



General Assembly

Substitute Bill No. 179

February Session, 2024



AN ACT CONCERNING RATES FOR AMBULANCE AND PARAMEDIC SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (9) of section 19a-177 of the 2024 supplement
2 to the general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective July 1, 2024*):

4 (9) (A) Establish rates for the conveyance and treatment of patients
5 by licensed ambulance services and invalid coaches and establish
6 emergency service rates for certified ambulance services and paramedic
7 intercept services, provided (i) the present rates established for such
8 services and vehicles shall remain in effect until such time as the
9 commissioner establishes a new rate schedule as provided in this
10 subdivision, and (ii) any rate increase not in excess of the Medical Care
11 Services Consumer Price Index, as published by the Bureau of Labor
12 Statistics of the United States Department of Labor, for the prior year,
13 filed in accordance with subparagraph (B)(iii) of this subdivision shall
14 be deemed approved by the commissioner. For purposes of this
15 subdivision, licensed ambulance services and paramedic intercept
16 services shall not include emergency air transport services or mobile
17 integrated health care programs.

18 (B) Adopt regulations, in accordance with the provisions of chapter

19 54, establishing methods for setting rates and conditions for charging
20 such rates. Such regulations shall include, but need not be limited to,
21 provisions requiring that: [on and after July 1, 2000:] (i) Requests for rate
22 increases [may] shall be filed no more frequently than once a year,
23 except, [that,] in any case where an agency's rate schedule [of maximum
24 allowable rates] falls below that of the Medicare allowable rates for that
25 agency, the commissioner shall immediately amend such schedule so
26 that the rates are at or above the Medicare allowable rates; (ii) only
27 licensed ambulance services, certified ambulance services and
28 paramedic intercept services that apply for a rate increase in excess of
29 the Medical Care Services Consumer Price Index, as published by the
30 Bureau of Labor Statistics of the United States Department of Labor, for
31 the prior year, and do not accept the [maximum allowable rates] rate
32 schedule contained in any voluntary state-wide rate schedule
33 established by the commissioner for the rate application year shall be
34 required to file detailed financial information with the commissioner,
35 provided any hearing that the commissioner may hold concerning such
36 application shall be conducted as a contested case in accordance with
37 chapter 54; (iii) licensed ambulance services, certified ambulance
38 services and paramedic intercept services that do not apply for a rate
39 increase in any year in excess of the Medical Care Services Consumer
40 Price Index, as published by the Bureau of Labor Statistics of the United
41 States Department of Labor, for the prior year, or that accept the
42 [maximum allowable rates] rate schedule contained in any voluntary
43 state-wide rate schedule established by the commissioner for the rate
44 application year shall, not later than the last business day in August of
45 such year, file with the commissioner a statement of emergency and
46 nonemergency call volume, and, in the case of a licensed ambulance
47 service, certified ambulance service or paramedic intercept service that
48 is not applying for a rate increase, a written declaration by such licensed
49 ambulance service, certified ambulance service or paramedic intercept
50 service that no change in its currently approved [maximum allowable
51 rates] rate schedule will occur for the rate application year; and (iv)
52 detailed financial and operational information filed by licensed
53 ambulance services, certified ambulance services and paramedic

54 intercept services to support a request for a rate increase in excess of the
55 Medical Care Services Consumer Price Index, as published by the
56 Bureau of Labor Statistics of the United States Department of Labor, for
57 the prior year, shall cover the time period pertaining to the most recently
58 completed fiscal year and the rate application year of the licensed
59 ambulance service, certified ambulance service or paramedic intercept
60 service. Not later than November first, annually, the commissioner shall
61 issue the licensed ambulance service, certified ambulance service and
62 paramedic intercept service rate schedule for each such agency that
63 applies for a rate increase pursuant to clause (ii) of this subparagraph.
64 Not later than October first, annually, the commissioner shall issue the
65 rate schedule for each such agency that accepts the ambulance service
66 or paramedic intercept service rate schedule pursuant to clause (iii) of
67 this subparagraph.

68 (C) Establish rates for licensed ambulance services, certified
69 ambulance services or paramedic intercept services for the following
70 services and conditions: (i) "Advanced life support assessment" and
71 "specialty care transports", which terms have the meanings provided in
72 42 CFR 414.605; and (ii) mileage, which may include mileage for an
73 ambulance transport when the point of origin and final destination for
74 a transport is within the boundaries of the same municipality. The rates
75 established by the commissioner for each such service or condition shall
76 be equal to (I) the ambulance service's base rate plus its established
77 advanced life support/paramedic surcharge when advanced life
78 support assessment services are performed; (II) two hundred twenty-
79 five per cent of the ambulance service's established base rate for
80 specialty care transports; and (III) "loaded mileage", as the term is
81 defined in 42 CFR 414.605, multiplied by the ambulance service's
82 established rate for mileage. Such rates shall remain in effect until such
83 time as the commissioner establishes a new rate schedule as provided
84 in this subdivision.

