

HOUSE No. 1054

The Commonwealth of Massachusetts

PRESENTED BY:

Paul McMurtry and Angelo L. D'Emilia

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to ambulance billing.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Paul McMurtry</i>	<i>11th Norfolk</i>
<i>Angelo L. D'Emilia</i>	<i>8th Plymouth</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>
<i>RoseLee Vincent</i>	<i>16th Suffolk</i>
<i>Ann-Margaret Ferrante</i>	<i>5th Essex</i>
<i>Joseph D. McKenna</i>	<i>18th Worcester</i>
<i>Peter Capano</i>	<i>11th Essex</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>

HOUSE No. 1054

By Messrs. McMurtry of Dedham and D'Emilia of Bridgewater, a petition (accompanied by bill, House, No. 1054) of Paul McMurtry and others relative to payment for ambulance services provided to certain insured individuals. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-First General Court
(2019-2020)**

An Act relative to ambulance billing.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Chapter 176D of the General Laws is hereby amended by inserting after section 3B the
2 following section:-

3 Section 3C. (a) As used in this section, the following words shall, unless the context
4 clearly requires otherwise, have the following meanings:-

5 "Ambulance service provider", a person or entity licensed by the department of public
6 health under section 6 of chapter 111C to establish or maintain an ambulance service except non-
7 profit corporations licensed to operate critical care ambulance services that perform both ground
8 and air transports.

9 "Emergency ambulance services", emergency services that an ambulance service
10 provider is authorized to render under its ambulance service license when a condition or situation
11 in which an individual has a need for immediate medical attention, or where the potential for
12 such need is perceived by the individual, a bystander or an emergency medical services provider.

13 "Insurance policy" and "insurance contract", a contract of insurance, motor vehicle
14 insurance, indemnity, medical or hospital service, dental or optometric, suretyship or annuity
15 issued, proposed for issuance or intended for issuance by any insurer.

16 "Insured", an individual entitled to ambulance services benefits under an insurance policy
17 or insurance contract.

18 "Insurer", a person as defined in section 1 of chapter 176D; any health maintenance
19 organization as defined in section 1 of chapter 176G; a non-profit hospital service corporation
20 organized under chapter 176A; any organization as defined in section 1 of chapter 176I that
21 participates in a preferred provider arrangement also as defined in said section 1 of said chapter
22 176I; any carrier offering a small group health insurance plan under chapter 176J; any company
23 as defined in section 1 chapter 175; any employee benefit trust; any self-insurance plan, and any
24 company certified under section 34A of chapter 90 and authorized to issue a policy of motor
25 vehicle liability insurance under section 113A of chapter 175 that provides insurance for the
26 expense of medical coverage.

27 "Municipally Established Ambulance Rates", rates for emergency ambulance service
28 established annually by a municipality for the current procedure codes and definitions for
29 ambulance service published by the Centers for Medicare and Medicaid Services under Title
30 XVIII of the Social Security Act.

31 (b) Notwithstanding any general or special provision of law to the contrary, in any
32 instance in which an ambulance service provider provides an emergency ambulance service to an
33 insured but is not an ambulance service provider under contract to the insurer maintaining or
34 providing the insured's insurance policy or insurance contract, the insurer maintaining or

35 providing such insurance policy or insurance contract shall pay the ambulance service provider
36 directly and promptly for the emergency ambulance service rendered to the insured. Such
37 payment shall be made to the ambulance service provider notwithstanding that the insured's
38 insurance policy or insurance contract contains a prohibition against the insured assigning
39 benefits thereunder so long as the insured executes an assignment of benefits to the ambulance
40 service provider and such payment shall be made to the ambulance service provider in the event
41 an insured is either incapable or unable as a practical matter to execute an assignment of benefits
42 under an insurance policy or insurance contract pursuant to which an assignment of benefits is
43 not prohibited, or in connection with an insurance policy or insurance contract that contains a
44 prohibition against any such assignment of benefits. An ambulance service provider shall not be
45 considered to have been paid for an emergency ambulance service rendered to an insured if the
46 insurer makes payment for the emergency ambulance service to the insured. An ambulance
47 service provider shall have a right of action against an insurer that fails to make a payment to it
48 under this subsection.

49 (c) Payment to an ambulance service provider under subsection (b) shall be at a rate equal
50 to the rate established by the municipality from which the patient was transported.

51 (d) Municipalities shall report their municipally established ambulance rates to CHIA that
52 were in effect as of April 30, 2019; and to CHIA annually on or before April 30 to be included in
53 the CHIA Transparency Initiative.

54 (e) Municipalities shall not increase their municipally established ambulance rates by a
55 percentage that exceeds the current Health Care Cost Growth Benchmark set by the Health
56 Policy Commission unless approved by the secretary of health and human services.

57 (f) An ambulance service provider receiving payment for an ambulance service in
58 accordance with subsections (b) and (c) shall be deemed to have been paid in full for the
59 ambulance service provided to the insured, and shall have no further right or recourse to further
60 bill the insured for said ambulance service with the exception of coinsurance, co-payments or
61 deductibles for which the insured is responsible under the insured's insurance policy or insurance
62 contract.

63 (g) No term or provision of this section 3C shall be construed as limiting or adversely
64 affecting an insured's right to receive benefits under any insurance policy or insurance contract
65 providing insurance coverage for ambulance services. No term or provision of this section 3C
66 shall create an entitlement on behalf of an insured to coverage for ambulance services if the
67 insured's insurance policy or insurance contract provides no coverage for ambulance services".

68 (h) A municipality may appeal to the secretary for a municipally established ambulance
69 rate increase that is in excess of the current Health Care Cost Benchmark. There shall be an
70 ambulance service advisory council to advise the secretary on such requests. The council shall be
71 appointed by the secretary and consist of the following members or a designee: (i) the secretary
72 of public safety and security; (ii) the commissioner of the group insurance commission; (iii) a
73 representative of the Fire Chiefs Association of Massachusetts; (iv) the president of the
74 Massachusetts Municipal Association; (v) the president of the Massachusetts Association of
75 Health Plans, Inc.; (vi) the president of the Professional Fire Fighters of Massachusetts; (vii) a
76 representative of the Massachusetts Ambulance Association, Incorporated; and (viii) the
77 president of a commercial insurer. The council shall make recommendations for rate increases in
78 excess of the current Health Care Cost Benchmark that consider (A) cost differences associated

79 with differences in geography that impact services; (B) differences in distances travelled for
80 services; (C) the actual cost of providing services and readiness; and (D) quality of care.