



January 20, 2022

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## HOUSE BILL No. 1373

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DIGEST OF HB 1373 (Updated January 19, 2022 3:26 pm - DI 77)

**Citations Affected:** IC 16-18; IC 16-21; IC 16-28; IC 16-31; IC 27-1; IC 27-8; IC 27-13.

**Synopsis:** Ambulance services. Provides for the attending physician, or the physician's designee, of a patient needing transportation by ambulance to sign an order that states the level of ambulance service needed for the patient and the condition or diagnosis of the patient that makes the transportation of the patient by ambulance necessary. Amends the law on emergency medical services to make that law apply to nonemergency ambulance services as well as emergency ambulance services. Requires a health plan to fairly negotiate rates and terms with any ambulance service provider willing to become a participating provider with respect to the health plan. Requires a health plan to pay ambulance service benefits directly to a nonparticipating ambulance service provider (nonparticipating provider) that provides ambulance service to a covered individual if the covered individual executes a written assignment of benefits in favor of the nonparticipating provider. Provides that a nonparticipating provider that provides ambulance service to a covered individual and that is paid less for the service by the health plan than the amount it billed may bill the covered individual for the balance. Provides that if the dispute concerning the amount to be paid to the nonparticipating provider for the ambulance service is not resolved through negotiation, the health plan operator or the nonparticipating provider may initiate binding arbitration to resolve the dispute. Provides that an accident and sickness insurance policy or HMO contract that provides coverage for emergency medical services  
(Continued next page)

**Effective:** July 1, 2022.

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### Barrett, Zent, Vermilion, Fleming

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January 11, 2022, read first time and referred to Committee on Public Health.  
January 20, 2022, amended, reported — Do Pass.

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HB 1373—LS 7176/DI 55



Digest Continued

must also provide reimbursement for: (1) emergency ambulance services; and (2) specialty care transport; provided by an emergency medical services provider organization. Provides that reimbursement provided for basic and advanced life support services through an accident and sickness insurance policy or HMO contract must be provided on an equal basis regardless of whether the services involve transportation of the patient by ambulance.



January 20, 2022

Second Regular Session of the 122nd General Assembly (2022)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2021 Regular Session of the General Assembly.

## HOUSE BILL No. 1373

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A BILL FOR AN ACT to amend the Indiana Code concerning health.

*Be it enacted by the General Assembly of the State of Indiana:*

1 SECTION 1. IC 16-18-2-13.4 IS ADDED TO THE INDIANA  
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
3 [EFFECTIVE JULY 1, 2022]: **Sec. 13.4. (a) "Ambulance service" or**  
4 **"ambulance services", for purposes of IC 16-31, means:**  
5 **(1) the transportation of patients by ambulance; and**  
6 **(2) any basic life support administered to patients before or**  
7 **during the transportation.**  
8 **(b) The term includes:**  
9 **(1) emergency ambulance services; and**  
10 **(2) ambulance services that are not emergency ambulance**  
11 **services.**  
12 SECTION 2. IC 16-21-2-5 IS AMENDED TO READ AS  
13 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5. **(a)** The governing  
14 board of the hospital is the supreme authority in the hospital and is  
15 responsible for the following:

**HB 1373—LS 7176/DI 55**



- 1 (1) The management, operation, and control of the hospital.  
 2 (2) The appointment, reappointment, and assignment of privileges  
 3 to members of the medical staff, with the advice and  
 4 recommendations of the medical staff, consistent with the  
 5 individual training, experience, and other qualifications of the  
 6 medical staff.  
 7 (3) Establishing requirements for appointments to and continued  
 8 service on the hospital's medical staff, consistent with the  
 9 appointee's individual training, experience, and other  
 10 qualifications, including the following requirements:  
 11 (A) Proof that a medical staff member has qualified as a health  
 12 care provider under IC 16-18-2-163(a).  
 13 (B) The performance of patient care and related duties in a  
 14 manner that is not disruptive to the delivery of quality medical  
 15 care in the hospital setting.  
 16 (C) Standards of quality medical care that recognize the  
 17 efficient and effective utilization of hospital resources,  
 18 developed by the medical staff.  
 19 (4) Upon recommendation of the medical staff, establishing  
 20 protocols within the requirements of this chapter and 410  
 21 IAC 15-1.2-1 for the admission, treatment, and care of patients  
 22 with extended lengths of stay.  
 23 **(b) The protocols established under subsection (a)(4) must**  
 24 **provide that:**  
 25 **(1) a patient's attending physician or the physician's designee**  
 26 **must sign an order when the patient needs ambulance services**  
 27 **other than emergency ambulance services; and**  
 28 **(2) the order signed by a patient's physician or the physician's**  
 29 **designee under subdivision (1) must state:**  
 30 **(A) the level of ambulance service needed for the patient;**  
 31 **and**  
 32 **(B) the condition or diagnosis of the patient that makes the**  
 33 **transportation of the patient by ambulance necessary.**  
 34 SECTION 3. IC 16-28-8-8 IS ADDED TO THE INDIANA CODE  
 35 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 36 1, 2022]: **Sec. 8. When a patient receiving care at a health facility,**  
 37 **due to the patient's condition or diagnosis, needs ambulance**  
 38 **services other than emergency ambulance services, the patient's**  
 39 **attending physician or the physician's designee must sign an order**  
 40 **that states:**  
 41 **(1) the level of ambulance service needed for the patient; and**  
 42 **(2) the condition or diagnosis of the patient that makes the**



