

House Bill 286

By: Representatives Au of the 50<sup>th</sup>, Bruce of the 61<sup>st</sup>, Camp of the 135<sup>th</sup>, Oliver of the 82<sup>nd</sup>, Gilliard of the 162<sup>nd</sup>, and others

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 20E of Title 33 of the Official Code of Georgia Annotated, the "Surprise  
2 Billing Consumer Protection Act," so as to provide for certain consumer protections against  
3 surprise billing for ambulance service; to provide for definitions; to require a healthcare plan  
4 to reimburse for ambulance service provided to a covered person by a nonparticipating  
5 ambulance provider; to provide for arbitration; to provide for a covered person's financial  
6 responsibilities; to provide for an effective date and applicability; to repeal conflicting laws;  
7 and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 Chapter 20E of Title 33 of the Official Code of Georgia Annotated, the "Surprise Billing  
11 Consumer Protection Act," is amended by revising Code Section 33-20E-23, relating to  
12 financial responsibilities for ground ambulance transportation, as follows:

13 "33-20E-23.

14 ~~Nothing in this chapter shall reduce a covered person's financial responsibilities with regard~~  
15 ~~to ground ambulance transportation.~~

16 (a) As used in this Code section, the term:

17 (1) 'Ambulance provider' means an agency, including an agency of any political  
18 subdivision of the state or any municipality, or a company that provides ambulance  
19 service and which is operating under a valid license from the Emergency Health Section  
20 of the Department of Public Health. Such term shall not include an ambulance provider  
21 operated by an agency of the federal government.

22 (2) 'Ambulance service' means the providing of emergency medical services and  
23 transportation on the public streets and highways of this state for a wounded, injured,  
24 sick, invalid, or incapacitated human being to or from a place where medical or hospital  
25 care is furnished. Such term shall include required transportation subsequent to the initial  
26 transport. Such term shall not include air ambulance service.

27 (b) Except as provided for in subsection (c) of this Code section, a healthcare plan shall  
28 provide reimbursement for ambulance service provided to a covered person by a  
29 nonparticipating ambulance provider in one of the following amounts, whichever is greater:

30 (1) The amount negotiated with participating ambulance providers for ambulance service  
31 in that geographic area under the healthcare plan, excluding any in-network cost sharing  
32 imposed under such plan; provided, however, that if there is more than one such amount,  
33 the relevant amount shall be the average of those amounts, excluding any in-network cost  
34 sharing imposed under such healthcare plan;

35 (2) The usual, customary, and reasonable amount for ambulance service in that  
36 geographic area, excluding any in-network cost sharing imposed under the healthcare  
37 plan; or

38 (3) One-hundred eighty percent of the amount that would be paid under the Medicare  
39 program, Part A or B of Title XVIII of the Social Security Act, 42 U.S.C. Section 1395,  
40 et seq., as amended, for ambulance service, excluding any in-network cost sharing  
41 imposed under the healthcare plan; provided, however, that if the ambulance provider is  
42 located in a rural or super rural area, as designated by the Centers for Medicare and  
43 Medicaid Services, and eligible for additional Medicare reimbursement for ambulance

44 service provided to a Medicare enrollee, the insurer shall increase the reimbursement  
45 accordingly.

46 (c) In lieu of accepting reimbursement as provided for in subsection (b) of this Code  
47 section, an ambulance provider may initiate a request for arbitration with the  
48 Commissioner. Such arbitration shall proceed in accordance with the arbitration  
49 proceedings provided in Code Sections 33-20E-9 through 33-20E-21.

50 (d) For purposes of the covered person's financial responsibilities, when a covered person  
51 receives an ambulance service from a nonparticipating ambulance provider, the healthcare  
52 plan of such covered person shall treat such service as if such service was provided by a  
53 participating ambulance provider and shall apply the covered person's cost sharing for such  
54 service toward such covered person's deductible and maximum out-of-pocket limit  
55 applicable to ambulance service obtained from a participating ambulance provider.

56 (e) When a covered person receives an ambulance service from a nonparticipating  
57 ambulance provider, such provider shall collect or bill no more than such covered person's  
58 deductible, coinsurance, copayment, or other cost-sharing amount as determined by such  
59 covered person's policy."

60 **SECTION 2.**

61 This Act shall become effective January 1, 2024, and shall apply to all policies or contracts  
62 issued, delivered, issued for delivery, or renewed in this state on or after such date.

63 **SECTION 3.**

64 All laws and parts of laws in conflict with this Act are repealed.