

By: Representative Carpenter

To: Public Health and Human  
Services; Insurance

HOUSE BILL NO. 1392

1 AN ACT TO BRING FORWARD SECTIONS 83-9-371 AND 83-9-373,  
2 MISSISSIPPI CODE OF 1972, FOR THE PURPOSE OF POSSIBLE AMENDMENT;  
3 AND FOR RELATED PURPOSES.

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

5 **SECTION 1.** Section 83-9-371, Mississippi Code of 1972, is  
6 brought forward as follows:

7 83-9-371. (1) This section shall be known and may be cited  
8 as the "Mississippi Triage, Treat and Transport to Alternative  
9 Destination Act."

10 (2) As used in this section, the following terms shall be  
11 defined as provided in this subsection:

12 (a) "911 call" means a communication made on behalf of  
13 an enrollee indicating that the enrollee may need emergency  
14 medical services;

15 (b) (i) "Alternative destination" means a lower-acuity  
16 facility that provides medical services, including, without  
17 limitation:

18 1. A federally qualified health center;



- 19                   2. An urgent care center;
- 20                   3. A physician's office or medical clinic, as
- 21 chosen by the patient; and
- 22                   4. A behavioral or mental health care
- 23 facility, including, without limitation, a crisis stabilization
- 24 unit and a diversion center.

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

- 26                   1. Critical access hospital;
- 27                   2. Dialysis center;
- 28                   3. Hospital;
- 29                   4. Private residence; or
- 30                   5. Skilled nursing facility.

31                   (c) "Ambulance service provider" means a person or

32 entity that provides ambulance transportation and emergency

33 medical services to a patient for which a permit is required under

34 Section 41-59-9;

35                   (d) "Enrollee" means an individual who is covered by

36 any health benefit plan; and

37                   (e) "Health benefit plan" means any such policy as

38 defined by Section 83-63-3.

39                   (3) Coverage for ambulance service to assess, triage and

40 transport an enrollee to an alternative destination or treat in

41 place. On and after July 1, 2024, any health benefit plan shall

42 provide coverage for:

43                   (a) An ambulance service to:



44 (i) Treat or assess an enrollee in place; or  
45 (ii) Triage or triage and transport an enrollee to  
46 an alternative destination; or  
47 (b) An encounter between an ambulance service and  
48 enrollee that results without transport of the enrollee.  
49 (4) The coverage required under this section:  
50 (a) Is subject to the initiation of ambulance service  
51 treatment as a result of a 911 call that is documented  
52 in the records of the ambulance service;  
53 (b) Is subject to deductibles or co-payment  
54 requirements of the health benefit plan;  
55 (c) Does not diminish or limit benefits otherwise  
56 allowable under a health benefit plan, even if the billing claims  
57 for medical or behavioral health services overlap in time that is  
58 billed by the ambulance service provider that is also providing  
59 care; and  
60 (d) Is subject to any provisions of the health benefit  
61 plan that apply to other services covered by the health benefit  
62 plan.  
63 (5) The reimbursement rate for an ambulance service provider  
64 whose operators assess, triage, treat or transport an enrollee to  
65 an alternative destination shall be not less than the minimum  
66 allowable reimbursement for advanced life support rate with  
67 mileage to the scene.



68           (6) This section shall apply to all contracts described in  
69 this section that are entered into or renewed on or after July 1,  
70 2024.

71           **SECTION 2.** Section 83-9-373, Mississippi Code of 1972, is  
72 brought forward as follows:

73           83-9-373. (1) (a) The minimum allowable reimbursement rate  
74 under any policy of accident and sickness insurance as defined by  
75 Section 83-9-1 to an out-of-network ambulance service provider for  
76 all covered services shall be the rates contracted between an  
77 ambulance service provider and a county, municipality or special  
78 purpose district or authority, or otherwise approved or  
79 established by ordinance or regulation enacted by any such county,  
80 municipality or special purpose district or authority in which the  
81 covered healthcare services originated.

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

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

88                   (ii) The ambulance service provider's billed  
89 charges.

90           (2) A payment made under this section shall be considered  
91 payment in full for the covered services provided, except for any



92 copayment, coinsurance, deductible and other cost-sharing feature  
93 amounts required to be paid by the enrollee.

94 (3) For purposes of this section, the term "ambulance  
95 service provider" means a person or entity that provides ambulance  
96 transportation and emergency medical services to a patient for  
97 which a permit is required under Section 41-59-9.

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

99 **SECTION 3.** This act shall take effect and be in force from  
100 and after July 1, 2025.

