

Sen. Prentiss, Dist 5  
Sen. Rochefort, Dist 1  
June 3, 2025  
2025-2643s  
05/08

Floor Amendment to HB 316-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 adding a new subdivision and new sections as follows:

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

II. "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 care  
23 facilities or locations, and between health care facilities when the services are medically necessary  
24 and are provided by one or more ground ambulance vehicles designed for this purpose and licensed  
25 by the department of safety under RSA 153-A:10.

26

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

30

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

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1           420-J:21 Rate Schedule Established for Certain Ground Ambulance Providers.

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

4           (a) Beginning January 1, 2026, through December 31, 2027, participating and enrolling  
5 ground ambulance providers shall be reimbursed for ground ambulance services at a temporary rate  
6 schedule of 325 percent of the date of service published allowed rate for New Hampshire ground  
7 ambulance services established under the Medicare law for ground ambulance service provided in  
8 the geographic area where the transport originated.

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

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

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

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

22           (a) For the purpose of determining cost sharing amounts, the rates established in this  
23 section shall be considered the allowed amount.

24           (b) Ambulance providers shall be responsible for collecting any cost sharing associated  
25 with the ground ambulance services.

26           420-J:22 Rate Schedule Established for Nonparticipating Ground Ambulance Providers.  
27 Beginning on January 1, 2026, nonparticipating ground ambulance providers shall be reimbursed by  
28 health carriers at the carrier's nonparticipating rate or at the date of service published allowed rate  
29 for ground ambulance services established under the Medicare law for New Hampshire ground  
30 ambulance service provided in the geographic area where the transport originated; whichever is  
31 higher.

32           420-J:23 Standardized Ground Ambulance Provider Contract.

33           I. The commissioner shall issue a bulletin no later than December 31, 2025, establishing a  
34 standardized ground ambulance provider contract template that includes a standardized format and  
35 language for contracts between health carriers and ground ambulance providers, including the rates  
36 set forth in RSA 420-J:21, I(a).

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1           II. Once published by bulletin, all health carriers shall offer ground ambulance providers a  
2 standardized ground ambulance contract that incorporates the template established by the  
3 commissioner. The health carrier's standardized contract shall be offered to any ground ambulance  
4 provider that is qualified and willing to meet the terms and conditions of the standardized ground  
5 ambulance provider contract including the rates set forth in RSA 420-J:21, I(a).

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

8           420-J:24 Contract Negotiations between Ambulance Providers and Health Carriers.

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

12           II. If a ground ambulance provider fails to actively engage in the contracting process for a  
13 period of 60 days, without a written explanation directed to and accepted by the department of  
14 insurance, the ambulance provider shall no longer be considered an enrolling ground ambulance  
15 provider. Failure to actively engage in the contracting process shall include, but is not limited to,  
16 failure to respond to requests by the health carrier for information and failure to sign necessary  
17 documents.

18           III. Health carriers shall act upon and finalize the contracting process within 45 calendar  
19 days of receipt of all reasonably necessary documents and information required to execute the  
20 contract and process claims in accordance with RSA 420 J:8-a.

21           IV. Health carriers shall be required to negotiate with ground ambulance providers in good  
22 faith in accordance with RSA 420-J:21, I(a). If a health carrier fails to actively engage in the  
23 contracting process in a timely fashion or makes unreasonable requests for information, the  
24 ambulance provider shall be entitled to the provider rate specified in RSA 420-J:21, I(a).

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

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

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

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

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

5           420-J:26 Requiring an Independent Study by an Accounting and Actuarial Expert of Ground  
6 Ambulance Costs in the State and the Establishment of a Cost-Based Reimbursement Schedule for  
7 Participating Ground Ambulance Service Providers.

