

Amendment to SB 245-FN

1 Amend the bill by replacing all after the enacting clause with the following:

2
3 1 New Subdivision; Managed Care Law; Reimbursement for Ground Ambulance Services.
4 Amend RSA 420-J by inserting after section 19 the following new subdivision:

5 Reimbursement for Ground Ambulance Services

6 420-J:20 Definitions. In this subdivision:

7 I. "Enrolling ground ambulance provider" means a ground ambulance provider who is
8 pursuing in good faith the contracting process for becoming a participating ground ambulance
9 provider with specified health carriers during the period between January 1, 2026, and December
10 30, 2027, and who has filed with the commissioner a written declaration to that effect on a form
11 provided by the commissioner.

12 II. "Ground ambulance provider" means a public or private organization licensed by the
13 department of safety under RSA 153-A:10 to provide ground ambulance emergency medical services
14 or the transportation of patients upon any public way of the state.

15 III. "Ground ambulance services" means:

16 (a) The rendering of medical treatment and care at the scene of a medical emergency or
17 while transporting a patient from the scene to an appropriate health care facility or behavioral
18 health emergency services provider when the services are provided by one or more ground
19 ambulance vehicles designed for this purpose and licensed by the department of safety under RSA
20 153-A:10; and

21 (b) Ground ambulance transport between hospitals or behavioral health emergency
22 services providers, hospitals, or behavioral health emergency services providers and other health
23 care facilities or locations, and between health care facilities when the services are medically
24 necessary and are provided by one or more ground ambulance vehicles designed for this purpose and
25 licensed by the department of safety under RSA 153-A:10.

26 IV. "Nonparticipating ground ambulance provider" means a ground ambulance provider that
27 is acting within the scope of practice for ground ambulance providers as set out in RSA 153-A, that
28 does not have a contractual relationship directly or indirectly with a health carrier, and that is not
29 an enrolling ground ambulance provider.

30 V. "Participating ground ambulance provider" means a ground ambulance provider that is a
31 "participating provider" as defined in RSA 420-J:3.

32 420-J:21 Rate Schedule Established for Certain Ground Ambulance Providers.

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1 I. There is hereby established a rate schedule applicable to all health carriers doing business
2 in the state to reimburse participating and enrolling ground ambulance providers.

3 (a) Beginning January 1, 2026, through December 31, 2027, participating and enrolling
4 ground ambulance providers shall be reimbursed for ambulance services at a temporary rate
5 schedule of 3.25 times the Medicare rate that is current as of the date of service.

6 (b) Beginning January 1, 2028, participating ground ambulance providers shall be
7 reimbursed for ambulance services at a rate established by the commissioner. The commissioner
8 shall adopt rules under RSA 541-A with an effective date of January 1, 2028, that establish a
9 statewide, cost-based rate schedule for health carriers to use in reimbursing participating ground
10 ambulance providers that implements the rate schedule recommended by the independent
11 accounting and actuarial expert retained pursuant to RSA 420-J:26.

12 (c) Beginning January 1, 2029, and annually thereafter, the commissioner shall adjust
13 the participating ground ambulance provider rate for inflation using the general consumer price
14 index as reported by the United States Bureau of Labor Statistics. The commissioner shall publish
15 the updated rate by bulletin before January 1 each year.

16 II. Nothing shall prevent health carriers and ground ambulance providers from voluntarily
17 negotiating an alternative agreed upon rate schedule.

18 III. Health carriers may apply cost sharing for ambulance services.

19 IV. For the purpose of determining cost sharing amounts, the rates established in this
20 section shall be considered the allowed amount.

21 V. Ambulance providers shall be responsible for collecting any cost sharing associated with
22 the ground ambulance services.

23 420-J:22 Rate Schedule Established for Nonparticipating Ground Ambulance Providers.
24 Beginning on January 1, 2026, nonparticipating ground ambulance providers shall be reimbursed by
25 health carriers at the carrier's nonparticipating rate or at the Medicare rate that is current as of the
26 date of service, whichever is higher.

27 420-J:23 Standardized Ground Ambulance Provider Contract.

28 I. The commissioner shall issue a bulletin no later than December 31, 2025, establishing a
29 standardized ground ambulance provider contract template that includes a standardized format and
30 language for contracts between health carriers and ground ambulance providers.

31 II. Once published by bulletin, all health carriers shall offer ground ambulance providers a
32 standardized ground ambulance contract that incorporates the template established by the
33 commissioner. The health carrier's standardized contract shall be offered to any ground ambulance
34 provider that is qualified and willing to meet the terms and conditions of the standardized ground
35 ambulance provider contract.

