

HB 725-FN - AS INTRODUCED

2025 SESSION

25-0695

05/06

HOUSE BILL ***725-FN***

AN ACT relative to ground ambulance services.

SPONSORS: Rep. Stringham, Graf. 3; Rep. Kuttab, Rock. 17; Rep. Proulx, Hills. 15; Sen. Prentiss, Dist 5

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill prohibits balance billing for ambulance services under the managed care law and establishes criteria for payment of ambulance services provided by nonparticipating 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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 relative to ground ambulance services.

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

1 1 New Section; Managed Care Law; Ambulance Billing; Payment for Reasonable Value of
2 Services; Prohibition on Balance Billing. Amend RSA 420-J by inserting after section 8-e the
3 following new section:

4 420-J:8-f Ambulance Billing; Payment for Reasonable Value of Services, Prohibition on Balance
5 Billing.

6 I. A health plan carrier shall provide payment to a nonparticipating ambulance service
7 provider for ambulance service provided to a covered individual in an amount equal to the lesser of:

8 (a) The rate set or approved, by contract or ordinance, by the county or municipality in
9 which the ambulance service originated;

10 (b) Three hundred twenty-five percent of the current published rate for ambulance
11 service as established by the Centers for Medicare and Medicaid Services under Title XVIII of the
12 federal Social Security Act, 42 U.S.C. section 1395 et seq., for the same ambulance service provided
13 in the same geographic area; or

14 (c) The nonparticipating ambulance service provider's billed charges.

15 II.(a) If a health carrier makes payment to a nonparticipating ambulance service provider
16 according to paragraph I for ambulance service provided to a covered individual:

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

20 (2) The nonparticipating ambulance service provider is prohibited from billing the
21 covered individual for any additional amount for the ambulance service provided.

22 (b) The copayment, coinsurance, deductible, and other cost sharing amounts that a
23 health plan requires a covered individual to pay in connection with ambulance service provided by a
24 nonparticipating ambulance service provider shall not exceed the copayment, coinsurance,
25 deductible, and other cost sharing amounts that the covered individual would be required to pay if
26 the ambulance service had been provided to the covered individual by a participating ambulance
27 service provider.

28 III.(a) A health carrier that receives a clean claim for ambulance service provided to a
29 covered individual by a nonparticipating ambulance service provider:

30 (1) Shall remit payment for the ambulance service directly to the nonparticipating
31 ambulance service provider not more than 30 days after receiving the clean claim; and

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1 (2) Shall not send payment to the covered individual.

2 (b) If a claim that a health carrier receives for ambulance service provided to a covered
3 individual by a nonparticipating ambulance service provider is not a clean claim, the health carrier,
4 no more than 30 days after receiving the claim, shall:

5 (1) Remit payment for the ambulance service directly to the nonparticipating
6 ambulance service provider; or

7 (2) Send to the nonparticipating ambulance service provider a written notice that:

8 (A) Acknowledges the date of the receipt of the claim; and

9 (B) Either:

10 (i) States that the health plan operator is declining to pay all or part of the
11 claim and sets forth the specific reason or reasons for declining to pay the claim in full; or

12 (ii) states that additional information is needed to determine whether all or
13 part of the claim is payable and specifically describes the additional information that is needed.

14 IV. In this section:

15 (a) A "clean claim" means a claim for payment for ambulance service:

16 (1) That is submitted to a health plan by an ambulance service provider; and

17 (2) About which there is no defect, impropriety, or particular circumstance requiring
18 special treatment that may prevent or delay payment.

19 (b) "Nonparticipating ambulance service provider" means a ground or air ambulance
20 service provider who is acting within the scope of practice of that provider's license or certification
21 under applicable state law and who does not have a contractual relationship directly or indirectly
22 with the health carrier.

23 2 Effective Date. This act shall take effect January 1, 2026.

HB 725-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to ground ambulance services.

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>	General Fund - Insurance Premium Tax			
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	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
County Expenditures	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Local Revenue	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Local Expenditures	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase

METHODOLOGY:

This bill prohibits balance billing for ambulance services under the managed care law and establishes criteria for payment of ambulance services provided by nonparticipating ambulance service providers.

The Insurance Department assumes any county or municipality that sets a rate would not set a rate less than 325% of Medicare as this is the least amount that could be collected for the services and that no ambulance provider would bill less than the 325% of Medicare. The minimum rate of 325% of Medicare is a significant increase from the current rates at which health carriers are reimbursing providers for these services. The increase in costs would exert upward pressure on future premiums, as carriers design their plans to consider reimbursement

to providers and the covered person's cost sharing liability. The total extent of this impact is indeterminable at this time. In the event that appreciable increases in premium result from the bill, the Department would expect an increase in premium tax revenue. To the extent that local and county governments purchase health insurance, they may see increased premiums. Localities and counties that provide ambulance services will also be impacted since the rate schedule will set the amount recoverable for ambulance services. The extent of this impact will vary by locality and is indeterminable.

The Department indicates it used a consultant to assist with a financial impact estimate on Commercial Market Premiums. Using a similar cost estimate methodology the consultant used for a NH ground ambulance cost study, this bill is estimated to result in a \$1.13-\$1.38 per member per month (PMPM) increase to premiums in the Commercial market. This translates to an approximate 0.5% increase in premium PMPM or an estimated \$15,000,000 in aggregate. This estimate is based on the New Hampshire All Payer Claims Database (APCD) Commercial and Medicare Ambulance claims data for calendar year 2023. This estimate assumes rates of 325% of Medicare. The Department notes that the impact will likely be greater as local governments could set rates higher than 325% of Medicare.

Based on their response to a similar bill which would amend the same RSA, the Department of Health and Human Services states the guidelines in the NH Insurance Department Bulletin Docket No. INS No. 12-015-AB address the applicability of state insurance laws to Medicaid Health Maintenance Organizations (HMOs). Under the current guidance, the addition of the new section, 8-i to RSA 420-J would not have an impact on the Department's

AGENCIES CONTACTED:

Departments of Insurance and Health and Human Services