General Assembly **Substitute Bill No. 179**

***February Session, 2024***

SB00179PH 030424

## *AN ACT CONCERNING RATES FOR AMBULANCE AND PARAMEDIC SERVICES.*

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

Section 1. Subdivision (9) of section 19a-177 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(9) (A) Establish rates for the conveyance and treatment of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services and paramedic intercept services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance services and paramedic intercept services shall not include emergency air transport services or mobile integrated health care programs.

(B) Adopt regulations, in accordance with the provisions of chapter

54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but need not be limited to, provisions requiring that: **[**on and after July 1, 2000:**]** (i) Requests for rate increases **[**may**]** shall be filed no more frequently than once a year, except, **[**that,**]** in any case where an agency's rate schedule **[**of maximum allowable rates**]** falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services, certified ambulance services and paramedic intercept services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the **[**maximum allowable rates**]** rate schedule contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services, certified ambulance services and paramedic intercept services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the **[**maximum allowable rates**]** rate schedule contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than the last business day in August of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service, certified ambulance service or paramedic intercept service that is not applying for a rate increase, a written declaration by such licensed ambulance service, certified ambulance service or paramedic intercept service that no change in its currently approved **[**maximum allowable rates**]** rate schedule will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services, certified ambulance services and paramedic

intercept services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service, certified ambulance service or paramedic intercept service. Not later than November first, annually, the commissioner shall issue the licensed ambulance service, certified ambulance service and paramedic intercept service rate schedule for each such agency that applies for a rate increase pursuant to clause (ii) of this subparagraph. Not later than October first, annually, the commissioner shall issue the rate schedule for each such agency that accepts the ambulance service or paramedic intercept service rate schedule pursuant to clause (iii) of this subparagraph.

(C) Establish rates for licensed ambulance services, certified ambulance services or paramedic intercept services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms have the meanings provided in 42 CFR 414.605; and (ii) mileage, which may include mileage for an ambulance transport when the point of origin and final destination for a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision.

(D) Establish rates for the treatment and release of patients by a licensed or certified emergency medical services organization or a

provider who does not transport such patients to an emergency department and who is operating within the scope of such organization's or provider's practice and following protocols approved by the sponsor hospital. The rates established pursuant to this subparagraph shall not apply to the treatment provided to patients through mobile integrated health care programs;

Sec. 2. Section 38a-498 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2025*):

(a) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medically necessary conveyance and treatment and emergency medical services by licensed and certified ambulance services and paramedic intercept services for persons covered by the policy pursuant to the rate schedule issued by the Commissioner of Public Health pursuant to subdivision (9) of section 19a-177, as amended by this act. The hospital policy shall be primary if a person is covered under more than one policy. The policy shall, as a minimum requirement, cover such services whenever any person covered by the contract is transported when medically necessary by ambulance to a hospital. Such benefits shall be subject to any policy provision which applies to other services covered by such policies. Notwithstanding any other provision of this section, such policies shall not be required to provide benefits in excess of the **[**maximum allowable**]** rate schedule established by the Department of Public Health in accordance with section 19a-177, as amended by this act.

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

(2) Any ambulance or paramedic intercept service provider submitting a bill for direct payment pursuant to this section shall stamp the following statement on the face of each bill: "NOTICE: This bill subject to mandatory assignment pursuant to Connecticut general statutes".

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

Sec. 3. Section 38a-525 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2025*):

(a) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medically necessary conveyance and treatment and emergency medical services by licensed and certified ambulance services and paramedic intercept services for persons covered by the policy pursuant to the rate schedule issued by the Commissioner of Public Health pursuant to subdivision (9) of section 19a-177, as amended by this act. The hospital policy shall be primary if a person is covered under more than one policy. The policy shall, as a minimum requirement, cover such services whenever any person covered by the contract is transported when medically necessary by ambulance to a hospital. Such benefits shall be subject to any policy provision which applies to other services covered by such policies. Notwithstanding any other provision of this section, such policies shall not be required to provide benefits in excess of the **[**maximum allowable**]** rate schedule established by the Department of Public Health in accordance with section 19a-177, as amended by this act.

(b) (1) Each such group health insurance policy shall provide that any payment by such company, corporation or center for emergency

ambulance services under coverage required by this section shall be paid directly to the ambulance or paramedic intercept service provider rendering such service if such provider has complied with the provisions of this subsection and has not received payment for such service from any other source.

(2) Any ambulance or paramedic intercept service provider submitting a bill for direct payment pursuant to this section shall stamp the following statement on the face of each bill: "NOTICE: This bill subject to mandatory assignment pursuant to Connecticut general statutes".

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

| This act shall take effect as follows and shall amend the following sections: | | |
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| Section 1 | *July 1, 2024* | 19a-177(9) |
| Sec. 2 | *January 1, 2025* | 38a-498 |
| Sec. 3 | *January 1, 2025* | 38a-525 |

***Statement of Legislative Commissioners:***
In Section 2(b)(3), "ambulance provider or paramedic intercept service provider" was changed to "ambulance or paramedic intercept service provider", for consistency with Section 2(b)(1) and (b)(2) and Section 3(b).

***PH*** *Joint Favorable Subst.*