

PROPOSED AMENDMENTS TO

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; to amend and reenact section
3 23-27-04.8 of the North Dakota Century Code, relating to emergency medical services
4 communication; to provide for a legislative management study; and to provide an appropriation.

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

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

8 **23-27-04.8. Emergency medical services operation communications.**

9 The department shall use pagers or third-party vendors and cell phones as a
10 communication method and may regulate the ~~communications methods and~~ protocols for
11 emergency medical services operations in a manner consistent with the protocols established
12 by the department of emergency services.

13 **SECTION 2.** A new chapter to title 23 of the North Dakota Century Code is created and
14 enacted as follows:

15 **Definitions.**

- 16 1. "Ambulance service provider" means a service entity licensed under chapter 23-27 as
17 a basic life support or advanced life support ambulance service. The term does not
18 include an air ambulance provider.
- 19 2. "Balance bill" means the amount an ambulance service provider may charge and
20 collect from a covered individual for the provision of ambulance services, equaling the

- 1 difference between the amount paid by the health care insurer and the amount the
2 ambulance service provider billed.
- 3 3. "Covered person" means an individual eligible to receive coverage of covered services
4 by a health care insurer under a health benefit plan.
- 5 4. "Covered services" means medically necessary patient care or transportation provided
6 by ambulance service providers.
- 7 5. "Health care insurer" means an entity subject to state insurance regulation that
8 provides health benefit coverage in this state. The term includes:
- 9 a. An insurance company;
10 b. A health maintenance organization;
11 c. A hospital or medical service corporation; and
12 d. A risk-based provider organization; and
13 ~~e. A sponsor of a nonfederal, self-funded governmental plan.~~
- 14 6. "Medicare reimbursement rate" means the reimbursement rate for a particular health
15 care service provided under the Health Insurance for the Aged and Disabled Act, title
16 XVII of the federal Social Security Act of 1965 [42 U.S.C. 1395 et seq.], as amended.

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

- 18 1. All reimbursements made by a health care insurer for the provision of ambulance
19 services to a covered individual must be paid directly to the ambulance service
20 provider or the provider's designee.
- 21 2. If a covered person receives ambulance services from an ambulance service provider,
22 the health care insurer shall pay the ambulance service provider the lesser of:
- 23 a. Four hundred percent of the Medicare reimbursement rate for the same service
24 in the same geographic area; or
- 25 b. The ambulance provider's billed charges.
- 26 3. Any rate the health care insurer pays under this section may not be required to include
27 the coinsurance, copayment, and deductible owed or already paid by the covered
28 person.
- 29 ~~4. Payments made by the health care insurer must include notification to the ambulance~~
30 ~~service provider disclosing whether the health care plan is subject to the exclusive~~

~~jurisdiction of the Employee Retirement Income Security Act of 1974 [29 U.S.C. 1001,
et seq.].~~

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