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

15           II. The commissioner of the department of safety shall collaborate with the commissioner in  
16 collecting cost surveys from ground ambulance providers in the state. These surveys may either be  
17 designed by the accounting and actuarial expert or may be adopted by the expert from the Medicare  
18 ground ambulance data collection system cost reports. The commissioner of the department of safety  
19 shall have authority to enforce this reporting requirement upon ground ambulance providers under  
20 the general supervision and specific enforcement authority conferred by RSA 153-A and shall work  
21 with the commissioner to set a deadline for ground ambulance providers to submit their cost reports  
22 that is sufficient to facilitate the completion of the study and report provided for in this section in a  
23 timely manner.

24           III. The independent accounting and actuarial expert shall submit all cost data submitted by  
25 ground ambulance providers to rigorous data validation and auditing procedures and shall verify  
26 that the ground ambulance provider has used proper cost allocation methods, including when fire  
27 and ambulance services are provided by the same entity. The commissioner of the department of  
28 safety shall have authority under the general supervision and specific enforcement authority  
29 conferred by RSA 153-A to enforce compliance by ground ambulance providers with data validation  
30 and auditing of cost reports. The commissioner of the department of safety shall work with the  
31 commissioner to set a deadline for ground ambulance providers to comply with data validation and  
32 auditing requirements that is sufficient to facilitate the completion of the study and report provided  
33 for in this section in a timely manner.

34           IV. If a ground ambulance provider fails to cooperate with cost data submission  
35 requirements or with requirements to facilitate data validation or cost report auditing requirements,  
36 then that provider shall lose access to the temporary rate schedule established for enrolling and  
37 participating ground ambulance providers in RSA 420-J:21, and health carriers shall be required to

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1 reimburse such providers at their nonparticipating rate or at the Medicare rate that is current as of  
2 the date of service, whichever is higher. During the period of the cost study, the commissioner shall  
3 maintain a list that shall be made available to health carriers doing business in the state that  
4 includes all ground ambulance providers who have been determined by the commissioner to have  
5 failed to cooperate with cost data submission requirements or with requirements to facilitate data  
6 validation or cost report auditing requirements.

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

12 VI. Based on the information provided through the cost reports, the independent accounting  
13 and actuarial expert shall be directed to summarize the cost information collected and to derive a  
14 statewide cost-based rate schedule appropriate for health carriers to use in reimbursing  
15 participating ground ambulance providers. The schedule may vary based on geographic region.  
16 Reimbursement under the schedule shall be designed to cover the costs attributable to the provision  
17 of covered services assuming that all public and commercial ground ambulance payers in the state  
18 are paying at the same rate. The independent accounting and actuarial expert shall produce a final  
19 report by June 30, 2027, which shall include the expert's recommended cost-based reimbursement  
20 schedule for participating ground ambulance providers and which shall detail the methodology used  
21 to calculate ground ambulance costs in the state and such other supplemental information as shall  
22 be directed by the commissioner. The commissioner shall assist the independent expert as necessary  
23 to complete the study, the rate schedule, and the report in a timely manner.

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

32 VIII. The cost study required under this section shall be funded in an amount up to  
33 \$400,000 out of funds as provided in RSA 400-A:15, IV.

34 2 Repeal. The following are repealed:

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

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

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

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

5           3 New Paragraphs; Prohibition on Balance Billing Covered Persons for Health Care Services;  
6 Definition of Ground Ambulance Provider and Ground Ambulance Services Added. Amend RSA 358-  
7 T:1 by inserting after paragraph V the following new paragraphs:

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

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

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

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

22           4 New Paragraph; Definition of Nonparticipating Ground Ambulance Provider Added. Amend  
23 RSA 358-T:1 by inserting after paragraph IX the following new paragraph:

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

27           5 New Section; Prohibition on Balance Billing Covered Persons for Health Care Services;  
28 Balance Billing for Ground Ambulance Services Prohibited. Amend RSA 358-T by inserting after  
29 section 4 the following new section:

30           358-T:5 Balance Billing for Ground Ambulance Services Prohibited.

31           I. If a covered person with covered benefits that include ground ambulance services under a  
32 health benefit plan is furnished ground ambulance services, then, whether the ground ambulance  
33 provider is a participating provider or a nonparticipating provider, the ground ambulance provider  
34 shall not bill, and shall not hold liable, the covered person for a payment amount for such services  
35 that is more than the cost-sharing requirement for such services under the covered person's health  
36 benefit plan.

