

**2025 HOUSE HUMAN SERVICES**

**HB 1322**

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1322  
1/20/2025

Relating to ambulance service provider reimbursement.
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10:00 a.m. Chairman M. Ruby called the meeting to order.

Members present: Chairman M. Ruby, Vice Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

### Discussion Topics:

- Reimbursement
- Balanced billing
- No surprises act
- Proposed amendments for air ambulance services, in-network providers, and governmental plans.
- "Ambulance services" definition too broad

10:00 a.m. Representative Weisz, District 14, introduced the bill.

10:05 a.m. Bryan Barret, North Dakota EMS Association, introduced Adam Parker.

10:05 a.m. Adam Parker, on behalf of the North Dakota Emergency Medical Services Association, testified in favor and submitted testimony, #30137.

10:26 a.m. Tim Blasl, President of the North Dakota Hospital Association, testified in favor and submitted testimony, #30063.

10:27 a.m. Megan Hruby, Blue Cross Blue Shield of North Dakota, testified in opposition and submitted testimony, #30116.

10:39 a.m. Dylan Wheeler, Head of Government Affairs, Sanford Health Plan, testified in opposition and submitted testimony, #30097.

10:44 a.m. Chairman Ruby closed the hearing.

*Jackson Toman, Committee Clerk*



**2025 HB 1322**  
**House Human Services Committee**  
**Representative Matthew Ruby, Chairman**  
**January 20, 2025**

Chairman Ruby and members of the House Human Services Committee, I am Tim Blasl, President of the North Dakota Hospital Association (NDHA). I am here to testify in support of House Bill 1322. I ask that you give this bill a **Do Pass** recommendation.

Hospitals are here today in support of this bill because some hospitals in North Dakota own and operate their own ambulance service. Our association appreciates the work the legislature has done over the years to try and stabilize the ambulance service industry.

When visiting hospitals that provide ambulance services the biggest challenges, I continue to hear are related to funding and workforce. This bill would help stabilize ambulance services by increasing the reimbursement ambulance providers currently receive. It would require the health care insurer to pay the ambulance service provider the lesser of four hundred percent of Medicare or the ambulance provider's billed charges.

We support this bill because it would increase funding for both independent and hospital owned ambulance providers in North Dakota.

In summary, we support the passage of this bill and hope that you give it a **Do Pass** recommendation.

I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Tim Blasl, President  
North Dakota Hospital Association



Chairman Ruby and Members of the House Human Services Committee –

Good Morning, my name is Dylan Wheeler – Head of Government Affairs for Sanford Health Plan; testifying today in opposition to HB1322. However, at the outset, we want to express our strong support for the last section of the bill, which prohibits balance billing for ambulance services – specifically ground ambulance providers. At the Federal level, the No Surprises Act largely now prohibits balance billing for non-contracted providers (air ambulance, for example); however, ground ambulance providers were not included in that Federal law. We sincerely appreciate state legislative efforts to fill that void, which protects patients and members from surprise medical bills for ground ambulance providers.

Our primary concern with HB1322 is contained within section 2 – which establishes a 400% of Medicare rate for ambulance services. As the term “ambulance services” is broadly defined; the scope of that term may need further discussion as not all ambulance services are equal – for example, ground versus air ambulance or emergent versus non-emergent transportation.

We recognize, that especially in rural areas, ambulance access may be a barrier for patients and members. For the purposes of my testimony, we are assuming that contracted rates for ambulance providers would still dictate reimbursement for ambulance services and this rate cap would not apply to existing or future contracts. We would like to maintain the autonomy to negotiate contracts with ambulance providers and not artificially set a rate in statute. Reimbursement rates – specifically with ambulance services – are created through considering a number of factors. Rates are typically established through private negotiations with ambulance providers; if, through negotiations, that rate is accepted – that provider is then contracted with the health plan.

Existing rates for ambulance services in the market today are well below the proposed 400% of Medicare – the 400% proposal amounts to nearly double the rate that which ambulances (ground ambulance for this example) are reimbursed today. By contrast, through the Medicaid Expansion program, rates are generally capped around 145% of Medicare due to recent State legislation. Through Federal price transparency efforts, health plan rates are now available online. **If a provider would be able to obtain double reimbursement by refusing to contract with a health plan, that removes the incentive to contract with health plans – and ultimately will result in increased prices in the market.**

Sanford Health Plan supports access to ambulance services as, often times, those moments are when our patients and members may be at some of the toughest points in their lives. Yet, we need to maintain a strong contracting and network structure to maintain financial stability of premiums and minimizing increasing the costs of health care.

We are committed with working with the proponents on a potential compromise and our ultimate goal is to keep the patient and member out of those financial discussions, maintain a competitive pricing market, and increase access to ambulance services in North Dakota.

I welcome any questions and thank you for the consideration.

Dylan C. Wheeler

Head of Government Affairs

Sanford Health Plan

**Blue Cross Blue Shield of North Dakota**  
4510 13th Avenue South • Fargo, ND 58121



Good Morning, Chairman Ruby and members of the House Human Services committee. My name is Megan Hruby and I am with Blue Cross Blue Shield of North Dakota. Thank you for having me this morning.

Blue Cross is opposed to House Bill 1322, relating to ambulance service provider reimbursement, on the basis that it would disincentivize provider networks which increases costs, it sets reimbursement pricing in state law and parts of it have already been litigated by the State in federal court. However, understanding that the federal No Surprises Act (NSA) left balance billing provisions to the states to determine, with several amendments, we could potentially get to a place where we could support the bill.