36 III. Nothing shall prevent health carriers and ground ambulance providers from voluntarily
37 negotiating a contract that varies in any respect from the standardized contract.

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1 420-J:24 Contract Negotiations between Ambulance Providers and Health Carriers.

2 I. Beginning January 1, 2026, and continuing through December 31, 2027, enrolling ground
3 ambulance providers shall be entitled to the provider rate specified in RSA 420-J:21, I(a) as long as
4 they continue to work in good faith towards executing a contract.

5 II. If a ground ambulance provider fails to actively engage in the contracting process for a
6 period of 60 days, the ambulance provider shall no longer be considered an enrolling ground
7 ambulance provider. Failure to actively engage in the contracting process shall include, but is not
8 limited to, failure to respond to requests by the health carrier for information and failure to sign
9 necessary documents.

10 III. Health carriers shall act upon and finalize the contracting process within 45 calendar
11 days of receipt of all necessary documents and information required to execute the contract.

12 420-J:25 Temporary Maintenance of a Registry of Providers Who Qualify as an Enrolling
13 Ground Ambulance Provider.

14 I. No later than December 31, 2025, the commissioner shall publish through bulletin a
15 written contract negotiation initiation form that shall be used by ground ambulance providers to
16 initiate contract negotiations with specified health carriers and to initially qualify as an enrolling
17 ground ambulance provider with respect to the specified health carriers.

18 II. A ground ambulance provider must submit the form to the department and to the
19 specified health carriers in order to be eligible for the status of an enrolling ground ambulance
20 provider with respect to those carriers.

21 III. During the period between January 1, 2026, and December 31, 2027, the insurance
22 department shall maintain a list on its website of ambulance providers who qualify as an enrolling
23 ground ambulance provider with respect to a particular carrier.

24 IV. If the commissioner finds that a ground ambulance provider has failed to engage in the
25 contracting process with respect to a health carrier, the commissioner shall update the list to reflect
26 that the ambulance provider no longer qualifies as an enrolling ground ambulance provider with
27 respect to that carrier.

28 420-J:26 Requiring an Independent Study by an Accounting and Actuarial Expert of Ground
29 Ambulance Costs in the State and the Establishment of a Cost-Based Reimbursement Schedule for
30 Participating Ground Ambulance Service Providers.

31 I. Beginning on the effective date of this section, the commissioner shall oversee the process
32 provided for in this section of contracting with an independent accounting and actuarial expert to
33 conduct a study of the costs incurred by ground ambulance providers related to the provision of
34 ground ambulance services in the state. Costs shall include the cost of pre-hospital care and the cost
35 of sustaining a reasonable operating margin in support of the expectation that ground ambulance
36 providers in the state maintain readiness to meet demand for services. Cost estimates shall be
37 based on the assumption that services shall be provided in a reasonably cost-effective manner.

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1 II. The commissioner of the department of safety shall collaborate with the commissioner in
2 collecting cost surveys from ground ambulance providers in the state. These surveys may either be
3 designed by the accounting and actuarial expert or may be adopted by the expert from the medicare
4 ground ambulance data collection system cost reports. The commissioner of the department of safety
5 shall have authority to enforce this reporting requirement upon ground ambulance providers under
6 the general supervision and specific enforcement authority conferred by RSA 153-A and shall work
7 with the commissioner to set a deadline for ground ambulance providers to submit their cost reports
8 that is sufficient to facilitate the completion of the study and report provided for in this section in a
9 timely manner.

10 III. The independent accounting and actuarial expert shall submit all cost data submitted by
11 ground ambulance providers to rigorous data validation and auditing procedures and shall verify
12 that the ground ambulance provider has used proper cost allocation methods, including when fire
13 and ambulance services are provided by the same entity. The commissioner of the department of
14 safety shall have authority under the general supervision and specific enforcement authority
15 conferred by RSA 153-A to enforce compliance by ground ambulance providers with data validation
16 and auditing of cost reports. The commissioner of the department of safety shall work with the
17 commissioner to set a deadline for ground ambulance providers to comply with data validation and
18 auditing requirements that is sufficient to facilitate the completion of the study and report provided
19 for in this section in a timely manner.

