

HB 2149 -- INSURANCE COVERAGE FOR EMERGENCY AMBULANCE SERVICES

SPONSOR: Dinkins

The bill sets a minimum allowable reimbursement rate for out-of-network ambulance providers who provide emergency services, based on local governmental rates or Medicare rates, whichever is lower.

This bill prohibits ambulance providers from billing the enrollee for any additional amounts for paid covered services, and limits the cost-sharing amounts to the in-network level.

The bill requires health carriers to promptly remit payment directly to the ambulance provider within 30 days of receiving a clean claim, and to provide a written notice if the claim is denied or requires additional information.