

1 ENGROSSED SENATE AMENDMENT  
TO

2 ENGROSSED HOUSE  
3 BILL NO. 2872

By: Wallace and Moore of the  
House

4 and

5 Rosino of the Senate

6  
7  
8 An Act relating to ambulances; creating the Out-of-  
9 Network Ambulance Provider Act; defining terms;  
10 setting minimum allowable rates; requiring certain  
11 payment to be payments in full; restricting billing  
12 to certain persons; setting certain limits on certain  
13 payments; requiring certain payments to certain  
14 entities; requiring certain timelines for certain  
15 payments; providing for certain processes for  
16 specific purposes; providing for codification; and  
17 providing an effective date.

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20 AMENDMENT NO. 1. Page 1, strike the title, enacting clause and  
21 entire bill and insert

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23  
24 "An Act relating to ambulances; creating the Out-of-  
Network Ambulance Service Provider Act; providing  
short title; defining terms; setting minimum  
allowable rates; requiring certain payment to be  
payments in full; restricting billing to certain  
persons; setting certain limits on certain payments;  
requiring compliance with certain claims  
requirements; providing for codification; and  
providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

1 SECTION 1. NEW LAW A new section of law to be codified  
2 in the Oklahoma Statutes as Section 6050.1 of Title 36, unless there  
3 is created a duplication in numbering, reads as follows:

4 This act shall be known and may be cited as the "Out-of-Network  
5 Ambulance Service Provider Act".

6 SECTION 2. NEW LAW A new section of law to be codified  
7 in the Oklahoma Statutes as Section 6050.2 of Title 36, unless there  
8 is created a duplication in numbering, reads as follows:

9 As used in the Out-of-Network Ambulance Service Provider Act:

10 1. "Ambulance service provider" means an ambulance service as  
11 defined by Section 1-2503 of Title 63 of the Oklahoma Statutes  
12 except that, for the purposes of this act, the term shall be limited  
13 to an ambulance service provider that provides ground transportation  
14 services;

15 2. "Covered ambulance services" means those ground ambulance  
16 services which an enrollee is entitled to receive under the terms of  
17 a health care benefit plan;

18 3. "Enrollee" means a person who is entitled to receive covered  
19 ambulance services under the terms of a health care benefit plan;

20 4. "Health care benefit plan" means a plan, policy, contract,  
21 certificate, agreement, or other evidence of coverage for health  
22 care services offered, issued, renewed, or extended in this state by  
23 a health care insurer, or government-sponsored self-insured plans.

24 Health care benefit plan does not include any health plan offered by

1 a contracted entity as defined in Section 4002.2 of Title 56 of the  
2 Oklahoma Statutes that provides coverage to members of the state  
3 Medicaid program;

4 5. "Health care insurer" means an entity that is subject to  
5 state insurance regulation and provides coverage for health benefits  
6 in this state and includes the following:

- 7 a. an insurance company,
- 8 b. a health maintenance organization,
- 9 c. a hospital and medical service corporation,
- 10 d. a risk-based provider organization, or
- 11 e. a sponsor or self-funded plan.

12 Health care insurer does not include a contracted entity as defined  
13 in Section 4002.2 of Title 56 of the Oklahoma Statutes that provides  
14 coverage to members of the state Medicaid program;

15 6. "Out-of-network" means a provider that does not contract  
16 with the health care insurer of the enrollee receiving the covered  
17 ambulance services; and

18 7. "Clean claim" means a claim that has no defect of  
19 impropriety, including any lack of required substantiating  
20 documentation or particular circumstances requiring special  
21 treatment that prevents timely payment from being made on the claim.

22 SECTION 3. NEW LAW A new section of law to be codified  
23 in the Oklahoma Statutes as Section 6050.3 of Title 36, unless there  
24 is created a duplication in numbering, reads as follows:

1       A. The minimum allowable reimbursement rate under any health  
2 care benefit plan issued by a health care insurer to an out-of-  
3 network ambulance service provider for providing covered ambulance  
4 services shall be at the rates set or approved, whether in contract  
5 or ordinance, by a local governmental entity in the jurisdiction in  
6 which the covered ambulance services originate.

7       B. In the absence of the rates as provided in subsection A of  
8 this section, the rate shall be the lesser of:

9       1. Three hundred twenty-five percent (325%) of the current  
10 published rate for ambulance services as established by the Centers  
11 for Medicare and Medicaid Services under Title XVIII of the Social  
12 Security Act for the same services provided in the same geographic  
13 area; or

14       2. The ambulance service provider's billed charges.

15       C. Payment made in compliance with this section shall be  
16 considered payment in full for the covered ambulance services  
17 provided, except for any copayment, coinsurance, deductible, and  
18 other cost-sharing feature amounts required to be paid by the  
19 enrollee. An ambulance service provider is prohibited from billing  
20 the enrollee for any additional amounts for the paid covered  
21 ambulance services in excess of what the health care insurer pays.

22       D. All copayments, coinsurance, deductible, and other cost-  
23 sharing feature amounts provided by subsection A of this section  
24 shall not exceed the in-network copayment, coinsurance, deductible,

1 and other cost-sharing features for the covered ambulance services  
2 received by the enrollee.

