set forth in this section.

14 2 Effective Date. This act shall take effect January 1, 2026.

SB 245-FN- FISCAL NOTE
AS AMENDED BY THE SENATE (AMENDMENT #2025-0775s)

AN ACT prohibiting surprise ambulance billing and regulating ground ambulance reimbursement.

FISCAL IMPACT: This bill does not provide funding, nor does it authorize new positions.

Estimated State Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
Revenue	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<i>Revenue Fund(s)</i>	Insurance Premium Tax - General Fund			
Expenditures*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

Estimated Political Subdivision Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
County Revenue	\$0	\$0	\$0	\$0
County Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
Local Revenue	\$0	\$0	\$0	\$0
Local Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

The Insurance Department indicates this bill would amend the managed care laws in RSA 420-J to require managed care health insurance plans to cover emergency ground ambulance services. Health carriers would be required to pay, directly, nonparticipating ambulance service providers either the rate set by the local government entity in which the ambulance service originated or in the absence of a local government rate, 325% of the current urban, rural, or super-rural Medicare rate. The bill would also prohibit balance billing to the covered individual for emergency ground ambulance services.

The Department assumes that a county or municipality that sets a rate would not set a rate less than 325% of Medicare as this is the lowest amount that could be collected for the services. The minimum rate of 325% of Medicare is a substantial increase from the current rates at which

health carriers are reimbursing providers for these services. The increase in costs will exert upward pressure on future years' premiums, as carriers design their plans to consider reimbursement to providers and the covered person's cost sharing liability. The Department's analysis assumes the cost increase will be result in increased premiums. An increase in premiums will result in a correspondent increase in premium tax revenue.

To the extent local and county governments purchase health insurance, they may see increased premiums. Localities and counties that provide ambulance services will also be impacted in that they would have the ability to set rates for ambulance services without restrictions which could potentially increase their revenues. The extent of the impact will vary by specific locality.

To estimate the fiscal impact of the new rates, the Department examined the PY2024 NH Comprehensive Healthcare Information System (NH CHIS), which contains adjudicated claims for fully insured commercial members. Total amounts paid for the applicable ground ambulance procedure codes [A0426, A0427, A0428, A0429, A0432, A0433, A0434] were compared to total revenue potential using 2025 Medicare rates * 3.25 (i.e.: 325% of Medicare). The Department applied the procedure-specific ground ambulance claim frequencies by their respective urban, rural, and super-rural NH proportions to derive an aggregate 2025 Medicare rate at 325% value (this value was: \$33,890,817). The observed PY2024 total paid amount (\$10,025,546) was subtracted from this projection to derive the difference between what commercial payers paid for the selected services and what the payments would be at 325% of Medicare. The result was an increase of \$23,865,271.

To estimate the impact on commercial health insurance premiums, the Department divided the increase by the number of fully insured commercial members as of April 2024. The table below provide per member per year (PMPY) and per member per month (PMPM) premium impact. These costs are provided assuming that the enhanced advance premium tax credits (APTCs) are intact (267,000 commercial fully insureds), and assuming the enhanced APTCs are repealed (252,000 commercial fully insureds):

Rates at 325% of Medicare - Marginal Aggregate cost of \$23,865,271			
With Enhanced APTCs		Without Enhanced APTCs	
PMPY	PMPM	PMPY	PMPY
\$89.38	\$7.45	\$94.70	\$7.89

The Department of Health and Human Services states this bill will have no impact on their Department as it does not apply to the Medicaid Managed Care Organizations.

AGENCIES CONTACTED:

Insurance Department and Department of Health and Human Services

