

SENATE No. 655

The Commonwealth of Massachusetts

PRESENTED BY:

Walter F. Timilty

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 service reimbursement.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>	<i>1/24/2019</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>	<i>1/28/2019</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>1/31/2019</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>	<i>1/31/2019</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>1/31/2019</i>
<i>Diana DiZoglio</i>	<i>First Essex</i>	<i>2/1/2019</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>	<i>2/1/2019</i>
<i>James K. Hawkins</i>	<i>2nd Bristol</i>	<i>2/6/2019</i>

SENATE No. 655

By Mr. Timilty, a petition (accompanied by bill, Senate, No. 655) of Walter F. Timilty, Michael D. Brady, Louis L. Kafka, Patrick M. O'Connor and other members of the General Court for legislation relative to ambulance service reimbursement. Financial Services.

The Commonwealth of Massachusetts

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

An Act relative to ambulance service reimbursement.

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”, any policy, contract, agreement, plan or
14 certificate of insurance issued, delivered or renewed within the commonwealth that provides
15 coverage for expenses incurred by an insured for services rendered by an ambulance service
16 provider.

17 “Insured”, an individual entitled to ambulance services benefits under an insurance policy
18 or insurance contract.

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

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

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

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

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

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

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

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

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

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

77 president of the Professional Fire Fighters of Massachusetts; (viii) a representative of the
78 Massachusetts Ambulance Association, Incorporated; and (ix) the president of a commercial
79 insurer. The council shall make recommendations for rate increases in excess of the current
80 Health Care Cost Benchmark that consider (A) cost differences associated with differences in
81 geography that impact services; (B) differences in distances travelled for services; (C) the actual
82 cost of providing services and readiness; (D) quality of care; (E) any new costs for compliance
83 with new state or federal statutory or regulatory compliance.