If the intentions of the bill sponsors were to address issues solely in ground ambulance sustainability, that is unclear. The term “ambulance services provider” in the bill means a service entity licensed under chapter 23-27 as a basic life support or advance life support service. Section 23-27-01 requires DHHS to license emergency medical services operations. “Emergency medical services operation” is defined at NDCC 23-27-02(3) to include air ambulance services. Under the holding from the 8<sup>th</sup> circuit case from 2021 (*Guardian Flight LLC v. Godfread*, 991 F.3d 916 (8<sup>th</sup> Cir. 2021)), the bill as it applies to air ambulances would likely be pre-empted by the federal Airline Deregulation Act. We would suggest the following amendment to ensure air ambulances are removed from this legislation:

Page 1, line 7, after “entity” insert “, other than air ambulance services,”

BCBSND is proud to be the dominant health carrier in the state with a provider network that includes 99% of doctors and hospitals in the state, out of state and international coverage with our BlueCard program, and 95% of ground ambulance services. In addition, we are proud to call over 450,000 North Dakotans Blue Cross Blue Shield policy holders and members.

One of the tenets of a free-market economy is voluntary participation. In health insurance, we have in network and out of network providers. In network providers have chosen to contract with us, agreed to pricing and are subject to our standards. As previously mentioned, over 90% of the state’s ambulance service providers are in network with BCBSND. Providers who have a contract with us are not allowed to balance bill our members. It is a provision that we put into our contract to protect our members from additional and exorbitant medical costs and stress. It is again unclear if the authors of this legislation intended to include in network providers, but as currently written, the legislation does include providers under current contract with us. This legislation would negate all of those contracts. If we wanted to amend this bill to have these provisions only apply to out of network and non-participating providers, we would suggest the following amendments:

Page 2, line 5, after “insurer”, insert “to a non-participating or out of network ambulance service provider”

Page 2, line 6, after “the” insert “non-participating or out of network”

Page 2, line 8, remove “an”, and insert “a non-participating or out of network”

Page 2, line 9, after “the”, insert “non-participating or out of network”

As you may know, self-funded plans, or those that are paid for by the employer, are not subject to state law or mandate. (See attached handout on self-funded versus fully insured plans.) They are governed by ERISA, or federal law. Therefore, we would suggest removing lines 16-19 on page two. Also, at page 1, line 23, the bill seems to attempt to apply its provisions to “some” self-funded health plans, which again is pre-empted under ERISA. The language says the term “health care insurer”, which is required to do all the things noted above, includes “A sponsor

of a nonfederal, self-funded governmental plan.” There are two issues with this provision: (1) this language is pre-empted by ERISA; and (2) what exactly is a nonfederal, self-funded government plan? Would that term include ND PHIT, all city and county government plans, all school district plans, etc.? If so, these provisions would add a lot of costs for ambulance services to these employer funded plans by requiring a higher amount of payment for ambulance services. Therefore, BCBSND would suggest the following amendment:

Page 1, line 22, remove “; and”

Page 1, line 23, remove “A sponsor of a nonfederal, self-funded governmental plan”

Lastly, the bill attempts to set mandated reimbursement rates in state statute. In 2022 and 2023 respectively, BCBSND paid \$252,999,681.05 and \$274,249,893.31 for ND state legislature-imposed health insurance mandates. Over the last 7-8 years we have seen mandates have anywhere from a \$250million-nearly \$300million impact on our members’ costs annually. We’ve seen that start to level off more consistently as we’ve worked together on sound non-mandated-based policy. Further, our ability to contract with each ambulance provider allows us some flexibility to determine if, for example, a rural ambulance might need a slightly higher rate than an urban ambulance service. Setting a blanket reimbursement rate in code does nothing but increase costs to our members while reducing incentives to keep healthcare standards high and costs lower.

Thank you, Chairman Ruby, and members of the committee. I’ll stand for any questions you may have.

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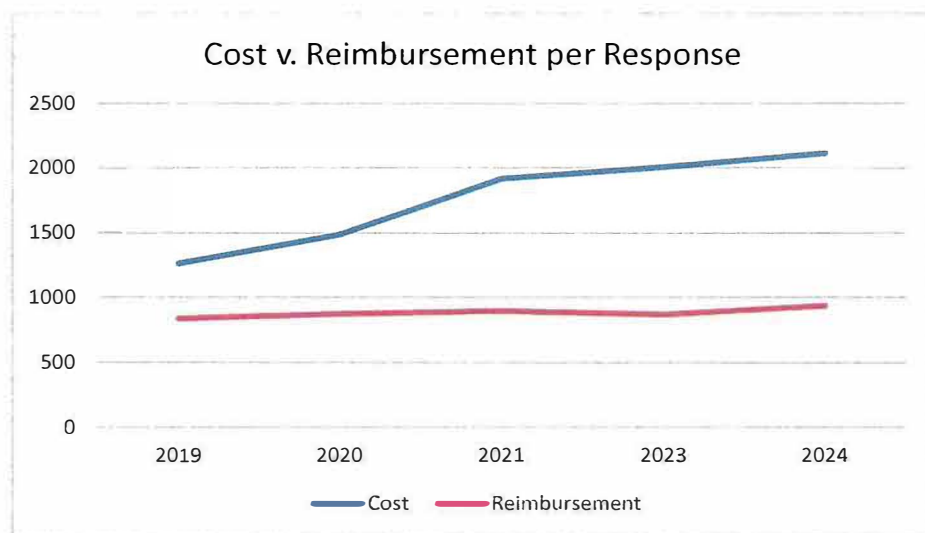
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Testimony  
House Bill 1322  
House Human Services Committee  
Monday, January 19, 2025  
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Ruby and members of the committee. My name is Adam Parker, and I am speaking on behalf of the North Dakota Emergency Medical Services Association. The Association supports HB 1322.

The No Surprises Act (NSA), passed by Congress in December 2020, largely prohibits balance billing patients for emergency services. One notable exception was ground ambulance services. An advisory committee was established by the NSA to make recommendations to Congress on how to prevent balance billing while ensuring access to services in the ground ambulance space. That committee published its report last Fall, and we expect Congress to act on the recommendations in the future. It is likely Congress will defer to state protections, if such protections exist. Therefore, we feel it's important to address this issue in our state to ensure a solution that meets the specific needs of our rural ambulance services.