3 E. In administering and paying claims, a health care insurer  
4 shall comply with Section 1219 of Title 36 of the Oklahoma Statutes.

5 SECTION 4. This act shall become effective January 1, 2025.”

6 Passed the Senate the 22nd day of April, 2024.

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Presiding Officer of the Senate

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10 Passed the House of Representatives the \_\_\_\_ day of \_\_\_\_\_,  
11 2024.

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Presiding Officer of the House  
of Representatives

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2 BILL NO. 2872

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7 Network Ambulance Provider Act; defining terms;  
8 setting minimum allowable rates; requiring certain  
9 payment to be payments in full; restricting billing  
10 to certain persons; setting certain limits on certain  
11 payments; requiring certain payments to certain  
12 entities; requiring certain timelines for certain  
13 payments; providing for certain processes for  
14 specific purposes; providing for codification; and  
15 providing an effective date.

16 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

17 SECTION 5. NEW LAW A new section of law to be codified  
18 in the Oklahoma Statutes as Section 6050.1 of Title 36, unless there  
19 is created a duplication in numbering, reads as follows:

20 This act shall be known and may be cited as the "Out-of-Network  
21 Ambulance Provider Act".

22 SECTION 6. NEW LAW A new section of law to be codified  
23 in the Oklahoma Statutes as Section 6050.2 of Title 36, unless there  
24 is created a duplication in numbering, reads as follows:

As used in the Out-of-Network Ambulance Provider Act:

1. "Ambulance service provider" means any ground ambulance  
service provider as defined by this act as any ground vehicle which

1 is or should be approved by the Commissioner of Health, designed and  
2 equipped to transport a patient or patients on-scene and en route  
3 patient stabilization and care as required. Ground vehicles used as  
4 ambulances shall meet such standards as may be required by the  
5 Oklahoma State Board of Health for approval, and shall display  
6 evidence of such approval at all times;

7 2. "Covered services" means those ground ambulance services  
8 which an enrollee is entitled to receive under the terms of a health  
9 care benefit plan;

10 3. "Enrollee" means a person who is entitled to receive covered  
11 health care services under the terms of a health care benefit plan;

12 4. "Health care benefit plan" means a plan, policy, contract,  
13 certificate, agreement, or other evidence of coverage for health  
14 care services offered, issued, renewed, or extended in this state by  
15 a health care insurer, or government-sponsored self-insured plans;

16 5. "Health care insurer" means an entity that is subject to  
17 state insurance regulation and provides coverage for health benefits  
18 in this state and includes the following:

- 19 a. an insurance company,
- 20 b. health maintenance organization,
- 21 c. hospital and medical service corporation,
- 22 d. risk-based provider organization, or
- 23 e. sponsor or self-funded plan;

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1       6. "Out-of-network" means a provider that does not contract  
2 with the health care insurer of the enrollee receiving the covered  
3 benefits; and

4       7. "Clean claim" means a claim that has no defect of  
5 impropriety, including any lack of required substantiating  
6 documentation or particular circumstances requiring special  
7 treatment that prevents timely payment from being made on the claim.

8       SECTION 7.       NEW LAW       A new section of law to be codified  
9 in the Oklahoma Statutes as Section 6050.3 of Title 36, unless there  
10 is created a duplication in numbering, reads as follows:

11       A. The minimum allowable reimbursement rate under any health  
12 care benefit plan issued by a health care insurer to an out-of-  
13 network ambulance service provider for providing ground services  
14 shall be at the rates set or approved, whether in contract or  
15 ordinance, by a local governmental entity in the jurisdiction in  
16 which the covered health care services originates.

17       B. In the absence of the rates as provided in subsection A of  
18 this section, the rate shall be the lesser of:

19       1. Three hundred twenty-five percent (325%) of the current  
20 published rate for ambulance services as established by the Centers  
21 for Medicare and Medicaid Services under Title XVIII of the Social  
22 Security Act for the same services provided in the same geographic  
23 area; or

24       2. The ambulance service provider's billed charges.

1 C. Payment made in compliance with this section shall be  
2 considered payment in full for the covered services provided, except  
3 for any copayment, coinsurance, deductible, and other cost-sharing  
4 feature amounts required to be paid by the enrollee. An ambulance  
5 service provider is prohibited from billing the enrollee for any  
6 additional amounts for the paid covered services in excess of what  
7 the health care insurer pays.

8 D. All copayments, coinsurance, deductible, and other cost-  
9 sharing feature amounts provided by subsection A of this section  
10 shall not exceed the in-network copayment, coinsurance, deductible,  
11 and other cost-sharing features for the covered health care services  
12 received by the enrollee.

13 E. A health care insurer shall, within thirty (30) days after  
14 of a clean claim for covered services, promptly remit payment for  
15 ambulance services directly to the ambulance service provider and  
16 shall not send payment to an enrollee.

17 F. If the claim is not a clean claim, the health care insurer  
18 shall, within thirty (30) days after receipt of the claim, send a  
19 written notice acknowledging the date of the receipt of the claim  
20 and shall provide one of the following items:

21 1. That the insurer is declining to pay all or part of the  
22 claim and the specific reason or reasons for the denial; or  
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