85 (D) Establish rates for the treatment and release of patients by a
86 licensed or certified emergency medical services organization or a

87 provider who does not transport such patients to an emergency
88 department and who is operating within the scope of such
89 organization's or provider's practice and following protocols approved
90 by the sponsor hospital. The rates established pursuant to this
91 subparagraph shall not apply to the treatment provided to patients
92 through mobile integrated health care programs;

93 Sec. 2. Section 38a-498 of the general statutes is repealed and the
94 following is substituted in lieu thereof (*Effective January 1, 2025*):

95 (a) Each individual health insurance policy providing coverage of the
96 type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section
97 38a-469 delivered, issued for delivery, renewed, amended or continued
98 in this state shall provide coverage for medically necessary conveyance
99 and treatment and emergency medical services by licensed and certified
100 ambulance services and paramedic intercept services for persons
101 covered by the policy pursuant to the rate schedule issued by the
102 Commissioner of Public Health pursuant to subdivision (9) of section
103 19a-177, as amended by this act. The hospital policy shall be primary if
104 a person is covered under more than one policy. The policy shall, as a
105 minimum requirement, cover such services whenever any person
106 covered by the contract is transported when medically necessary by
107 ambulance to a hospital. Such benefits shall be subject to any policy
108 provision which applies to other services covered by such policies.
109 Notwithstanding any other provision of this section, such policies shall
110 not be required to provide benefits in excess of the [maximum
111 allowable] rate schedule established by the Department of Public Health
112 in accordance with section 19a-177, as amended by this act.

113 (b) (1) Each such individual health insurance policy shall provide that
114 any payment by such company, corporation or center for emergency
115 ambulance services or paramedic intercept services under coverage
116 required by this section shall be paid directly to the ambulance or
117 paramedic intercept service provider rendering such service if such
118 provider has complied with the provisions of this subsection and has
119 not received payment for such service from any other source.

120 (2) Any ambulance or paramedic intercept service provider
121 submitting a bill for direct payment pursuant to this section shall stamp
122 the following statement on the face of each bill: "NOTICE: This bill
123 subject to mandatory assignment pursuant to Connecticut general
124 statutes".

125 (3) This subsection shall not apply to any transaction between an
126 ambulance or paramedic intercept service provider and an insurance
127 company, hospital service corporation, medical service corporation,
128 health care center or other entity if the parties have entered into a
129 contract providing for direct payment.

130 Sec. 3. Section 38a-525 of the general statutes is repealed and the
131 following is substituted in lieu thereof (*Effective January 1, 2025*):

132 (a) Each group health insurance policy providing coverage of the type
133 specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-469
134 delivered, issued for delivery, renewed, amended or continued in this
135 state shall provide coverage for medically necessary conveyance and
136 treatment and emergency medical services by licensed and certified
137 ambulance services and paramedic intercept services for persons
138 covered by the policy pursuant to the rate schedule issued by the
139 Commissioner of Public Health pursuant to subdivision (9) of section
140 19a-177, as amended by this act. The hospital policy shall be primary if
141 a person is covered under more than one policy. The policy shall, as a
142 minimum requirement, cover such services whenever any person
143 covered by the contract is transported when medically necessary by
144 ambulance to a hospital. Such benefits shall be subject to any policy
145 provision which applies to other services covered by such policies.
146 Notwithstanding any other provision of this section, such policies shall
147 not be required to provide benefits in excess of the [maximum
148 allowable] rate schedule established by the Department of Public Health
149 in accordance with section 19a-177, as amended by this act.

150 (b) (1) Each such group health insurance policy shall provide that any
151 payment by such company, corporation or center for emergency

152 ambulance services under coverage required by this section shall be
153 paid directly to the ambulance or paramedic intercept service provider
154 rendering such service if such provider has complied with the
155 provisions of this subsection and has not received payment for such
156 service from any other source.

157 (2) Any ambulance or paramedic intercept service provider
158 submitting a bill for direct payment pursuant to this section shall stamp
159 the following statement on the face of each bill: "NOTICE: This bill
160 subject to mandatory assignment pursuant to Connecticut general
161 statutes".

162 (3) This subsection shall not apply to any transaction between an
163 ambulance or paramedic intercept service provider and an insurance
164 company, hospital service corporation, medical service corporation,
165 health care center or other entity if the parties have entered into a
166 contract providing for direct payment.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2024	19a-177(9)
Sec. 2	January 1, 2025	38a-498
Sec. 3	January 1, 2025	38a-525

Statement of Legislative Commissioners:

In Section 2(b)(3), "ambulance provider or paramedic intercept service provider" was changed to "ambulance or paramedic intercept service provider", for consistency with Section 2(b)(1) and (b)(2) and Section 3(b).

PH Joint Favorable Subst.