SENATE No. 634

The Commonwealth of Massachusetts

PRESENTED BY:

Patrick M. O'Connor

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 payments for use of ambulance services.

PETITION OF:

NAME:DISTRICT/ADDRESS:Patrick M. O'ConnorPlymouth and Norfolk

SENATE No. 634

By Mr. O'Connor, a petition (accompanied by bill, Senate, No. 634) of Patrick M. O'Connor for legislation relative to insurance payments for use of ambulance services. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE HOUSE, NO. 499 OF 2017-2018.]

The Commonwealth of Massachusetts

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

An Act relative to payments for use of ambulance services.

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

- SECTION 1. Chapter 176D of the General Laws is hereby amended by inserting after section 3B the following section:-
- Section 3C. (a) As used in this section, the following words shall have the following meanings, unless the context clearly requires otherwise:-
- 5 "Ambulance service provider", a person or entity licensed by the department of public 6 health pursuant to section 6 of chapter 111C to establish or maintain an ambulance service.
- "Emergency ambulance services", emergency services that an ambulance service
 provider may render under its ambulance service license when a condition or situation in which
 an individual has a need for immediate medical attention or if the individual, bystander or

emergency medical services provider perceives the potential for the need for immediate medical attention.

"Insurance policy" and "insurance contract", any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth that provides coverage for expenses incurred by an insured for transportation services rendered by an ambulance service provider.

"Insured", an individual entitled to ambulance services benefits pursuant to an insurance policy or insurance contract.

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

(b) In any instance in which an ambulance service provider provides an emergency ambulance service to an insured, but is not an ambulance service provider under contract to the insurer maintaining or providing the insured's insurance policy or insurance contract, the insurer maintaining or providing such insurance policy or insurance contract shall pay the ambulance service provider directly and promptly for the emergency ambulance service rendered to the

insured. Such payment shall be made to the ambulance service provider notwithstanding that the insureds insurance policy or insurance contract contains a prohibition against the insured assigning benefits thereunder so long as the insured executes an assignment of benefits to the ambulance service provider and such payment shall be made to the ambulance service provider in the event an insured is either incapable or unable as a practical matter to execute an assignment of benefits under an insurance policy or insurance contract pursuant to which an assignment of benefits is not prohibited, or in connection with an insurance policy or insurance contract that contains a prohibition against any such assignment of benefits. An ambulance service provider shall not be considered to have been paid for an emergency ambulance service rendered to an insured if the insurer makes payment for the emergency ambulance service to the insured. An ambulance service provider shall have a right of action against an insurer that fails to make a payment to it pursuant to this subsection.

- (c) With the exception of non-profit corporations licensed to operate critical care ambulance services that perform both ground and air transports, payment to an ambulance service provider under subsection (b) shall be at a rate equal to the rate established by the municipality from where the patient was transported.
- (d) An ambulance service provider receiving payment for an ambulance service in accordance with subsections (b) and (c) shall be deemed to have been paid in full for the ambulance service provided to the insured, and shall have no further right or recourse to further bill the insured for said ambulance service with the exception of coinsurance, co-payments or deductibles for which the insured is responsible under the insureds insurance policy or insurance contract.

(e) No term or provision of this section 3C shall be construed as limiting or adversely affecting an insureds right to receive benefits under any insurance policy or insurance contract providing insurance coverage for ambulance services. No term or provision of this section 3C shall create an entitlement on behalf of an insured to coverage for ambulance services if the insureds insurance policy or insurance contract provides no coverage for ambulance services.