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

To: Insurance

COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 1489

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

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

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

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

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

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

1. A federally qualified health center;

2. An urgent care center;

3. A physician's office or medical clinic, as chosen by the patient; and

4. A behavioral or mental health care facility, including, without limitation, a crisis stabilization unit and a diversion center.

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

1. Critical access hospital;

2. Dialysis center;

3. Hospital;

4. Private residence; or

5. Skilled nursing facility.

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

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

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

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

(a) An ambulance service to:

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

(ii) Triage or triage and transport an enrollee to an alterative destination; or

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

(4) The coverage required under this section:

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

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

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

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

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

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

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

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

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

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

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

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

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