

SB 245-FN - AS INTRODUCED

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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; provided that no covered individual shall have a copayment
19 for a ground emergency ambulance service provider that exceeds \$100; and

20 (b) The non-participating ambulance service provider is prohibited from billing the
21 covered individual for any additional amount for the ambulance service provided except for any
22 copayment, coinsurance, deductible, and other cost sharing amounts that the carrier requires the
23 covered individual to pay; provided that no covered individual shall have a copayment for a ground
24 emergency ambulance service provider that exceeds \$100.

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

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

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

5 V.(a) A health carrier shall reimburse a non-participating ground emergency ambulance
6 provider within 30 days after receipt of a claim. Any carrier that fails to reimburse a non-
7 participating ground emergency ambulance provider with 30 days after receipt of a claim shall
8 reimburse the non-participating ground emergency ambulance provider a one-time late fee of \$250
9 per claim and the claim shall incur interest at the greater of the statutory rate established in RSA
10 336:1 or 12 percent until paid.

11 (b) If a claim that an health carrier receives for ambulance service provided to a covered
12 individual by a non-participating ambulance service provider is not a clean claim, the health carrier,
13 not more than 30 days after receiving the claim, shall:

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

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

18 (A) States that the health carrier is declining to pay all or part of the claim and
19 sets forth the specific reason or reasons for declining to pay the claim in full; or

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

22 VI. A health carrier shall clearly indicate on all payment explanations of benefits the type of
23 plan, ERISA or Non-ERISA, from which the claim is being paid.

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

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

33 2 Effective Date. This act shall take effect January 1, 2026.

SB 245-FN- FISCAL NOTE
 AS INTRODUCED

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

FISCAL IMPACT:

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			
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 Increase	Indeterminable Increase	Indeterminable Increase
Local Revenue	\$0	\$0	\$0	\$0
Local Expenditures	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase

METHODOLOGY:

This bill mandates that managed care health insurance plans cover emergency ground ambulance services, requiring health carriers to pay nonparticipating ambulance providers either the rate set by local governments or 325% of the Medicare rate. Additionally, it caps cost-sharing for these services at \$100, revises prompt pay requirements, and mandates that carriers specify whether the plan is "ERISA" or "Non-ERISA."

The Insurance Department states the bill's provisions are expected to increase health insurance premiums as carriers adjust to higher reimbursement rates for ambulance services. The 325% Medicare rate cap is a significant increase from current reimbursement levels, which will likely result in higher premiums in subsequent years. The \$100 cap on cost-sharing may also contribute to higher premiums or increased cost-sharing for other services. While the exact

fiscal impact is indeterminable, any significant premium increases would likely lead to higher insurance premium tax revenue.

Local and county governments purchasing health insurance may face higher premiums. Additionally, localities and counties providing ambulance services will be affected by the higher reimbursement rates for these services, though the impact will vary by locality.

Using similar cost estimate methodologies as a consultant firm the Department hired to assist with a financial impact estimate on Commercial Market Premiums, the Department estimates this bill could increase commercial market premiums by \$1.13-\$1.38 per member per month (PMPM), translating to an approximate 0.5% increase in premiums, or \$15 million in aggregate. This estimate is based on 325% of Medicare rates and may be higher if local governments set rates above 325%.

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