

By: Representatives Hobgood-Wilkes, Barton,
Arnold, Hines, Mickens, Carpenter

To: Insurance

COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 1489

1 AN ACT TO BE KNOWN AS THE MISSISSIPPI TRIAGE, TREAT AND
2 TRANSPORT TO ALTERNATIVE DESTINATION ACT; TO PROVIDE THAT HEALTH
3 BENEFIT PLANS SHALL PROVIDE COVERAGE FOR AN AMBULANCE SERVICE TO
4 TREAT OR ASSESS AN ENROLLEE IN PLACE, OR TRIAGE OR TRIAGE AND
5 TRANSPORT AN ENROLLEE TO AN ALTERATIVE DESTINATION, OR AN
6 ENCOUNTER BETWEEN AN AMBULANCE SERVICE AND ENROLLEE THAT RESULTS
7 WITHOUT TRANSPORT OF THE ENROLLEE UNDER THE PLAN; TO PROVIDE THAT
8 THE COVERAGE REQUIRED UNDER THIS SECTION IS SUBJECT TO THE
9 INITIATION OF AMBULANCE SERVICE TREATMENT AS A RESULT OF A 911
10 CALL THAT IS DOCUMENTED IN THE RECORDS OF THE AMBULANCE SERVICE
11 AND SUBJECT TO DEDUCTIBLES OR CO-PAYMENT REQUIREMENTS OF THE PLAN,
12 AND DOES NOT DIMINISH OR LIMIT BENEFITS OTHERWISE ALLOWABLE UNDER
13 THE PLAN; TO PROVIDE THAT THE REIMBURSEMENT RATE FOR AN AMBULANCE
14 SERVICE PROVIDER WHOSE OPERATORS ASSESS, TRIAGE, TREAT OR
15 TRANSPORT AN ENROLLEE TO AN ALTERNATIVE DESTINATION SHALL BE NOT
16 LESS THAN THE ADVANCED LIFE SUPPORT RATE WITH MILEAGE TO THE
17 SCENE; TO PROVIDE THAT THE MINIMUM ALLOWABLE REIMBURSEMENT RATE
18 UNDER ANY HEALTH BENEFIT PLAN TO A PARTICIPATING AMBULANCE SERVICE
19 PROVIDER OR AN OUT-OF-NETWORK AMBULANCE SERVICE PROVIDER SHALL BE
20 THE GREATER OF THE RATES CONTRACTED BETWEEN AN AMBULANCE SERVICE
21 PROVIDER AND A COUNTY, MUNICIPALITY OR SPECIAL PURPOSE DISTRICT OR
22 AUTHORITY, OR OTHERWISE APPROVED OR ESTABLISHED BY ORDINANCE OR
23 REGULATION ENACTED BY ANY SUCH COUNTY, MUNICIPALITY OR SPECIAL
24 PURPOSE DISTRICT OR AUTHORITY, OR THREE HUNDRED TWENTY-FIVE
25 PERCENT OF THE REIMBURSEMENT ALLOWED BY MEDICARE FOR SERVICES
26 ORIGINATING IN RURAL AREAS; TO PROVIDE THAT IF AN AMBULANCE
27 SERVICE PROVIDER'S BILLED CHARGES ARE LESS THAN THE MINIMUM
28 ALLOWABLE REIMBURSEMENT RATE PROVIDED FOR IN THIS ACT, THEN SUCH
29 MINIMUM ALLOWABLE REIMBURSEMENT RATE SHALL BE THE PROVIDER'S
30 BILLED CHARGES; AND FOR RELATED PURPOSES.

31 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:



32 **SECTION 1.** (1) This section shall be known and may be cited
33 as the "Mississippi Triage, Treat and Transport to Alternative
34 Destination Act".

