

Committee on Banking and Insurance

CS/CS/HB 747 — Coverage for Air Ambulance Services

by Health and Human Services Committee; Health Market Reform Subcommittee; and Rep. Williamson and others (CS/CS/CS/SB 736 by Rules Committee; Health Policy Committee; Banking and Insurance Committee; and Senator Diaz)

The bill requires health insurers and health maintenance organizations (HMOs) to provide reasonable reimbursement to air ambulances for covered services. The bill defines the term, “reasonable reimbursement,” to mean reimbursement that considers the direct cost to provide air ambulance transportation service to an insured or subscriber, the operation of an air ambulance service by a county that operates entirely within a designated area of critical state concern, and the in-network reimbursement established by the insurer or HMO for the specific policy or contract.

The bill provides that reasonable reimbursement may be reduced only by applicable copayments, coinsurance, and deductibles. Further, the bill provides that payment in full by the insured or subscriber of his or her cost-sharing obligations constitutes an accord and satisfaction of, and a release of, any claim for monies owed by the insured or subscriber in connection with the air ambulance service.

Currently, patients who are transported by air ambulance providers that are outside of provider networks of their respective insurer or HMO are at financial risk for balance billing, which is the difference between prices charged by providers and the payment rates established by insurers or HMOs. Any balance billing incurred by a patient is in addition to copayments or other types of cost-sharing typically paid under the insurance policy or HMO contract.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 37-0; House 117-0