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1           II. Paragraph I shall not apply with respect to ground ambulance services that consist of  
2 scheduled inter-facility transfers of the covered person furnished by a nonparticipating ground  
3 ambulance provider if the provider satisfies the notice and consent criteria under 42 U.S.C. section  
4 300gg-132(c) and (d).

5           6 New Section; Commission on Improving the Ground Ambulance Services Financing and  
6 Delivery System. Amend RSA 153-A by inserting after section 37 the following new section:

7           153-A:38 Commission on Improving the Ground Ambulance Services Financing and Delivery  
8 System. There is established a commission on improving the ground ambulance financing and  
9 delivery system.

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

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

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

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

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

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

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

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

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

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

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

32           III. The commission shall:

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

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

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

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

15           V. The proposed all-payer program design shall include measures to align payment policies  
16 across public and commercial payers to promote ground ambulance financing and delivery system  
17 reforms to improve sustainability, efficiency, and quality of care while controlling costs. The  
18 commission shall study the feasibility and advisability of at least the following public policy options  
19 for improving the ground ambulance financing and delivery system and such other options as would  
20 help meet the requirements for federal approval of the Section 1115A waiver application:

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

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

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

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

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

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

35           VI. The members of the commission shall elect a chairperson from among the members. The  
36 first meeting of the commission shall be called by the first named house member. The first meeting

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1 of the commission shall be held within 45 days of the effective date of this section. Eight members of  
2 the commission shall constitute a quorum.

3 VII. The commission shall produce a report on November 1 of each year that the commission  
4 is in operation detailing the progress made to date carrying out its mandates and including such  
5 recommendations for legislative or administrative reforms or initiatives as are timely and  
6 appropriate. The commission shall submit its assessment of the feasibility and advisability of  
7 applying for a waiver under Section 1115A of the Social Security Act to enter into an all-payer model  
8 agreement for ground ambulance services in the state to create a uniform, cost-based reimbursement  
9 schedule for ground ambulance services that includes Medicare, Medicaid and all commercial payers  
10 no later than its November 1, 2027 report. If this report finds the waiver application not feasible or  
11 advisable, then the commission shall continue to report on the feasibility and advisability of at least  
12 the public policy options for improving the ground ambulance financing and delivery system listed in  
13 RSA 153-A:38, III and V and any other policy options the commission deems would serve the needs  
14 of New Hampshire citizens. The commission shall issue its report and any recommendations for  
15 proposed legislation or administrative actions to the president of the senate, the speaker of the house  
16 of representatives, the chairs of commerce, municipal and county government, health and human  
17 services, and criminal justice and public safety in the house of representatives, the chairs of  
18 commerce and health and human services in the senate, the president of the senate, the speaker of  
19 the house of representatives, the house clerk, the senate clerk, the governor, and the state library.

20 7 Repeal. RSA 153-A:38 and the section heading preceding RSA 153-A:38, relative to the  
21 commission on improving the ground ambulance services financing and delivery system, are  
22 repealed.

23 8 New Paragraph; Insurance Department; Statutes, Rules, and Regulations; Violation. Amend  
24 RSA 400-A:15 by inserting after paragraph III the following new paragraph:

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

35 9 Repeal. RSA 400-A:15, IV, relative to the deposit of fines in the insurance department  
36 administration fund for the purpose of an independent accounting and actuarial study of ground  
37 ambulance services financing and delivery system, is repealed.

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- 1       10 Effective Date.
- 2           I. Section 2 of this act shall take effect January 1, 2028.
- 3           II. Section 3, 4, and 5 of this act shall take effect January 1, 2026.
- 4           III. Section 7 of this act shall take effect June 30, 2030.
- 5           IV. Section 9 of this act shall take effect July 1, 2027.
- 6           V. The remainder of this act shall take effect upon passage.

2025-2643s

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.