20 IV. If a ground ambulance provider fails to cooperate with cost data submission
21 requirements or with requirements to facilitate data validation or cost report auditing requirements,
22 then that provider shall lose access to the temporary rate schedule established for enrolling and
23 participating ground ambulance providers in RSA 420-J:21, and health carriers shall be required to
24 reimburse such providers at their nonparticipating rate or at the Medicare rate that is current as of
25 the date of service, whichever is higher. During the period of the cost study, the commissioner shall
26 maintain a list that shall be made available to health carriers doing business in the state that
27 includes all ground ambulance providers who have been determined by the commissioner to have
28 failed to cooperate with cost data submission requirements or with requirements to facilitate data
29 validation or cost report auditing requirements.

30 V. If an analytical sample of audited cost reports is utilized by the independent expert that
31 is obtained from a subset of ground ambulance providers in the state, then the most appropriate
32 statistical methods shall be used to ensure that the analytical sample is appropriately normalized
33 and adequately representative of the general population of ground ambulance providers doing
34 business in the state.

35 VI. Based on the information provided through the cost reports, the independent accounting
36 and actuarial expert shall be directed to summarize the cost information collected and to derive a
37 statewide cost-based rate schedule appropriate for health carriers to use in reimbursing

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1 participating ground ambulance providers. The schedule may vary based on geographic region.
2 Reimbursement under the schedule shall be designed to cover the costs attributable to the provision
3 of covered services assuming that all public and commercial ground ambulance payers in the state
4 are paying at the same rate. The independent accounting and actuarial expert shall produce a final
5 report by June 30, 2027, which shall include the expert's recommended cost-based reimbursement
6 schedule for participating ground ambulance providers and which shall detail the methodology used
7 to calculate ground ambulance costs in the state and such other supplemental information as shall
8 be directed by the commissioner. The commissioner shall assist the independent expert as necessary
9 to complete the study, the rate schedule, and the report in a timely manner.

10 VII. Prior to the completion of its work on June 30, 2027, the independent accounting and
11 actuarial expert shall also advise the commission on improving the ground ambulance services
12 financing and delivery system established in RSA 153-A:38 on the feasibility and advisability of
13 applying for a waiver under Section 1115A of the Social Security Act to enter into an all-payer model
14 agreement for ground ambulance services in the state to implement a uniform, cost-based
15 reimbursement schedule for ground ambulance services that includes Medicare, Medicaid, and all
16 commercial payers and that builds upon the mandatory participating rate schedule and the cost
17 study conducted under this section.

18 VIII. The cost study required under this section shall be funded in an amount up to
19 \$400,000 out of funds as provided in RSA 400-A:15, IV.

20 2 Repeal. The following are repealed:

21 I. RSA 420-J:20, I, relative to the definition of enrolling ground ambulance provider.

22 II. RSA 420-J:21 I(a), relative to the temporary reimbursement rate for ambulance services
23 in 2026 and 2027.

24 III. RSA 420-J:24, relative to contract negotiations between ambulance providers and health
25 carriers.

26 IV. RSA 420-J:25, relative to temporary maintenance of a registry of providers who qualify
27 as an enrolling ground ambulance provider.

28 3 New Paragraphs; Prohibition on Balance Billing Covered Persons for Health Care Services;
29 Definition of Ground Ambulance Provider and Ground Ambulance Services Added. Amend RSA 358-
30 T:1 by inserting after paragraph V the following new paragraphs:

31 V-a. "Ground ambulance provider" means a public or private organization licensed by the
32 department of safety under RSA 153-A:10 to provide ground ambulance emergency medical services
33 or the transportation of patients upon any public way of the state.

34 V-b. "Ground ambulance services" means:

35 (a) The rendering of medical treatment and care at the scene of a medical emergency or
36 while transporting a patient from the scene to an appropriate health care facility or behavioral
37 health emergency services provider when the services are provided by one or more ground

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1 ambulance vehicles designed for this purpose and licensed by the department of safety under RSA
2 153-A:10; and

3 (b) Ground ambulance transport between hospitals or behavioral health emergency
4 services providers, hospitals or behavioral health emergency services providers and other health care
5 facilities or locations, and between health care facilities when the services are medically necessary
6 and are provided by one or more ground ambulance vehicles designed for this purpose and licensed
7 by the department of safety under RSA 153-A:10.

8 4 New Paragraph; Definition of Nonparticipating Ground Ambulance Provider Added. Amend
9 RSA 358-T:1 by inserting after paragraph IX the following new paragraph:

10 IX-a. "Nonparticipating ground ambulance provider" means a ground ambulance provider
11 that is acting within the scope of practice for ground ambulance providers as set out in RSA 153-A
12 and that does not have a contractual relationship directly or indirectly with a health carrier.

