

April 17, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1322

Introduced by

Representative Weisz

Senator Roers

In place of amendment (25.0744.03001) adopted by the Senate, Engrossed House Bill No. 1322 is amended by amendment (25.0744.03002) as follows:

1 A BILL for an Act to create and enact a new ~~chapter to title 23~~ section to chapter 23-27 and a
2 new section to chapter 26.1-47 of the North Dakota Century Code, relating to ambulance
3 service balanced billing and provider reimbursement; to amend and reenact section 23-27-04.8
4 of the North Dakota Century Code, relating to emergency medical services communication; to
5 provide for a legislative management study; and to provide an appropriation.

6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

7 **SECTION 1. AMENDMENT.** Section 23-27-04.8 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 **23-27-04.8. Emergency medical services operation communications.**

10 The department ~~shall use pagers or third-party vendors and cell phones as a~~
11 ~~communication method and~~ may regulate the primary communications methods and protocols
12 for emergency medical services operations ~~in a manner~~ while permitting secondary
13 communications through other devices, including cell phones. The regulations must be
14 consistent with the protocols established by the department of emergency services.

15 ~~—SECTION 2. A new chapter to title 23 of the North Dakota Century Code is created and~~
16 ~~enacted as follows:~~

17 ~~—Definitions.~~

18 ~~—1. "Ambulance service provider" means a service entity licensed under chapter 23-27 as~~
19 ~~a basic life support or advanced life support ambulance service. The term does not~~
20 ~~include an air ambulance provider.~~

- 1 ~~2. "Balance bill" means the amount an ambulance service provider may charge and~~
2 ~~collect from a covered individual for the provision of ambulance services, equaling the~~
3 ~~difference between the amount paid by the health care insurer and the amount the~~
4 ~~ambulance service provider billed.~~
- 5 ~~3. "Covered person" means an individual eligible to receive coverage of covered services~~
6 ~~by a health care insurer under a health benefit plan.~~
- 7 ~~4. "Covered services" means medically necessary patient care or transportation provided~~
8 ~~by ambulance service providers.~~
- 9 ~~5. "Health care insurer" means an entity subject to state insurance regulation that~~
10 ~~provides health benefit coverage in this state. The term includes:~~
- 11 ~~a. An insurance company;~~
12 ~~b. A health maintenance organization;~~
13 ~~c. A hospital or medical service corporation; and~~
14 ~~d. A risk-based provider organization.~~
- 15 ~~6. "Medicare reimbursement rate" means the reimbursement rate for a particular health~~
16 ~~care service provided under the Health Insurance for the Aged and Disabled Act, title~~
17 ~~XVII of the federal Social Security Act of 1965 [42 U.S.C. 1395 et seq.], as amended.~~
- 18 ~~**Direct payment required – Determination of reimbursement rate for out-of-network**~~
19 ~~**ambulance service providers.**~~
- 20 ~~1. All reimbursements made by a health care insurer for the provision of ambulance~~
21 ~~services to a covered individual must be paid directly to the ambulance service~~
22 ~~provider or the provider's designee.~~
- 23 ~~2. If a covered person receives ambulance services from an out-of-network ambulance~~
24 ~~service provider, the health care insurer shall pay the ambulance service provider the~~
25 ~~lesser of:~~
- 26 ~~a. Two hundred fifty percent of the Medicare reimbursement rate for the same~~
27 ~~service in the same geographic area; or~~
- 28 ~~b. The ambulance provider's billed charges.~~
- 29 ~~3. Any rate the health care insurer pays under this section may not be required to include~~
30 ~~the coinsurance, copayment, and deductible owed or already paid by the covered~~
31 ~~person.~~

~~**Balance billing prohibited – Enforcement.**~~

~~1. An ambulance service provider may not collect or bill more than the covered individual's deductible, coinsurance, copayment, or other cost-sharing amount the covered individual would be responsible for if services were provided by a participating ambulance service provider.~~

~~2. The insurance commissioner may adopt rules to implement and enforce this section.~~

SECTION 2. A new section to chapter 23-27 of the North Dakota Century Code is created and enacted as follows:

Balance billing prohibited - Enforcement.

1. For purposes of this section, "ambulance service provider" means a service entity licensed under chapter 23-27 as a basic life support or advanced life support ambulance service. The term does not include an air ambulance provider.

2. An ambulance service provider may not collect or bill more than the covered individual's deductible, coinsurance, copayment, or other cost-sharing amount the covered individual would be responsible for if services were provided by a participating ambulance service provider.

SECTION 3. A new section to chapter 26.1-47 of the North Dakota Century Code is created and enacted as follows:

Ambulance insurance coverage - Direct payment required - Determination of reimbursement rate for out-of-network ambulance service providers.

1. As used in this section:

a. "Ambulance service provider" means a service entity licensed under chapter 23-27 as a basic life support or advanced life support ambulance service. The term does not include an air ambulance provider.

b. "Covered person" means an individual eligible to receive coverage of covered services by a health care insurer under a health benefit plan.

c. "Covered services" means medically necessary patient care or transportation provided by ambulance service providers.

d. "Health care insurer" means an entity subject to state insurance regulation that provides health benefit coverage in this state. The term includes:

(1) An insurance company;

(2) A health maintenance organization;

(3) A hospital or medical service corporation; and

(4) A risk-based provider organization.

e. "Medicare reimbursement rate" means the reimbursement rate for a particular health care service provided under the Health Insurance for the Aged and Disabled Act, title XVIII of the federal Social Security Act of 1965 [42 U.S.C. 1395 et seq.], as amended.

2. All reimbursements made by a health care insurer for the provision of ambulance services to a covered individual must be paid directly to the ambulance service provider or the provider's designee.

3. If a covered person receives ambulance services from an out-of-network ambulance service provider, the health care insurer shall pay the ambulance service provider the lesser of:

a. Two hundred fifty percent of the Medicare reimbursement rate for the same service in the same geographic area; or

b. The ambulance provider's billed charges.

4. Any rate the health care insurer pays under this section may not be required to include the coinsurance, copayment, and deductible owed or already paid by the covered person.

5. The insurance commissioner may adopt rules to implement and enforce this section.

SECTION 4. LEGISLATIVE MANAGEMENT STUDY - DELINQUENT BILLING

REIMBURSEMENT. During the 2025-26 interim, the legislative management shall consider studying the feasibility and desirability of establishing a delinquent billing reimbursement grant system for ambulance service providers. The study must include input from stakeholders, including the insurance department, and a survey of ambulance service providers. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the seventieth legislative assembly.

SECTION 5. APPROPRIATION - LEGISLATIVE COUNCIL - DELINQUENT BILLING

REIMBURSEMENT - ONE-TIME FUNDING. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$20,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for

- 1 consulting services for the study provided for in section 3 of this Act, for the biennium beginning
- 2 July 1, 2025, and ending June 30, 2027. The ~~funding provided~~appropriation in this section is a
- 3 one-time funding item.