Currently, 116 licensed ambulance services provide emergency response and transportation, as well as non-emergent services, 24 hours a day, 7 days a week. The cost of delivering these services has increased 66% over the past 6 years. Reimbursement, however, has remained largely stagnant, increasing only 11% over the same period. Therefore, the difference between the cost to deliver ambulance services and the reimbursement of those services is carried, in large part, by property tax payers.





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At least 14 other states have enacted similar legislation, and 8 other states are considering such legislation, that protects patients from surprise bills while ensuring access by setting a rate which insurers must pay. HB 1322 accomplishes three primary objectives:

- 1) Prohibits ambulance service providers from collecting payments from a patient that is greater than the applicable coinsurance, copayment, and deductible.
- 2) Ensures payment for services are paid directly to the ambulance service provider
- 3) Sets a rate the healthcare insurer must pay to ensure access to ambulance services

Ambulance services in North Dakota often enter into contract with healthcare insurers because of a need to have timely payment for the services rendered. Absent a contract, the healthcare insurer will send payment to the patient, rather than the ambulance service. The ambulance service then has to attempt to collect from the patient, which is often difficult and results in significant delays in payment. Therefore, the ambulance services enter into contract with the largest healthcare insurers in North Dakota simply to receive direct payments.

Furthermore, ambulance services report no opportunity to have a meaningful negotiation over the rates for services. Rather, the contracts are a take-it-or-leave-it option because the ambulance services lack any significant leverage to negotiate. The healthcare insurers know the ambulance services need the money sent directly to them, and they know the ambulance must respond to and serve their covered persons, regardless of whether a contract exists or not. This leaves all the cards in the hands of the healthcare insurer.

For this reason, the bill proposes a direct payment provision. This is only logical, since the ambulance service is the one that has provided the services and should be paid for the services provided. However, this provision alone would result in an increase in balance bills submitted to patients.

Therefore, it is important for the provision that prevents ambulance services from balance billing patients to be included in the bill. This ensures patients are not responsible for more than their copayment, coinsurance, and deductible under their health plan.

Lastly, if we prohibit ambulance services from collecting directly from patients, without setting the rate that healthcare insurers must pay, we risk jeopardizing access to services due to financial insolvency. Ambulance services simply cannot survive when losing money on every call they respond to.

The bill proposes a rate of 400% of Medicare. The average cost of delivering ambulance services, as illustrated by state data, is \$2,110.35 per response. Since not every response is a reimbursable call, the cost per transport (or reimbursable call) would be more. Also, Medicare and Medicaid reimburse well below the cost of providing service, so those transports are underfunded as well. A recent Medicare Ground Ambulance Data Collection Report found the average cost per response for low volume ambulances to be \$2,457. The average cost per

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transport was \$3,652. Therefore, the state collected data is in alignment with federally collected data.

The Medicare rate for a BLS emergent ambulance call is \$435.90 and \$8.76 per mile. 400% of the base rate would be \$1,743.60. If the call was in a "super-rural" area the base rate would be \$2,201.80. The rate per mile, at 400%, would be between \$35.04 and \$36.08 depending on geographic modifiers.

This rate would put the reimbursement more in line with the cost-of-service delivery, thus decreasing the burden on local taxpayers to subsidize the healthcare insurers below-cost reimbursement rates.

This bill will help to strengthen our EMS system in North Dakota while ensuring access to our critical rural ambulance services. We appreciate the legislature's long-standing support to the EMS system and look forward to working with you on this bill.

Thank you for the opportunity to testify, I would be happy to answer any questions you may have.

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1322  
1/21/2025

Relating to ambulance service provider reimbursement.
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4:36 p.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

### **Discussion Topics:**

- Subcommittee

4:36 p.m. Chairman M. Ruby assigns subcommittee with Representatives Fegley chairing, also including Representatives Frelich, Dobervich and Bolinske.

4:37 p.m. Chairman M. Ruby closed the hearing.

*Jackson Toman, Committee Clerk by Risa Berube*

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1322  
2/3/2025  
Subcommittee

Relating to ambulance service provider reimbursement.
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4:58 p.m. Chairman Fegley opened the hearing.

Members Present: Chairman Fegley, Vice-Chairman Frelich, Representatives Bolinske, Dobervich

### Discussion Topics:

- Proposed amendments

5:07 p.m. Megan Hruby, Blue Cross Blue Shield, gave testimony on the amendments. (Testimony #30116, previously submitted)

5:20 p.m. Dylan Wheeler, Sanford Health Plan, gave testimony on the amendments. (Testimony #30116, previously submitted)

5:30 p.m. Representative Dobervich moved to amend the bill to exempt air ambulance services.

5:30 p.m. Representative Bolinske seconded the motion.

5:31 p.m. Voice vote passed.

5:32 p.m. Representative Dobervich moved to further amend the bill to remove "; and A sponsor of a nonfederal, self-funded governmental plan" under Section 2, subsection 5, item e.

5:32 p.m. Vice-Chairman Frelich seconded the motion.

5:33 p.m. Voice vote passed.

5:34 p.m. Megan Hruby gave further testimony on the amendments.

5:44 Bill Kalanek, North Dakota EMS Association, gave testimony on the amendments. (Testimony #30116, previously submitted)

5:50 p.m. Representative Dobervich moved to further amend the bill relating to the insurance tax distribution fund.

5:51 p.m. Vice-Chairman Frelich seconded the motion.

5:56 p.m. Bill Kalanek gave further testimony on the amendment.

5:58 p.m. Voice vote passed

5:59 p.m. Chairman Fegley adjourned the meeting.

*Jackson Toman, Committee Clerk by Risa Berube  
Bill further amended on 02/18/25.*

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1322  
2/18/2025

Relating to ambulance service provider reimbursement.
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9:47 a.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

### Discussion Topics:

- Committee action
- Pagers, air ambulance services, and a study

9:50 a.m. Representative Fegley introduced proposed amendments LC#25.0744.01003. #44867.

