

Insurance and Real Estate Committee

SENATE FAVORABLE REPORT

Bill No.: SB-324

AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR AMBULANCE SERVICES AND REQUIRING NOTIFICATION AND CONSENT REGARDING THE POTENTIAL COST OF SUCH SERVICES IN CERTAIN

Title: CIRCUMSTANCES.

Vote Date: 3/10/2020

Vote Action: Joint Favorable Substitute

PH Date: 3/5/2020

File No.:

***Disclaimer:** The following SENATE FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

To change mandatory health insurance benefits to ensure that medically-necessary transport to an insured person's home is covered, ensuring insured people are able to get said service in-network. It also requires an ambulance provider to notify and obtain consent from a person if they believe the services are not mandatory, so that the person is not burdened with out-of-network charges or charges not covered by insurance for the cost of the non-emergent ambulance ride.

RESPONSE FROM ADMINISTRATION/AGENCY:

Ted Doolittle, Office of the Healthcare Advocate: "This bill would enhance existing protections for consumers who receive medical and transportation services from ambulance and paramedic intercept services. SB 324 recognizes the lack of consumer options by effectively designating all ambulance services as in-network under health insurance plans issued in Connecticut, thereby ensuring that all medically necessary ambulance transportation services will be covered at an in-network level of benefits. SB 324 will also require ambulance and paramedic intercept services to disclose cost information obtain patient consent in advance of a nonemergency transport, in order to bill the patient for the cost of that particular service.... ensuring that individuals who receive medically necessary non-emergency services have sufficient information regarding their potential financial liability."

NATURE AND SOURCES OF SUPPORT:

Kathleen Flaherty, Esq., Executive Director, CT Legal Rights Project, INC.: "Many people fear calling for ambulance transportation because of the cost. If ambulance transportation is medically necessary, it should be covered. If the provider believes that such ambulance transportation is being sought for a nonemergency reason, they should provide notice of the cost so that a person can make an informed choice as to whether to take the ride."

CT Association of Health Plans: Support, testimony pending

NATURE AND SOURCES OF OPPOSITION:

Michelle Rakebrand, Assistant Counsel for CBIA, Connecticut Business and Industry Association: "CBIA broadly opposes any healthcare mandate bills without a complete cost-benefit analysis being conducted prior to passage. Health benefit mandates pose an enormous cost to all Connecticut residents."

Bruce Baxter, Interim President, CT EMS Chiefs Association:"Requiring 9-1-1 ambulance services to contract with health insurance plans that are written in the State of Connecticut places an undue burden on the entire 9-1-1 ambulance industry. Mandating 9-1-1 ambulance services who are out of network to accept assignment for in network reimbursement rates that are below the State set rate and without establishing a minimum reimbursement threshold for reimbursement erodes the already tenuous fiscal stability of the State's 9-1-1 ambulance response network and will require the individual municipalities to make up the difference with general funds from the tax base as an unfunded tax mandate from the State. The proposed language in Raised Bill 324 does not equitably resolve the issue in a manner creating a win/win solution. The easiest way to resolve the matter would be to require all insurance plans written in Connecticut to exempt the provision of 9-1-1 ambulance services from mandatory deductibles and reimburse each services State allowed rates less required patient co-pays. Under those specific terms an equitable solution would be created." (See full breakdown in full testimony)

David D. Lowell, President, Association of CT Ambulance Providers: "Emergency ambulance services are the result of a 9-1-1 or similar call for service. These are called in by (or on behalf of) the patient, are emergent and require immediate response. Ambulance services that respond to these emergency requests are required to do so under statute as a primary service area responder (PSAR). These responses are done so at risk, and without knowledge of a beneficiaries (patients) insurance plan coverage details. Many of the ambulance services who provide emergency response are certified providers which means they do not contract with an insurance company for 'In-network' designation because they do not perform 'non-emergency' ambulance transports. Non-emergency ambulance transports are ordered by or on behalf of a patient, who due to medically necessary conditions, must be cared for and transported on a stretcher in an ambulance to and from a medical appointment or to their residence when discharged from a hospital. It is particularly important to point out that most patients do not know what services are covered under their plans and whether insurance plans cover non-emergency ambulance services or not. Additionally, many

insurance plans have high deductibles or co-pays that often result in all the charges being billed to the insured person. the bill requires an ambulance provider to notify and obtain consent from a person before providing transportation services to the person, if the provider reasonably believes that such services are non-emergency transportation services. We find this to be an unnecessary and onerous requirement."

Reported by: Kaity Marzik

Date: April 24, 2020