35 (2) **Definitions.** As used in this section, the following
36 terms shall be defined as provided in this subsection:

37 (a) "911 call" means a communication made on behalf of
38 an enrollee indicating that the enrollee may need emergency
39 medical services;

40 (b) (i) "Alternative destination" means a lower-acuity
41 facility that provides medical services, including, without
42 limitation:

- 43 1. A federally qualified health center;
- 44 2. An urgent care center;
- 45 3. A physician's office or medical clinic, as
46 chosen by the patient; and
- 47 4. A behavioral or mental health care
48 facility, including, without limitation, a crisis stabilization
49 unit and a diversion center.

50 (ii) "Alternative destination" does not include a:

- 51 1. Critical access hospital;
- 52 2. Dialysis center;
- 53 3. Hospital;
- 54 4. Private residence; or
- 55 5. Skilled nursing facility.



56 (c) "Ambulance service provider" means a person or
57 entity that provides ambulance transportation and emergency
58 medical services to a patient for which a permit is required under
59 Section 41-59-9;

60 (d) "Enrollee" means an individual who is covered by
61 any health benefit plan; and

62 (e) "Health benefit plan" means any such policy as
63 defined by Section 83-63-3.

64 (3) Coverage for ambulance service to assess, triage and
65 transport enrollee to alternative destination or treat in place.
66 On and after July 1, 2024, any health benefit plan shall provide
67 coverage for:

68 (a) An ambulance service to:

69 (i) Treat or assess an enrollee in place; or

70 (ii) Triage or triage and transport an enrollee to
71 an alternative destination; or

72 (b) An encounter between an ambulance service and
73 enrollee that results without transport of the enrollee.

74 (4) The coverage required under this section:

75 (a) Is subject to the initiation of ambulance service
76 treatment as a result of a 911 call that is documented
77 in the records of the ambulance service;

78 (b) Is subject to deductibles or co-payment
79 requirements of the health benefit plan;



80 (c) Does not diminish or limit benefits otherwise
81 allowable under a health benefit plan, even if the billing claims
82 for medical or behavioral health services overlap in time that is
83 billed by the ambulance service provider that is also providing
84 care; and

85 (d) Is subject to any provisions of the health benefit
86 plan that apply to other services covered by the health benefit
87 plan.

88 (5) The reimbursement rate for an ambulance service provider
89 whose operators assess, triage, treat or transport an enrollee to
90 an alternative destination shall be not less than the advanced
91 life support rate with mileage to the scene.

92 **SECTION 2.** (1) (a) The minimum allowable reimbursement
93 rate under any health benefit plan as defined by Section 83-9-1 to
94 a participating ambulance service provider or an out-of-network
95 ambulance service provider shall be the greater of:

96 (i) The rates contracted between an ambulance
97 service provider and a county, municipality or special purpose
98 district or authority, or otherwise approved or established by
99 ordinance or regulation enacted by any such county, municipality
100 or special purpose district or authority; or

101 (ii) Three hundred twenty-five percent (325%) of
102 the reimbursement allowed by Medicare for services originating in
103 rural areas.



104 For the purposes of this section, the term "ambulance service
105 provider" means a person or entity that provides ambulance
106 transportation and emergency medical services to a patient for
107 which a permit is required under Section 41-59-9.

108 (b) If an ambulance service provider's billed charges
109 are less than the reimbursement rate provided in this subsection
110 (1), the minimum allowable reimbursement rate under any health
111 benefit plan to the participating ambulance service provider or an
112 out-of-network ambulance service provider shall be the provider's
113 billed charges.

114 (2) A payment made under this section shall be considered
115 payment in full for the covered services provided, except for any
116 co-payment, coinsurance, deductible, and other cost-sharing
117 feature amounts required to be paid by the enrollee.

118 **SECTION 3.** Sections 1 and 2 of this act shall be codified as
119 new sections in Chapter 9, Title 83, Mississippi Code of 1972.

120 **SECTION 4.** This act shall take effect and be in force from
121 and after July 1, 2024.

