456354

	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
01/11/2024		
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The Committee on Banking and Insurance (Hooper) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 627.42398, Florida Statutes, is created to read:

627.42398 Coverage for nonparticipating ambulance services.-

- (1) As used in this section, the term:
- (a) "Ambulance service provider" means a ground ambulance

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service licensed pursuant to s. 401.25.

- (b) "Nonparticipating ambulance service provider" means a provider that is not a preferred provider as defined in s. 627.6471(1) or a provider that is not an exclusive provider as defined in s. 627.6472(1).
- (2) A health insurer that offers an individual or group health insurance policy providing major medical coverage that includes coverage for ground ambulance services must reimburse a nonparticipating ambulance service provider for providing such covered ambulance services at a rate that is the lowest of the following:
- (a) The rate set or approved, whether in contract, in ordinance, or otherwise, by a local governmental entity in the jurisdiction in which the covered ground ambulance services originated.
- (b) Three hundred twenty-five percent of the current published rate for ground ambulance services as established by the federal Centers for Medicare and Medicaid Services under Title XVIII of the Social Security Act for the same services provided in the same geographic area.
 - (c) The ambulance service provider's billed charges.
- (3) Payment in full by the insured of his or her applicable copayment, coinsurance, or deductible constitutes an accord and satisfaction of, and constitutes a release of, any claim for additional moneys owed by the insured to the health insurer or to any person or entity in connection with the ground ambulance services.
- (4) Copayment, coinsurance, deductible, and other costsharing responsibilities paid for a nonparticipating ambulance



40 service provider's covered services may not exceed the copayment, coinsurance, deductible, and other cost-sharing 41 responsibilities for a preferred provider as defined in s. 42 43 627.6471(1) or a provider that is not an exclusive provider as 44 defined in s. 627.6472(1) for covered services. 45 (5) An ambulance service provider is considered a provider subject to s. 627.6131, and the claims of the provider are 46 47 subject to s. 627.6131. 48 Section 2. Paragraph (h) is added to subsection (5) of 49 section 627.6699, Florida Statutes, to read: 50 627.6699 Employee Health Care Access Act.-51 (5) AVAILABILITY OF COVERAGE.-52 (h) A small employer carrier must comply with the 53 reimbursement provisions of s. 627.42398 relating to 54 nonparticipating ambulance service providers. 55 Section 3. Section 641.31078, Florida Statutes, is created 56 to read: 57 641.31078 Coverage for out-of-network ambulance services. 58 (1) As used in this section, the term: (a) "Ambulance service provider" means a ground ambulance 59 60 service licensed pursuant to s. 401.25. 61 (b) "Out-of-network ambulance service provider" means a 62 provider that is not under contract with a health maintenance 6.3 organization. 64 (2) A health maintenance contract that offers individual or 65 group major medical coverage that includes coverage for ground 66 ambulance services must require a health maintenance 67 organization to reimburse an out-of-network ambulance service

provider for providing covered ambulance services at a rate that

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is the lowest of the following:

- (a) The rate set or approved, whether in contract, in ordinance, or otherwise, by a local governmental entity in the jurisdiction in which the covered services originated.
- (b) Three hundred twenty-five percent of the current published rate for ground ambulance services as established by the federal Centers for Medicare and Medicaid Services under Title XVIII of the Social Security Act for the same service provided in the same geographic area.
 - (c) The ambulance service provider's billed charges.
- (3) Payment in full by the subscriber of his or her applicable copayment, coinsurance, or deductible constitutes an accord and satisfaction of, and constitutes a release of, any claim for additional moneys owed by the subscriber to the health insurer or to any person or entity in connection with the ground ambulance services.
- (4) Copayment, coinsurance, deductible, and other costsharing responsibilities paid for an out-of-network ambulance service provider's covered services may not exceed the innetwork copayment, coinsurance, deductible, and other costsharing responsibilities for covered services received by the subscriber.
- (5) An ambulance service provider is considered a provider, and the claims of the provider are subject to s. 641.3155.

Section 4. This act shall take effect January 1, 2025.

========= T I T L E A M E N D M E N T ========== 95 96 And the title is amended as follows:

Delete everything before the enacting clause



and insert:

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A bill to be entitled

An act relating to coverage for out-of-network ground ambulance emergency services; creating s. 627.42398, F.S.; defining the terms "ambulance service provider" and "nonparticipating ambulance service provider"; requiring certain health insurers to reimburse nonparticipating ambulance service providers at a specified rate for providing ground ambulance services; providing that certain payments by the insured constitute an accord and satisfaction of and a release of certain claims; prohibiting certain costsharing responsibilities paid from exceeding a certain amount; providing that an ambulance service provider and certain claims are subject to certain provisions; amending 627.6699, F.S.; requiring a small employer to comply with certain provisions; amending s. 641.31078, F.S.; defining the terms "ambulance service provider" and "out-of-network ambulance service provider"; requiring certain health maintenance contracts to require a health maintenance organization to reimburse out-of-network ambulance service providers at a specified rate for providing covered services; providing that certain payments by the subscriber constitute an accord and satisfaction of and a release of certain claims; prohibiting certain cost-sharing responsibilities paid from exceeding a certain amount; providing that an ambulance service is considered a provider and certain claims are subject to certain



127 provisions; providing an effective date.