

Sixty-ninth  
Legislative Assembly  
of North Dakota

**HOUSE BILL NO. 1322**

Introduced by

Representative Weisz

Senator Roers

1 A BILL for an Act to create and enact a new chapter to title 23 of the North Dakota Century  
2 Code, relating to ambulance service provider reimbursement.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1.** A new chapter to title 23 of the North Dakota Century Code is created and  
5 enacted as follows:

6 **Definitions.**

- 7 1. "Ambulance service provider" means a service entity licensed under chapter 23-27 as  
8 a basic life support or advanced life support ambulance service.
- 9 2. "Balance bill" means the amount an ambulance service provider may charge and  
10 collect from a covered individual for the provision of ambulance services, equaling the  
11 difference between the amount paid by the health care insurer and the amount the  
12 ambulance service provider billed.
- 13 3. "Covered person" means an individual eligible to receive coverage of covered services  
14 by a health care insurer under a health benefit plan.
- 15 4. "Covered services" means medically necessary patient care or transportation provided  
16 by ambulance service providers.
- 17 5. "Health care insurer" means an entity subject to state insurance regulation that  
18 provides health benefit coverage in this state. The term includes:
- 19 a. An insurance company;
- 20 b. A health maintenance organization;
- 21 c. A hospital or medical service corporation;
- 22 d. A risk-based provider organization; and
- 23 e. A sponsor of a nonfederal, self-funded governmental plan.

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

4       **Direct payment required - Determination of reimbursement rate.**

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

8       2. If a covered person receives ambulance services from an ambulance service provider,  
9       the health care insurer shall pay the ambulance service provider the lesser of:

10      a. Four hundred percent of the Medicare reimbursement rate for the same service  
11      in the same geographic area; or

12      b. The ambulance provider's billed charges.

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

16      4. Payments made by the health care insurer must include notification to the ambulance  
17      service provider disclosing whether the health care plan is subject to the exclusive  
18      jurisdiction of the Employee Retirement Income Security Act of 1974 [29 U.S.C. 1001,  
19      et seq.].

20      **Balance billing prohibited - Enforcement.**

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

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