9:59 a.m. Chairman M. Ruby proposed amendments relating to direct payment and reimbursement rates.

10:05 a.m. Representative Rohr moved to adopt 25.0744.01003 amendment and direct pay.

10:05 a.m. Representative K. Anderson seconded the motion.

10:05 a.m. Voice vote passed.

10:05 a.m. Representative K. Anderson moved a Do Pass as amended.

10:05 a.m. Representative Rohr seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

10:06 a.m. Motion passed 13-0-0.

Representative Fegley will carry the bill.

10:06 a.m. Chairman M. Ruby closed the meeting.

*Jackson Toman, Committee Clerk*

*Bill reconsidered on 02/19/25*

25.0744.01003  
Title.

Prepared by the Legislative Council  
staff for Representative Fegley  
February 12, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

## 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.

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1322  
2/19/2025

Relating to ambulance service provider reimbursement.
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9:59 a.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rohr

Members Absent: Representative Rios

### Discussion Topics:

- Committee action
- Reimbursement amendments

10:00 a.m. Representative Fegley moved to reconsider the bill.

10:00 a.m. Vice-Chairman Frelich seconded the motion.

10:00 a.m. Voice vote passed.

10:00 a.m. Representative Fegley introduced the proposed amendments relating to reimbursements changing line 23 to 250%.

10:00 a.m. Representative Fegley moved to amend the bill relating to reimbursement.

10:00 a.m. Vice-Chairman Frelich seconded the motion.

10:01 a.m. Voice vote passed.

10:01 a.m. Representative Fegley moved a Do Pass as amended.

10:01 a.m. Representative Holle seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y

Representative Dwight Kiefert	Y
Representative Nico Rios	AB
Representative Karen Rohr	Y

10:03 a.m. Motion passed 12-0-1.

Representative Fegley will carry the bill.

10:03 a.m. Chairman M. Ruby closed the meeting.

*Jackson Toman, Committee Clerk*

February 19, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

**PROPOSED AMENDMENTS TO**

CL 2/19

10F3

**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 for out-of-network**  
18          **ambulance service providers.**

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

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

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

27          b. The ambulance provider's billed charges.

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

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

5 **Balance billing prohibited - Enforcement.**

- 6 1. An ambulance service provider may not collect or bill more than the covered  
7 individual's deductible, coinsurance, copayment, or other cost-sharing amount the  
8 covered individual would be responsible for if services were provided by a participating  
9 ambulance service provider.
- 10 2. The insurance commissioner may adopt rules to implement and enforce this section.

11 **SECTION 3. LEGISLATIVE MANAGEMENT STUDY - DELINQUENT BILLING**

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

18 **SECTION 4. APPROPRIATION - LEGISLATIVE COUNCIL - DELINQUENT BILLING**

19 **REIMBURSEMENT - ONE-TIME FUNDING.** There is appropriated out of any moneys in the  
20 general fund in the state treasury, not otherwise appropriated, the sum of \$20,000, or so much  
21 of the sum as may be necessary, to the legislative council for the purpose of contracting for  
22 consulting services for the study provided for in section 3 of this Act, for the biennium beginning  
23 July 1, 2025, and ending June 30, 2027. The funding provided in this section is a one-time  
24 funding item.

**REPORT OF STANDING COMMITTEE  
HB 1322**

**Human Services Committee (Rep. M. Ruby, Chairman)** recommends **AMENDMENTS** ([25.0744.01005](#)) and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT OR EXCUSED AND NOT VOTING). HB 1322 was placed on the Sixth order on the calendar.

**2025 SENATE HUMAN SERVICES**

**HB 1322**

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1322  
3/11/2025

Relating to ambulance service provider reimbursement; relating to emergency medical services communication; to provide for a legislative management study; and to provide an appropriation.

10:11 a.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### **Discussion Topics:**

- Failure to respond
- Rural Financial Capacity to Respond
- Hyper reach service
- Cell Phone Usage
- Balanced billing

10:12 a.m. Sarah Miller, Public Safety Telecommunications Director with North Dakota 911 Association/Barnes County Dispatch, testified in favor and submitted testimony #40432 and #41040.

10:20 a.m. William Kalanek, Lobbyist with ND EMS Association, testified in favor and submitted testimony #40352.

10:29 a.m. Representative Clayton Fegley testified in favor.

10:39 a.m. Dylan Wheeler, Head of Government Affairs with Sanford Health Plan, testified in neutral and submitted testimony #40251.

10:41 a.m. Chrystal Bartuska, Director with the North Dakota Insurance Department, testified in neutral.

10:45 a.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*



Chair Lee and Members of the Committee -

Good Morning - my name is Dylan Wheeler, Head of Government Affairs with Sanford Health Plan. Today, speaking in a neutral capacity on HB1322. On the front end, we want to express our strong support for the balance billing protections for members found on Page 1, lines 28-30 and Page 2, lines 1-3. Through the Federal No Surprises Act – patients and members are protected from surprise medical bills of certain providers and also air ambulance charges. However, a void in the No Surprises Act is that there is no protection for balance bills from ground ambulance providers. To my knowledge, we currently do not have big issues with ground ambulance provider's balance billing in North Dakota; however, codifying such a consumer protection is good policy.

The initial version of this bill called for a direct reimbursement rate for all ambulance services at 400% of Medicare, which was a very substantial increase in the market. We voiced concern around that number and setting such an attachment point in statute. By comparison, currently the Medicaid Expansion programs caps reimbursement for providers at 145% of Medicare. The amendment that now requires 250% of Medicare is closer to the current market rate.

I would like to highlight that this bill will have a financial effect on the NDPERS health plan. During the House discussion, we worked with NDPERS to raise this point but was informed a fiscal note would not be applied because Employee Benefits did not take jurisdiction. We would encourage the committee to examine the possibility of appropriating funds to support this increase to the NDPERS health plan. To be clear, I am not suggesting that this bill go through the NDPERS 2 year pilot period – just an appropriations issue.

