

HOUSE No. 4087

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, May 19, 2014.

The committee on Health Care Financing to whom was referred the the Bill relative to the use and payment of ambulance services (House, No. 862) reports recommending that the same ought to pass with an amendment substituting therefore the accompanying bill (House, No. 4087).

For the committee,

JENNIFER E. BENSON.

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

An Act relative to the use and payment of ambulance services.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Chapter 176D of the General Laws is hereby amended by inserting after section 3B the
2 following section:-

3 Section 3C. (a) As used in this section, the following words shall, unless the context
4 clearly requires otherwise, have the following meanings:-

5 “Ambulance service benefits”, coverage for the expense of transportation services
6 rendered by an ambulance service provider as set forth in an insurance policy or insurance
7 contract.

8 “Ambulance service provider”, a person or entity licensed by the department of public
9 health under section 6 of chapter 111C to establish or maintain an ambulance service.

10 “Emergency ambulance services”, emergency services that an ambulance service
11 provider is authorized to render under its ambulance service license when a condition or situation
12 in which an individual has a need for immediate medical attention, or where the potential for
13 such need is perceived by the individual, a bystander or an emergency medical services provider.

14 “Insurance policy” and “insurance contract”, a contract of insurance, motor vehicle
15 insurance, indemnity, medical or hospital service, dental or optometric, suretyship or annuity
16 issued, proposed for issuance or intended for issuance by any insurer.

17 “Insured”, an individual entitled to ambulance services benefits under an insurance policy
18 or insurance contract.

19 “Insurer”, a person as defined in section 1 of chapter 176D; any health maintenance
20 organization as defined in section 1 of chapter 176G; a non-profit hospital service corporation
21 organized under chapter 176A; any organization as defined in section 1 of chapter 176I that

22 participates in a preferred provider arrangement also as defined in said section 1 of said chapter
23 176I; any carrier offering a small group health insurance plan under chapter 176J; any company
24 as defined in section 1 chapter 175; any employee benefit trust; any self-insurance plan, and any
25 company certified under section 34A of chapter 90 and authorized to issue a policy of motor
26 vehicle liability insurance under section 113A of chapter 175 that provides insurance for the
27 expense of medical coverage.

28 (b) Notwithstanding any general or special provision of law to the contrary, in any
29 instance in which an ambulance service provider provides an emergency ambulance service to an
30 insured but is not an ambulance service provider under contract to the insurer maintaining or
31 providing the insured's insurance policy or insurance contract, the insurer maintaining or
32 providing such insurance policy or insurance contract shall pay the ambulance service provider
33 directly and promptly for the emergency ambulance service rendered to the insured. Such
34 payment shall be made to the ambulance service provider notwithstanding that the insured's
35 insurance policy or insurance contract contains a prohibition against the insured assigning
36 benefits thereunder so long as the insured executes an assignment of benefits to the ambulance
37 service provider and such payment shall be made to the ambulance service provider in the event
38 an insured is either incapable or unable as a practical matter to execute an assignment of benefits
39 under an insurance policy or insurance contract pursuant to which an assignment of benefits is
40 not prohibited, or in connection with an insurance policy or insurance contract that contains a
41 prohibition against any such assignment of benefits. An ambulance service provider shall not be
42 considered to have been paid for an ambulance service rendered to an insured if the insurer
43 makes payment for the emergency ambulance service to the insured. An ambulance service
44 provider shall have a right of action against an insurer that fails to make a payment to it pursuant
45 to this subsection.

46 (c) Payments to an ambulance service provider under subsection (b) shall be at a rate
47 equal to the lower of the provider's usual and customary charge for the ambulance service
48 rendered to the insured, or 3 times the then current published rate for the ambulance service
49 rendered to the insured as established by the Centers for Medicare and Medicaid Services under
50 Title XVIII of the Social Security Act (Medicare).

51 (d) An ambulance service provider receiving payment for an ambulance service in
52 accordance with subsections (b) and (c) shall be deemed to have been paid in full for the
53 ambulance service provided to the insured, and shall have no further right or recourse to further
54 bill the insured for said ambulance service with the exception of coinsurance, co-payments or
55 deductibles for which the insured is responsible under the insured's insurance policy or insurance
56 contract.

57 (e) No term or provision of this section shall be construed as limiting or adversely
58 affecting an insured's right to receive benefits under any insurance policy or insurance contract
59 providing insurance coverage for ambulance services. No term or provision of this section shall

60 create an entitlement on behalf of an insured to coverage for ambulance services if the insured's
61 insurance policy or insurance contract provides no coverage for ambulance services.