13 5 New Section; Prohibition on Balance Billing Covered Persons for Health Care Services;
14 Balance Billing for Ground Ambulance Services Prohibited. Amend RSA 358-T by inserting after
15 section 4 the following new section:

16 358-T:5 Balance Billing for Ground Ambulance Services Prohibited.

17 I. If a covered person with covered benefits that include ground ambulance services under a
18 health benefit plan is furnished ground ambulance services, then, whether the ground ambulance
19 provider is a participating provider or a nonparticipating provider, the ground ambulance provider
20 shall not bill, and shall not hold liable, the covered person for a payment amount for such services
21 that is more than the cost-sharing requirement for such services under the covered person's health
22 benefit plan.

23 II. Paragraph I shall not apply with respect to ground ambulance services that consist of
24 scheduled inter-facility transfers of the covered person furnished by a nonparticipating ground
25 ambulance provider if the provider satisfies the notice and consent criteria under 42 U.S.C. section
26 300gg-132(c) and (d).

27 6 New Section; Commission on Improving the Ground Ambulance Services Financing and
28 Delivery System. Amend RSA 153-A by inserting after section 37 the following new section:

29 153-A:38 Commission on Improving the Ground Ambulance Services Financing and Delivery
30 System. There is established a commission on improving the ground ambulance financing and
31 delivery system.

32 I. The members of the commission shall be as follows:

33 (a) Six members of the house of representatives, appointed by the speaker of the house
34 of representatives, 3 of whom shall be nominated by the leader of the minority party. Two members
35 shall be from the commerce committee, 2 members from the health and human services committee, 1
36 member from the municipal and county government committee, and 1 member from the criminal
37 justice and public safety committee.

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1 (b) Two members of the senate, appointed by the president of the senate, 1 of whom
2 shall be nominated by the leader of the minority party. One member shall be from the health and
3 human services committee, and 1 member shall be from the commerce committee.

4 (c) The commissioner of the department of safety, or designee.

5 (d) The commissioner of the department of insurance, or designee.

6 (e) The commissioner of the department of health and human services, or designee.

7 (f) A representative from the New Hampshire Ambulance Association, nominated by the
8 association and appointed by the governor.

9 (g) A representative from the New Hampshire Association of Fire Chiefs, nominated by
10 the association and appointed by the governor.

11 (h) A representative from the New Hampshire Hospital Association, nominated by the
12 association and appointed by the governor.

13 (i) A representative from America's Health Insurance Plans (AHIP), nominated by the
14 association and appointed by the governor.

15 II. Legislative members of the commission shall receive mileage at the legislative rate when
16 attending to the duties of the commission.

17 III. The commission shall:

18 (a) Review the history and operation of ground ambulance services delivery in New
19 Hampshire and the current financing and delivery models adopted by municipal, hospital-based, and
20 commercial ground ambulance providers in the state.

21 (b) Identify areas in which the ground ambulance financing and delivery system in the
22 state is not meeting the needs of citizens of this state or is in jeopardy of failing to meet the needs of
23 citizens of this state and requires reform.

24 (c) Make recommendations for systemic reforms to support a viable ground ambulance
25 financing and delivery system that will improve sustainability, efficiency, and quality of care while
26 controlling costs.

27 IV. The commission shall determine the feasibility and advisability of applying for a waiver
28 under Section 1115A of the Social Security Act to enter into an all-payer model agreement for ground
29 ambulance services in the state to implement a uniform, cost-based reimbursement schedule for
30 ground ambulance services that includes Medicare, Medicaid, and all commercial payers and that
31 builds upon the mandatory in-network rate schedule and the cost study conducted under RSA 420-
32 J:26. To determine the feasibility and advisability of applying for the federal waiver, the commission
33 shall determine the most appropriate design of an all-payer model program that could form the basis
34 of an application for a federal waiver.

35 V. The proposed all-payer program design shall include measures to align payment policies
36 across public and commercial payers to promote ground ambulance financing and delivery system
37 reforms to improve sustainability, efficiency, and quality of care while controlling costs. The

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1 commission shall study the feasibility and advisability of at least the following public policy options
2 for improving the ground ambulance financing and delivery system and such other options as would
3 help meet the requirements for federal approval of the Section 1115A waiver application:

4 (a) Expanding mobile integrated health services in the state as appropriate to improve
5 health system efficiency and quality of care and promote efficiently delivered "treatment in place"
6 where appropriate.