I appreciate the committee's time and please let me know if you have any questions.

Dylan C. Wheeler JD, MPA  
Sanford Health Plan

Executive Offices  
1622 East Interstate Avenue  
Bismarck, ND 58503



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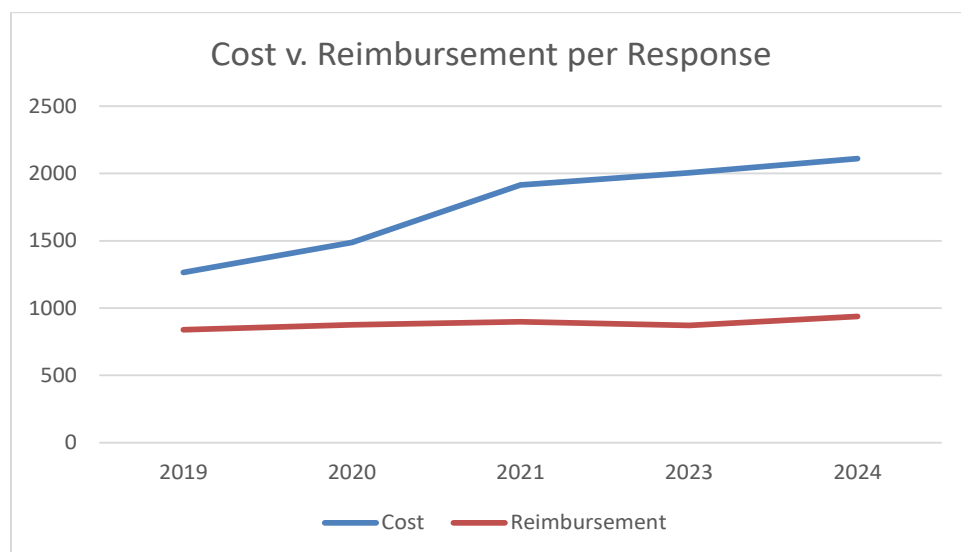
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Testimony  
House Bill 1322  
Senate Human Services Committee  
Tuesday, March 11, 2025  
North Dakota Emergency Medical Services Association

Good morning, Chair Lee and members of the committee. My name is Bill Kalanek, and I am speaking on behalf of the North Dakota Emergency Medical Services Association. The Association supports HB 1322.

The No Surprises Act (NSA), passed by Congress in December 2020, largely prohibits balance billing patients for emergency services. One notable exception was ground ambulance services. An advisory committee was established by the NSA to make recommendations to Congress on how to prevent balance billing while ensuring access to services in the ground ambulance space. That committee published its report last Fall, and we expect Congress to act on the recommendations in the future. It is likely Congress will defer to state protections, if such protections exist. Therefore, we feel it's important to address this issue in our state to ensure a solution that meets the specific needs of our rural ambulance services.

Currently, 116 licensed ambulance services provide emergency response and transportation, as well as non-emergent services, 24 hours a day, 7 days a week. The cost of delivering these services has increased 66% over the past 6 years. Reimbursement, however, has remained largely stagnant, increasing only 11% over the same period. Therefore, the difference between the cost to deliver ambulance services and the reimbursement of those services is carried, in large part, by property tax payers.





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At least 14 other states have enacted similar legislation, and 8 other states are considering such legislation, that protects patients from surprise bills while ensuring access by setting a rate which insurers must pay. HB 1322 accomplishes three primary objectives:

- 1) Prohibits ambulance service providers from collecting payments from a patient that is greater than the applicable coinsurance, copayment, and deductible.
- 2) Ensures payment for services are paid directly to the ambulance service provider
- 3) Sets a rate the healthcare insurer must pay to ensure access to ambulance services

Ambulance services in North Dakota often enter into contract with healthcare insurers because of a need to have timely payment for the services rendered. Absent a contract, the healthcare insurer will send payment to the patient, rather than the ambulance service. The ambulance service then has to attempt to collect from the patient, which is often difficult and results in significant delays in payment. Therefore, the ambulance services enter into contract with the largest healthcare insurers in North Dakota simply to receive direct payments.

Furthermore, ambulance services report no opportunity to have a meaningful negotiation over the rates for services. Rather, the contracts are a take-it-or-leave-it option because the ambulance services lack any significant leverage to negotiate. The healthcare insurers know the ambulance services need the money sent directly to them, and they know the ambulance must respond to and serve their covered persons, regardless of whether a contract exists or not. This leaves all the cards in the hands of the healthcare insurer.

For this reason, the bill proposes a direct payment provision. This is only logical, since the ambulance service is the one that has provided the services and should be paid for the services provided. However, this provision alone would result in an increase in balance bills submitted to patients.

Therefore, it is important for the provision that prevents ambulance services from balance billing patients to be included in the bill. This ensures patients are not responsible for more than their copayment, coinsurance, and deductible under their health plan.

Lastly, if we prohibit ambulance services from collecting directly from patients, without setting the rate that healthcare insurers must pay, we risk jeopardizing access to services due to financial insolvency. Ambulance services simply cannot survive when losing money on every call they respond to.

The original bill proposed a rate of 400% of Medicare. The average cost of delivering ambulance services, as illustrated by state data, is \$2,110.35 per response. Since not every response is a reimbursable call, the cost per transport (or reimbursable call) would be more. Also, Medicare and Medicaid reimburse well below the cost of providing service, so those transports are underfunded as well. A recent Medicare Ground Ambulance Data Collection Report found the average cost per response for low volume ambulances to be \$2,457. The average cost per



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transport was \$3,652. Therefore, the state collected data is in alignment with federally collected data.

The Medicare rate for a BLS emergent ambulance call is \$435.90 and \$8.76 per mile. 400% of the base rate would be \$1,743.60. If the call was in a “super-rural” area the base rate would be \$2,201.80. The rate per mile, at 400%, would be between \$35.04 and \$36.08 depending on geographic modifiers.

