

SB 130-FN - AS INTRODUCED

2025 SESSION

25-1034

05/08

SENATE BILL        ***130-FN***

AN ACT            relative to insurance reimbursement for ambulance services.

SPONSORS:        Sen. Rochefort, Dist 1; Sen. McGough, Dist 11; Rep. Korzen, Coos 7; Rep. Miles,  
                         Hills. 12

COMMITTEE:      Health and Human Services

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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.

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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                         Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 insurance reimbursement for ambulance services.

*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, an insurer 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 or at 325 percent of the current urban, rural or super rural Medicare  
12 rates based on the geographic area where the ground emergency ambulance service originated. If  
13 the local government entity having jurisdiction where the ground emergency ambulance service  
14 originated does not have set or approved rates, the insurer shall directly reimburse the non-  
15 participating ground emergency ambulance service provider a minimum of 325 percent of the  
16 current urban, rural or super rural Medicare rates based on the geographic area where the ground  
17 emergency ambulance service originated.

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

21 (b) The non-participating ambulance service provider is prohibited from billing the  
22 covered individual for any additional amount for the ambulance service provided except for any  
23 copayment, coinsurance, deductible, and other cost sharing amounts that the insurer requires the  
24 covered individual to pay, up to \$100.

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

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

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

2           V.(a) An insurer shall reimburse a non-participating ground emergency ambulance provider  
3 within 30 days after receipt of a claim. Any insurer that fails to reimburse a non-participating  
4 ground emergency ambulance provider within 30 days after receipt of a claim shall reimburse the  
5 non-participating ground emergency ambulance provider a one-time late fee of \$250 per claim and  
6 the claim shall incur interest at the greater of the statutory rate established in RSA 336:1 or 12  
7 percent until paid.

8           (b) If a claim that an insurer receives for ambulance service provided to a covered  
9 individual by a non-participating ambulance service provider is not a clean claim, the insurer, not  
10 more than 30 days after receiving the claim, shall:

11                 (1) Remit payment for the ambulance service directly to the non-participating  
12 ambulance service provider; or

13                 (2) Send to the non-participating ambulance service provider a written notice that  
14 acknowledges the date of the receipt of the claim; and either:

15                         (A) States that the insurer is declining to pay all or part of the claim and sets  
16 forth the specific reason or reasons for declining to pay the claim in full; or

17                         (B) States that additional information is needed to determine whether all or part  
18 of the claim is payable and specifically describes the additional information that is needed.

19           VI. An insurer shall clearly indicate on all payment explanations of benefits the type of plan,  
20 ERISA or Non-ERISA, from which the claim is being paid.

21           VII. An insurer that issues or renews any individual policy, plan, or contract of accident or  
22 health insurance that constitutes health coverage and that provides benefits for medically necessary  
23 ambulance services shall reimburse the non-participating ground emergency ambulance service  
24 provider directly.

25           VIII. Nothing in this section shall preclude an insurer from negotiating with and  
26 subsequently entering into a contract with a non-participating ambulance provider that establishes  
27 rates of reimbursement for ground emergency ambulance services; provided that until such time as a  
28 contract is entered the insurer shall reimburse the non-participating ground emergency ambulance  
29 service provider at the rates and methods set forth in this section.

30           2 Effective Date. This act shall take effect January 1, 2026.

**SB 130-FN- FISCAL NOTE**  
**AS INTRODUCED**

AN ACT relative to insurance reimbursement for ambulance services.

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

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

\*Expenditure = Cost of bill

\*Appropriation = Authorized funding to cover cost of bill

<b>Estimated Political Subdivision Impact</b>				
	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>
<b>County Revenue</b>	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<b>County Expenditures</b>	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<b>Local Revenue</b>	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<b>Local Expenditures</b>	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase

**METHODOLOGY:**

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 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. 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 \$100 cap on

cost-sharing could also cause premiums to increase or the cost-sharing associated with other services to increase. 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 therefore 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.

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 budget.

**AGENCIES CONTACTED:**

Departments of Insurance and Health and Human Services