7 (b) Further strengthening regional services coordination systems or regional EMS
8 networks for the rural areas of the state to share the cost of readiness and disperse workloads.

9 (c) Implementing an improved system for delivering and compensating facility-to-facility
10 or scheduled transfers of patients with consideration of supply shortages that have occurred and of
11 the differing nature of emergency and scheduled transports.

12 (d) Implementing a system for compensating care provided in the treat-no-transport
13 context.

14 (e) Developing an improved education program for ambulance providers relating to
15 billing and reimbursement of ambulance services by third party payers.

16 (f) Evaluating options for improving recruitment and retention of emergency medical
17 services staff.

18 VI. The members of the commission shall elect a chairperson from among the members. The
19 first meeting of the commission shall be called by the first named house member. The first meeting
20 of the commission shall be held within 45 days of the effective date of this section. Eight members of
21 the commission shall constitute a quorum.

22 VII. The commission shall produce a report on November 1 of each year that the commission
23 is in operation detailing the progress made to date carrying out its mandates and including such
24 recommendations for legislative or administrative reforms or initiatives as are timely and
25 appropriate. The commission shall submit its assessment of the feasibility and advisability of
26 applying for a waiver under Section 1115A of the Social Security Act to enter into an all-payer model
27 agreement for ground ambulance services in the state to create a uniform, cost-based reimbursement
28 schedule for ground ambulance services that includes Medicare, Medicaid and all commercial payers
29 no later than its November 1, 2027 report. If this report finds the waiver application not feasible or
30 advisable, then the commission shall continue to report on the feasibility and advisability of at least
31 the public policy options for improving the ground ambulance financing and delivery system listed in
32 RSA 153-A:38, III and V and any other policy options the commission deems would serve the needs
33 of New Hampshire citizens. The commission shall issue its report and any recommendations for
34 proposed legislation or administrative actions to the president of the senate, the speaker of the house
35 of representatives, the chairs of commerce, municipal and county government, health and human
36 services, and criminal justice and public safety in the house of representatives, the chairs of

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1 commerce and health and human services in the senate, the president of the senate, the speaker of
2 the house of representatives, the house clerk, the senate clerk, the governor, and the state library.

3 7 Repeal. RSA 153-A:38 and the section heading preceding RSA 153-A:38, relative to the
4 commission on improving the ground ambulance services financing and delivery system, are
5 repealed.

6 8 New Paragraph; Insurance Department; Statutes, Rules, and Regulations; Violation. Amend
7 RSA 400-A:15 by inserting after paragraph III the following new paragraph:

8 IV. For state fiscal years ending June 30, 2026 and June 30, 2027, fines collected against an
9 insurer or any other regulated entity or person for violation of any of the provisions of Title XXXVII
10 or rules adopted thereunder or for any violation of a duly authorized order of the commissioner over
11 this period shall be deposited by the commissioner in the insurance department administration fund
12 established under RSA 400-A:39 in an amount not to exceed \$400,000 and shall be utilized for the
13 purpose of contracting for the independent accounting and actuarial study required under RSA 420-
14 J:26. Any fines collected during this period in excess of this \$400,000 amount shall be deposited by
15 the commissioner in the general fund. If there is any portion of the \$400,000 amount that remains
16 unused after the purposes of RSA 420-J:26 are accomplished, then the commissioner shall notify the
17 state treasurer that such amount is to be transferred to the general fund under this paragraph.

18 9 Repeal. RSA 400-A:15, IV, relative to the deposit of fines in the insurance department
19 administration fund for the purpose of an independent accounting and actuarial study of ground
20 ambulance services financing and delivery system, is repealed.

21 10 Effective Date.

22 I. Section 2 of this act shall take effect January 1, 2028.

23 II. Section 3, 4, and 5 of this act shall take effect January 1, 2026.

24 III. Section 7 of this act shall take effect June 30, 2030.

25 IV. Section 9 of this act shall take effect July 1, 2027.

26 V. The remainder of this act shall take effect upon passage.

2025-2458h

AMENDED ANALYSIS

This bill:

I. Regulates reimbursement for ground ambulance services under the managed care law and prohibits balance billing for ground ambulance services.

II. Establishes a commission on improving the ground ambulance services financing and delivery system and provides for use of funds from the insurance department administration fund to be used for an accounting and actuarial study of ground ambulance costs in the state of New Hampshire.