

1 STATE OF OKLAHOMA

2 2nd Session of the 59th Legislature (2024)

3 COMMITTEE SUBSTITUTE
4 FOR ENGROSSED
5 HOUSE BILL NO. 2872

By: Wallace and Moore of the
House

6 and

7 Rosino of the Senate

8
9 COMMITTEE SUBSTITUTE

10 An Act relating to ambulances; creating the Out-of-
11 Network Ambulance Service Provider Act; providing
12 short title; defining terms; setting minimum
13 allowable rates; requiring certain payment to be
14 payments in full; restricting billing to certain
15 persons; setting certain limits on certain payments;
16 requiring compliance with certain claims
17 requirements; providing for codification; and
18 providing an effective date.

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

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

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

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

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

2 1. "Ambulance service provider" means an ambulance service as
3 defined by Section 1-2503 of Title 63 of the Oklahoma Statutes
4 except that, for the purposes of this act, the term shall be limited
5 to an ambulance service provider that provides ground transportation
6 services;

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

10 3. "Enrollee" means a person who is entitled to receive covered
11 ambulance 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 Health care benefit plan does not include any health plan offered by
17 a contracted entity as defined in Section 4002.2 of Title 56 of the
18 Oklahoma Statutes that provides coverage to members of the state
19 Medicaid program;

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

- 23 a. an insurance company,
- 24 b. a health maintenance organization,

- c. a hospital and medical service corporation,
- d. a risk-based provider organization, or
- e. a sponsor or self-funded plan.

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

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

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

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

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

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

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

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

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

14 D. All copayments, coinsurance, deductible, and other cost-
15 sharing feature amounts provided by subsection A of this section
16 shall not exceed the in-network copayment, coinsurance, deductible,
17 and other cost-sharing features for the covered ambulance services
18 received by the enrollee.

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

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

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