
OLR Bill Analysis

sSB 179

AN ACT CONCERNING RATES FOR AMBULANCE AND PARAMEDIC SERVICES.

SUMMARY

Existing law generally requires certain health insurance policies to cover medically necessary ambulance services. This bill expands this coverage requirement by (1) requiring health carriers to provide this coverage in line with the rate schedule that the Department of Public Health (DPH) sets for these services and (2) extending this coverage requirement to include paramedic intercept services.

By law, DPH must establish emergency medical services (EMS) rates and adopt regulations on rate-setting methods. Corresponding to the insurance changes, the bill eliminates provisions referring to required regulations on the “maximum allowable rates” for EMS services, and instead refers to the “rate schedule” set by DPH.

Additionally, the bill sets an annual (1) October 1 deadline for DPH to issue the EMS rate schedule for ambulance and paramedic intercept service agencies that accept the DPH-set rate and (2) November 1 deadline for DPH to issue rates for these agencies that apply for a rate increase in excess of the inflationary increase and do not accept the rate schedule. By law, these agencies have the option to either accept DPH’s established rate with an inflationary increase or request a higher rate (in which case, they must file detailed financial information).

EFFECTIVE DATE: July 1, 2024, except that the insurance provisions are effective January 1, 2025.

INSURANCE COVERAGE

Under current law, certain health insurance policies must cover medically necessary ambulance services. The bill requires coverage of

medically necessary conveyance and treatment and emergency medical services by ambulance and paramedic intercept services, according to DPH's rate schedule. Similar to current law, the bill specifies that carriers are not required to provide coverage exceeding DPH's rate schedule. (By law, "paramedic intercept services" are paramedic treatment services provided by an entity that does not provide the ground ambulance transport.)

The bill also requires that for paramedic intercept services, as under existing law for ambulance services, (1) the policy must generally provide for direct payment to the provider and (2) if the provider submits a bill for direct payment, the bill must indicate that it is subject to mandatory assignment.

As under current law, the bill applies to individual or group policies delivered, issued, amended, renewed, or continued that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; (4) accident-only coverage, (5) limited benefit coverage (individual plans only); and (6) hospital or medical services, including HMOs. (Because of the federal Employee Retirement Income Security Act (ERISA), state insurance mandates do not apply to self-insured benefit plans.)

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 35 Nay 2 (03/04/2024)