

Sixty-ninth  
Legislative Assembly  
of North Dakota

**FIRST ENGROSSMENT**  
**with Conference Committee Amendments**  
**ENGROSSED HOUSE BILL NO. 1322**

Introduced by

Representative Weisz

Senator Roers

1 A BILL for an Act to create and enact a new section to chapter 23-27 and a new section to  
2 chapter 26.1-47 of the North Dakota Century Code, relating to ambulance service balanced  
3 billing and provider reimbursement; to amend and reenact section 23-27-04.8 of the North  
4 Dakota Century Code, relating to emergency medical services communication; to provide for a  
5 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 may regulate the primary communications methods and protocols for  
11 emergency medical services operations in a manner while permitting secondary  
12 communications through other devices, including cell phones. The regulations must be  
13 consistent with the protocols established by the department of emergency services.

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

16 **Balance billing prohibited - Enforcement.**

- 17 1. For purposes of this section, "ambulance service provider" means a service entity  
18 licensed under chapter 23-27 as a basic life support or advanced life support  
19 ambulance service. The term does not include an air ambulance provider.  
20 2. An ambulance service provider may not collect or bill more than the covered  
21 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 person 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:**

- 1           a. Two hundred fifty percent of the Medicare reimbursement rate for the same
- 2           service in the same geographic area; or
- 3           b. The ambulance provider's billed charges.
- 4       4. Any rate the health care insurer pays under this section may not be required to include
- 5       the coinsurance, copayment, and deductible owed or already paid by the covered
- 6       person.
- 7       5. The insurance commissioner may adopt rules to implement and enforce this section.

#### 8       **SECTION 4. LEGISLATIVE MANAGEMENT STUDY - DELINQUENT BILLING**

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

#### 15      **SECTION 5. APPROPRIATION - LEGISLATIVE COUNCIL - DELINQUENT BILLING**

16      **REIMBURSEMENT - ONE-TIME FUNDING.** There is appropriated out of any moneys in the  
17      general fund in the state treasury, not otherwise appropriated, the sum of \$20,000, or so much  
18      of the sum as may be necessary, to the legislative council for the purpose of contracting for  
19      consulting services for the study provided for in section 4 of this Act, for the biennium beginning  
20      July 1, 2025, and ending June 30, 2027. The appropriation provided in this section is  
21      considered a one-time funding item.