**Note: The \$3,652 per transport cost is over 700% of the Medicare rate.**

Therefore, although 400% is well below the cost of service delivery, it would be a significant improvement from the approximately 250% currently reimbursed by commercial insurers and which is currently in the bill. This increase in funding would significantly help the sustainability of rural ambulance services in North Dakota. Furthermore, it would decrease the burden on local property taxpayers who are subsidizing the healthcare insurers below-cost reimbursement rates.

This bill will help to strengthen our EMS system in North Dakota while ensuring access to our critical rural ambulance services. We appreciate the legislature’s long-standing support to the EMS system and look forward to working with you on this bill.

Thank you for the opportunity to testify, I would be happy to answer any questions you may have.

March 11, 2025

Dear Chair Lee and members of the Senate Human Services Committee,

I am here today to speak to you on House Bill 1322. My name is Sarah Miller, Public Safety Telecommunications Director and 911 Coordinator for Barnes County Dispatch and I am the President of the North Dakota 911 Association. I have been serving this industry and my community for over 15 years in various roles including Public Safety Telecommunicator, Reserve Deputy, and Emergency Medical Technician.

Today, I am in support of this bill but have deep concerns in the added amendment allowing Emergency Medical Services operations to use third-party vendors and cell phones as a communication method.

During the interim, the North Dakota 911 Association worked with the Department of Health and Human Services EMS division to remove amendments to administrative rules that would have allowed third-party vendors and cell phones as communication methods.

There are several reasons why we stand against allowing this as a primary notification method for emergency responses.

How many times in the past year do you remember losing your cell phone service because of tower issues or random unexplained outages? How many times are you traveling on interstate and cell service is in and out? How slow is your service in crowded areas such as music festivals or events like the ND State Fair? All of these factors affect how fast you receive your emergency notification.. are you willing to risk it taking minutes for a responder to know about your family member in crisis or your house burning down?

Last year while filling in on the console and the only telecommunicator working, my area had a large structure fire in a very rural community. In the middle of taking several 911 calls, I paged three surrounding fire departments twice and got no response – no third-party page or CAD notification went through. I finally paged a fourth fire department who was over 20 miles away – because I knew they carried pagers and would receive the page.

I am thankful every day I was the one working on the console that day and not one of my staff members. I was forced to make the choice between staying on the phone with my caller reporting his business on fire or disconnecting so I could personally dial 10 phone numbers in order to get the local firefighters to respond. As 911 professionals, our number one job is to send the help so when our equipment fails us, and when we can't get ahold of the help to send them it is the worst feeling you could ever imagine.

When I contacted our third-party vendor, they replied back saying the channel must have been busy, but we have sent you a replacement audio cord to replace in case that was the

issue. We are not intended to be a primary paging resource. Departments should use pagers as we are not intended to be primary for paging.

Another third-party vendor website states, "Whether you receive text or audio messages, as long as you have cellular service your message will come through."

While I understand the convenience of a third-party paging app, having your emergency response notifications depending on a public network and public connections creates unreliability and loss of control. In fact, the National Fire Protection Association has a policy directly against allowing the paging of fire departments over public networks. Additionally, there is no standard approach to implementing a third-party paging application - each responder group, public safety answering point, county, etcetera can have different applications and equipment in different places causing the PSAP to not even know if the equipment has failed or pages are going through.

My final concern with this amendment is that to our knowledge, no discussion or input on the potential consequences has been sought out from the North Dakota 911 Association or the public safety answering points. It is vital to engage all potentially affected parties when looking at changing requirements, especially when the changes would directly affect the origination point of those notifications.

My goal, along with my 911 partners across the state of North Dakota is to enhance, improve, promote, and facilitate the North Dakota Emergency 911 System. By adding in the amendments, I believe there will be unintended consequences and the creation of additional potential points of failure within the emergency response system. I urge this committee to strike the additional amendment to Section 1 stating the department shall use pagers or third-party vendors and cell phones as a communication method. I will stand for any questions at this time.

Respectfully submitted,

A handwritten signature in black ink that reads "Sarah Miller". The signature is written in a cursive, flowing style.

Sarah Miller  
701-845-8187  
Valley City, ND 58072  
smiller@barnescounty.us

Thank you for the opportunity to testify on HB 1322 today. I wanted to touch base with you regarding the amendment that was added to this that we are concerned about. During the interim, I know there was interest from rural communities as it is thought of as cheaper to page via the 3<sup>rd</sup> party vs purchasing pagers and radios and that is why DHHS had originally had that amendment in there however after discussing with DHHS, they understood our concerns and ultimately added verbiage requiring EMS agencies to work with the PSAPs.

In our county, we have worked with EMS and FIRE to have one pager at least and then the rest of the department utilizes the third-party app – that way there is a backup in case of an equipment failure and that has worked well. We are also testing paging on the new SIRM 20/20 system and looking at the alternative of using radios as their pagers. In order to best serve our communities and in the interest of safety for our responders, there HAS to be a direct line of communication between the telecommunicators and responders.

Ultimately, the point of origination is at the PSAP and I have not received one statement of support for allowing 3<sup>rd</sup> party as primary paging from any of the 23 PSAPs in the state. I strongly support the third-party applications as an additional support tool – it is such an easy way to get additional information into the responders' hands – however cannot support it as primary due to the numerous times I have personally experienced the third-party application fail. I don't know of a PSAP that is against the third-party applications as secondary and in fact, all of the companies that offer this service have on their sites that they are not primary.

Regarding the public networks – the concern there is that at a large event the networks do not give priority to emergency communications, so if you have a responder group working a large event, it may take them 2-10 minutes to receive the notification, IF they have service. I personally have fielded calls from responders who receive the messages 10-15-20 minutes past the time of original page or they don't receive it at all – depending on their phone provider, etc. Also, for a PSAP to put a caller on hold in order to make another phone call is extremely difficult and NOT in the best interest of the person calling for help.

