

**Adopted
SUBSTITUTE NO 1 FOR COMMITTEE AMENDMENT NO 1 PROPOSED
TO**

House Bill No. 1489

BY: Senator(s) McLendon

**Amend by striking all after the enacting clause and inserting
in lieu thereof the following:**

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

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

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

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



41 limitation:

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

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

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

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

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

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

63 (3) Coverage for ambulance service to assess, triage and
64 transport an enrollee to an alterative destination or treat in



65 place. On and after July 1, 2024, any health benefit plan shall
66 provide coverage for:

67 (a) An ambulance service to:

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

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

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

73 (4) The coverage required under this section:

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

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

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

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

87 (5) The reimbursement rate for an ambulance service provider
88 whose operators assess, triage, treat or transport an enrollee to
89 an alternative destination shall be not less than the minimum



90 allowable reimbursement for advanced life support rate with
91 mileage to the scene.

92 **SECTION 2.** (1) (a) The minimum allowable reimbursement
93 rate under any policy of accident and sickness insurance as
94 defined by Section 83-9-1 to an out-of-network ambulance service
95 provider for all covered services shall be the rates contracted
96 between an ambulance service provider and a county, municipality
97 or special purpose district or authority, or otherwise approved or
98 established by ordinance or regulation enacted by any such county,
99 municipality or special purpose district or authority in which the
100 covered healthcare services originated.

101 (b) In the absence of rates provided in subsection (a),
102 the minimum allowable reimbursement rate to an out-of-network
103 ambulance service provider shall be the greater of:

104 (i) Three hundred twenty-five percent (325%) of
105 the reimbursement allowed by Medicare for the respective services
106 originating in the respective geographic area; or

107 (ii) The ambulance service provider's billed
108 charges.

109 (2) A payment made under this section shall be considered
110 payment in full for the covered services provided, except for any
111 copayment, coinsurance, deductible and other cost-sharing feature
112 amounts required to be paid by the enrollee.

113 (3) For purposes of this section, the term "ambulance
114 service provider" means a person or entity that provides ambulance



115 transportation and emergency medical services to a patient for
116 which a permit is required under Section 41-59-9.

117 (4) This section shall stand repealed on June 30, 2028.

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

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

**Further, amend by striking the title in its entirety and
inserting in lieu thereof the following:**

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 MINIMUM ALLOWABLE REIMBURSEMENT FOR ADVANCED LIFE
17 SUPPORT RATE WITH MILEAGE TO THE SCENE; TO PROVIDE THAT THE
18 MINIMUM ALLOWABLE REIMBURSEMENT RATE UNDER ANY POLICY OF ACCIDENT
19 AND SICKNESS INSURANCE TO AN OUT-OF-NETWORK AMBULANCE SERVICE
20 PROVIDER SHALL BE 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; TO PROVIDE THAT IN THE ABSENCE OF
25 SUCH RATES, THE MINIMUM ALLOWABLE REIMBURSEMENT RATE SHALL BE THE
26 GREATER OF THREE HUNDRED TWENTY-FIVE PERCENT OF THE REIMBURSEMENT
27 ALLOWED BY MEDICARE FOR SERVICES ORIGINATING IN RURAL AREAS OR THE
28 AMBULANCE SERVICE PROVIDER'S BILLED CHARGES; TO PROVIDE A DATE OF
29 REPEAL ON SUCH PROVISIONS; AND FOR RELATED PURPOSES.

