

**Proposed Substitute  
Bill No. 324**

LCO No. 2814

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-498 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective January 1, 2021*):

3 (a) (1) Each individual health insurance policy providing coverage of  
4 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of  
5 section 38a-469 delivered, issued for delivery, renewed, amended or  
6 continued in this state shall provide coverage for medically necessary  
7 ambulance services for persons covered by the policy at an in-network  
8 level, including an in-network level of cost-sharing. The hospital policy  
9 shall be primary if a person is covered under more than one policy. The  
10 policy shall, as a minimum requirement, cover such services whenever  
11 any person covered by the contract is transported, when medically  
12 necessary, by ambulance; [to a]

13 (A) To a hospital; [. Such] or

14 (B) From a hospital to such person's place of residence.

15 (2) Except as otherwise provided in this section, the benefits required  
16 under this section shall be subject to any policy provision which applies

17 to other services covered by [such] the policies that are subject to this  
18 section. Notwithstanding any other provision of this section, such  
19 policies shall not be required to provide benefits in excess of the  
20 maximum allowable rate established by the Department of Public  
21 Health in accordance with section 19a-177.

22 (b) (1) Each such individual health insurance policy shall provide that  
23 any payment by such company, corporation or center for emergency  
24 ambulance services under coverage required by this section shall be  
25 paid directly to the ambulance provider rendering such service if such  
26 provider has complied with the provisions of this subsection and has  
27 not received payment for such service from any other source.

28 (2) Any ambulance provider submitting a bill for direct payment  
29 pursuant to this section shall [stamp the following statement on the face  
30 of each bill: "NOTICE: This bill subject to mandatory assignment  
31 pursuant to Connecticut general statutes".] indicate that such bill is  
32 subject to assignment by:

33 (A) Stamping such indication on such bill if such bill is submitted on  
34 paper; or

35 (B) Including such indication in such bill if such bill is submitted by  
36 electronic means.

37 (3) This subsection shall not apply to any transaction between an  
38 ambulance provider and an insurance company, hospital service  
39 corporation, medical service corporation, health care center or other  
40 entity if the parties have entered into a contract providing for direct  
41 payment.

42 Sec. 2. Section 38a-525 of the general statutes is repealed and the  
43 following is substituted in lieu thereof (*Effective January 1, 2021*):

44 (a) (1) Each group health insurance policy providing coverage of the  
45 type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-  
46 469 delivered, issued for delivery, renewed, amended or continued in

47 this state shall provide coverage for medically necessary ambulance  
48 services for persons covered by the policy at an in-network level,  
49 including an in-network level of cost-sharing. The hospital policy shall  
50 be primary if a person is covered under more than one policy. The policy  
51 shall, as a minimum requirement, cover such services whenever any  
52 person covered by the contract is transported, when medically  
53 necessary, by ambulance; [to a]

54 (A) To a hospital; [. Such] or

55 (B) From a hospital to such person's place of residence.

56 (2) Except as otherwise provided in this section, the benefits required  
57 under this section shall be subject to any policy provision which applies  
58 to other services covered by [such] the policies that are subject to this  
59 section. Notwithstanding any other provision of this section, such  
60 policies shall not be required to provide benefits in excess of the  
61 maximum allowable rate established by the Department of Public  
62 Health in accordance with section 19a-177.

63 (b) (1) Each such group health insurance policy shall provide that any  
64 payment by such company, corporation or center for emergency  
65 ambulance services under coverage required by this section shall be  
66 paid directly to the ambulance provider rendering such service if such  
67 provider has complied with the provisions of this subsection and has  
68 not received payment for such service from any other source.

69 (2) Any ambulance provider submitting a bill for direct payment  
70 pursuant to this section shall [stamp the following statement on the face  
71 of each bill: "NOTICE: This bill subject to mandatory assignment  
72 pursuant to Connecticut general statutes".] indicate that such bill is  
73 subject to assignment by:

74 (A) Stamping such indication on such bill if such bill is submitted on  
75 paper; or

76 (B) Including such indication in such bill if such bill is submitted by

77 electronic means.

78 (3) This subsection shall not apply to any transaction between an  
79 ambulance provider and an insurance company, hospital service  
80 corporation, medical service corporation, health care center or other  
81 entity if the parties have entered into a contract providing for direct  
82 payment.

83 Sec. 3. Section 19a-193a of the 2020 supplement to the general statutes  
84 is repealed and the following is substituted in lieu thereof (*Effective*  
85 *January 1, 2021*):

86 (a) Except as provided in subsection (c) of this section and subject to  
87 the provisions of sections 19a-177, 38a-498, as amended by this act, and  
88 38a-525, as amended by this act, any person who receives emergency  
89 medical treatment services or transportation services from a licensed  
90 ambulance service, certified ambulance service or paramedic intercept  
91 service shall be liable to such ambulance service for the reasonable and  
92 necessary costs of providing such services, irrespective of whether such  
93 person agreed or consented to such liability.

94 (b) Except as provided in subsection (c) of this section, any person  
95 who receives medical services or transport services under  
96 nonemergency conditions from a mobile integrated health care program  
97 shall be liable to such mobile health care integrated program for the  
98 reasonable and necessary costs of providing such services.

99 (c) The provisions of this section shall not apply to any person who  
100 receives: [emergency]

101 (1) Emergency medical treatment services or transportation services  
102 from a licensed ambulance service, certified ambulance service,  
103 paramedic intercept service or mobile integrated health care program  
104 for an injury arising out of and in the course of such person's  
105 employment as defined in section 31-275; [.] or

106 (2) Transportation services from a licensed ambulance service,

107 certified ambulance service or paramedic intercept service if such  
108 service reasonably believes that such transportation services are  
109 nonemergency transportation services, unless such service, before  
110 providing such transportation services:

111 (A) Discloses to such person the potential cost to such person if such  
112 transportation services are nonemergency transportation services; and

113 (B) Receives written consent from such person to provide such  
114 transportation services.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2021</i>	38a-498
Sec. 2	<i>January 1, 2021</i>	38a-525
Sec. 3	<i>January 1, 2021</i>	19a-193a