If there is any further way I can assist or additional information I can provide, I would be more than happy to do so! We truly do not have any intent of seeing the third-party applications go away or removing them but want to ensure that when someone calls for

help, we are getting that request to the responders in a quick fashion so to provide the best service to our community members. PSAPs are the central hub where all the 'islands' of public safety come together so we are very passionate about making sure we are working efficiently and effectively!

Thank you again for your time today,

**Sarah Miller**

**Public Safety Telecommunications Director/911 Coordinator**

**Certified Training Officer**

**Dispatch: 701-845-8181**

**Office: 701-845-8187**

**Fax: 701-845-8189**

**\*\*New Address: 2371 7<sup>th</sup> St SE, Valley City, ND 58072\*\***

**\*Make it a good day or not. Either way the choice is yours\***

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# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1322  
3/17/2025

Relating to ambulance service provider reimbursement; relating to emergency medical services communication; to provide for a legislative management study; and to provide an appropriation.

2:51 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### **Discussion Topics:**

- Pager Usage Statistics

2:52 p.m. Bill Kalanek, ND Emergency Medical Services Association, answered committee questions.

3:00 p.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1322  
3/19/2025  
3:06 p.m.

Relating to emergency medical services communication; to provide for a legislative management study; and to provide an appropriation.

3:06 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### Discussion Topics:

- Submitted to century code
- Cell phone and pager
- 3<sup>rd</sup> party vendor

3:12 p.m. Chrystal Bartuska, ND Insurance Department, answered committee questions and submitted testimony #43086.

3:14 p.m. Bill Kalanek, ND EMS Association, answered committee questions.

3:16 p.m. Senator Roers moved Amendment on third party vendors and cell phones.

3:17 p.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion Passed 6-0-0.

3:18 p.m. Senator Roers moved Do Pass as Amended.

3:18 p.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y

Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion Passed 6-0-0.

Senator Roers will carry.

3:19 p.m. Chairman Lee closed the hearing.

Bill reconsidered 3:30 p.m. 3/19/2025

*Andrew Ficek, Committee Clerk*

25.0744.03000

Sixty-ninth  
Legislative Assembly  
of North Dakota

## PROPOSED AMENDMENT TO ENGROSSED HOUSE BILL NO. 1322

### FIRST ENGROSSMENT

Introduced by

Representative Weisz

Senator Roers

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

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

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

#### 11 **23-27-04.8. Emergency medical services operation communications.**

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

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

#### 18 **Definitions.**

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

**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.~~

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

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. AMENDMENT.** 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, unless the context otherwise requires:

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.

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1322  
3/19/2025

Relating to emergency medical services communication; to provide for a legislative management study; and to provide an appropriation.

3:30 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### **Discussion Topics:**

- Committee action

3:31 p.m. Senator Roers moved to Reconsider.

3:31 p.m. Senator Weston seconded the motion.

Voice Vote - Motion passed.

3:31 p.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1322  
03/31/2025

Relating to emergency medical services communication; to provide for a legislative management study; and to provide an appropriation.

3:24 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### Discussion Topics:

- Committee action

3:25 p.m. Senator Roers moved Do Pass as Amended

3:25 p.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

Senator Roers will carry the bill.

3:28 p.m. Chairman Lee adjourned the meeting.

Bill was reconsidered 4/1/25.

*Andrew Ficek, Committee Clerk*

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

HB 1322  
4/1/2025

Relating to emergency medical services communication; to provide for a legislative management study; and to provide an appropriation.

10:05 a.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### Discussion Topics:

- Relocation of Century Code Section

10:06 a.m. Senator Roers moved to reconsider.

10:06 a.m. Senator Hogan second the motion.

Voice Vote - Motion passed.

10:08 a.m. Senator Roers presented proposed amendment and submitted written testimony in favor #44515.

10:08 a.m. Senator Roers moved amendment LC#25.0744.03001.

10:08 a.m. Senator Hogan seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion Passed 6-0-0.

10:09 a.m. Senator Roers moved Do Pass as Amended.

10:10 a.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y

Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

Motion passed 6-0-0.

Senator Roers will carry the bill.

10:12 a.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*

Sixty-ninth  
Legislative Assembly  
of North Dakota

**PROPOSED AMENDMENTS TO  
FIRST ENGROSSMENT**

VG 4/1/25  
1 of 5

**ENGROSSED 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~~ 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 ~~communications methods and~~ protocols for  
12 emergency medical services operations in a manner consistent with the protocols established  
13 by the department of emergency services.

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

16 ~~Definitions:~~

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

- ~~2. "Balance bill" means the amount an ambulance service provider may charge and collect from a covered individual for the provision of ambulance services, equaling the difference between the amount paid by the health care insurer and the amount the ambulance service provider billed.~~
- ~~3. "Covered person" means an individual eligible to receive coverage of covered services by a health care insurer under a health benefit plan.~~
- ~~4. "Covered services" means medically necessary patient care or transportation provided by ambulance service providers.~~
- ~~5. "Health care insurer" means an entity subject to state insurance regulation that provides health benefit coverage in this state. The term includes:~~
  - ~~a. An insurance company;~~
  - ~~b. A health maintenance organization;~~
  - ~~c. A hospital or medical service corporation; and~~
  - ~~d. A risk-based provider organization.~~
- ~~6. "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 XVII of the federal Social Security Act of 1965 [42 U.S.C. 1395 et seq.], as amended.~~
- ~~**Direct payment required – Determination of reimbursement rate for out-of-network ambulance service providers.**~~
  - ~~1. 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.~~
  - ~~2. 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.~~
  - ~~3. 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.~~

~~**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~~appropriation provided in this section is a
- 3 one-time funding item.

**REPORT OF STANDING COMMITTEE  
ENGROSSED HB 1322**

**Human Services Committee (Sen. Lee, Chairman)** recommends **AMENDMENTS** ([25.0744.03001](#)) and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). Engrossed HB 1322 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

25.0744.03001  
Title.

Prepared by the Legislative Council  
staff for Senator Roers  
March 31, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

## PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

### ENGROSSED HOUSE BILL NO. 1322

Introduced by

Representative Weisz

Senator Roers

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

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

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

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

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

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

#### ~~**Definitions.**~~

~~**1. "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.**~~

- 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~~appropriation provided in this section is a
- 3 one-time funding item.

**2025 CONFERENCE COMMITTEE**

**HB 1322**

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1322  
4/17/2025

### Conference Committee

Relating to ambulance service balanced billing and provider reimbursement, relating to emergency medical services communication; to provide for a legislative management study; and to provide an appropriation.

8:30 a.m. Chairman Fegley opened the meeting.

Members Present:, Chairman Fegley, Representatives Kiefert, Rios, Senators Weston, Roers, Van Oosting

### Discussion Topics:

- Committee action

8:31 a.m. Senator Weston discussed the Senate amendment.

8:31 a.m. Senator Roers further discussed the Senate amendment.

8:33 a.m. Allyson Hicks, Department of Health and Human Services, introduced proposed amendments, LC#25.0744.03000, #45052.

8:44 a.m. Senator Roers moved to Amendments in place of the Senate Amendment relating to primary communication and movement of code.

8:44 a.m. Senator Weston seconded the motion.

8:45 a.m. Motion passed 6-0-0.

Representative Fegley and Senator Roers will carry the bill

8:47 a.m. Chairman Fegley adjourned the meeting.

*Jackson Toman, Committee Clerk*

April 17, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

**PROPOSED AMENDMENTS TO  
FIRST ENGROSSMENT**

4/17/25 VC  
1 of 5

**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;

- 1                   (2) A health maintenance organization;
- 2                   (3) A hospital or medical service corporation; and
- 3                   (4) A risk-based provider organization.
- 4               e. "Medicare reimbursement rate" means the reimbursement rate for a particular
- 5                   health care service provided under the Health Insurance for the Aged and
- 6                   Disabled Act, title XVIII of the federal Social Security Act of 1965 [42 U.S.C.
- 7                   1395 et seq.], as amended.
- 8               2. All reimbursements made by a health care insurer for the provision of ambulance
- 9                   services to a covered individual must be paid directly to the ambulance service
- 10                  provider or the provider's designee.
- 11               3. If a covered person receives ambulance services from an out-of-network ambulance
- 12                   service provider, the health care insurer shall pay the ambulance service provider the
- 13                   lesser of:
- 14                   a. Two hundred fifty percent of the Medicare reimbursement rate for the same
- 15                   service in the same geographic area; or
- 16                   b. The ambulance provider's billed charges.
- 17               4. Any rate the health care insurer pays under this section may not be required to include
- 18                   the coinsurance, copayment, and deductible owed or already paid by the covered
- 19                   person.
- 20               5. The insurance commissioner may adopt rules to implement and enforce this section.

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

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

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

29       **REIMBURSEMENT - ONE-TIME FUNDING.** There is appropriated out of any moneys in the  
30       general fund in the state treasury, not otherwise appropriated, the sum of \$20,000, or so much  
31       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.

# HB 1322 041725 0844 AM Roll Call Vote

## Final Recommendation

**HB 1322**

**Date Submitted:** April 17, 2025, 8:44 a.m.

**Recommendation:** In Place Of

**Amendment LC #:** 25.0744.03002

**Engrossed LC #:** N/A

**Description:**

**Motioned By:** Roers, Kristin

**Seconded By:** Weston, Kent

**House Carrier:** Fegley, Clayton

**Senate Carrier:** Roers, Kristin

**Emergency Clause:** None

**Vote Results:** 6 - 0 - 0

Rep. Fegley, Clayton	Yea
Rep. Kiefert, Dwight	Yea
Rep. Rios, Nico	Yea
Sen. Weston, Kent	Yea
Sen. Roers, Kristin	Yea
Sen. Van Oosting, Desiree	Yea

**REPORT OF CONFERENCE COMMITTEE  
ENGROSSED HB 1322**

Your conference committee (Sens. Weston, Roers, Van Oosting and Reps. Fegley, Kiefert, Rios) recommends that in place of amendment [25.0744.03001](#) adopted by the Senate, Engrossed HB 1322 is amended by amendment [25.0744.03002](#).

Engrossed HB 1322 was placed on the Seventh order of business on the calendar.

25.0744.03000- proposed amendments by DHHS

Sixty-ninth  
Legislative Assembly  
of North Dakota

## FIRST ENGROSSMENT

Introduced by

### ENGROSSED HOUSE BILL NO. 1322

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

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

#### 16 **Definitions.**

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

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

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

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

7       a. An insurance company;

8       b. A health maintenance organization;

9       c. A hospital or medical service corporation; and

10      d. A risk-based provider organization.

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

14      **Direct payment required - Determination of reimbursement rate for out-of-network**  
15      **ambulance service providers.**

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

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

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

24      b. The ambulance provider's billed charges.

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

28      **Balance billing prohibited - Enforcement.**

29      1. An ambulance service provider may not collect or bill more than the covered  
30      individual's deductible, coinsurance, copayment, or other cost-sharing amount the

1           covered individual would be responsible for if services were provided by a participating  
2           ambulance service provider.

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

4           **SECTION 3. LEGISLATIVE MANAGEMENT STUDY - DELINQUENT BILLING**

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

11          **SECTION 4. APPROPRIATION - LEGISLATIVE COUNCIL - DELINQUENT BILLING**

12          **REIMBURSEMENT - ONE-TIME FUNDING.** There is appropriated out of any moneys in the  
13          general fund in the state treasury, not otherwise appropriated, the sum of \$20,000, or so much  
14          of the sum as may be necessary, to the legislative council for the purpose of contracting for  
15          consulting services for the study provided for in section 3 of this Act, for the biennium beginning  
16          July 1, 2025, and ending June 30, 2027. The funding provided in this section is a one-time  
17          funding item.