1           **transportation of the patient by ambulance necessary.**

2           SECTION 4. IC 16-31-2-2, AS AMENDED BY P.L.187-2021,  
3           SECTION 57, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
4           JULY 1, 2022]: Sec. 2. (a) The commission is composed of fourteen  
5           (14) members. The governor shall appoint the members for four (4)  
6           year terms as follows:

7           (1) One (1) must be appointed from a volunteer fire department  
8           that provides emergency medical service.

9           (2) One (1) must be appointed from a full-time municipal fire or  
10          police department that provides emergency medical service.

11          (3) One (1) must be a nonprofit provider of ~~emergency~~ ambulance  
12          services organized on a volunteer basis other than a volunteer fire  
13          department.

14          (4) One (1) must be a provider of private ambulance services.

15          (5) One (1) must be a state licensed paramedic.

16          (6) One (1) must be a licensed physician who:

17               (A) has a primary interest, training, and experience in  
18               emergency medical services; and

19               (B) is currently practicing in an emergency medical services  
20               facility.

21          (7) One (1) must be a chief executive officer of a hospital that  
22          provides ~~emergency~~ ambulance services.

23          (8) One (1) must be a registered nurse who has supervisory or  
24          administrative responsibility in a hospital emergency department.

25          (9) One (1) must be a licensed physician who:

26               (A) has a primary interest, training, and experience in trauma  
27               care; and

28               (B) is practicing in a trauma facility.

29          (10) One (1) must be a state certified emergency medical service  
30          technician.

31          (11) One (1) must be an individual who:

32               (A) represents the public at large; and

33               (B) is not in any way related to providing emergency medical  
34               services.

35          (12) One (1) must be a program director (as defined in 836  
36          IAC 4-2-2(12)(B)(iii)) for a commission certified advanced life  
37          support training institution.

38          (13) One (1) must be the executive director of the department of  
39          homeland security appointed under IC 10-19-3-1 or the designee  
40          of the executive director.

41          (14) One (1) must be a representative of an entity that provides air  
42          ambulance services.



1 (b) The chief executive officer of a hospital appointed under  
 2 subsection (a)(7) may designate another administrator of the hospital  
 3 to serve for the chief executive officer on the commission.

4 (c) Not more than eight (8) members may be from the same political  
 5 party.

6 SECTION 5. IC 16-31-2-7, AS AMENDED BY P.L.185-2015,  
 7 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 8 JULY 1, 2022]: Sec. 7. (a) The commission shall do the following:

9 (1) Develop and promote, in cooperation with state, regional, and  
 10 local public and private organizations, agencies, and persons, a  
 11 statewide program for the provision of emergency medical  
 12 services that must include the following:

13 (A) Preparation of state, regional, and local emergency  
 14 ambulance service plans.

15 (B) Provision of consultative services to state, regional, and  
 16 local organizations and agencies in developing and  
 17 implementing emergency ambulance service programs.

18 (C) Promotion of a statewide system of emergency medical  
 19 service facilities by developing minimum standards,  
 20 procedures, and guidelines in regard to personnel, equipment,  
 21 supplies, communications, facilities, and location of such  
 22 centers.

23 (D) Promotion of programs for the training of personnel  
 24 providing emergency medical services and programs for the  
 25 education of the general public in first aid techniques and  
 26 procedures. The training shall be held in various local  
 27 communities of the state and shall be conducted by agreement  
 28 with publicly and privately supported educational institutions  
 29 or hospitals licensed under IC 16-21, wherever appropriate.

30 (E) Promotion of coordination of emergency communications,  
 31 resources, and procedures throughout Indiana and, in  
 32 cooperation with interested state, regional, and local public  
 33 and private agencies, organizations, and persons, the  
 34 development of an effective state, regional, and local  
 35 emergency communications system.

36 (F) Organizing and sponsoring a statewide emergency medical  
 37 services conference to provide continuing education for  
 38 persons providing emergency medical services.

39 (2) Regulate, inspect, and certify or license services, facilities,  
 40 and personnel engaged in providing emergency medical services  
 41 as provided in this article.

42 (3) Adopt rules required to implement an approved system of



1 emergency medical services.

2 (4) Adopt rules concerning triage and transportation protocols for  
3 the transportation of trauma patients consistent with the field  
4 triage decision scheme of the American College of Surgeons  
5 Committee on Trauma.

6 (5) Apply for, receive, and accept gifts, bequests, grants-in-aid,  
7 state, federal, and local aid, and other forms of financial  
8 assistance for the support of emergency medical services.

9 (6) Employ necessary administrative staff.

10 (b) The commission shall include the provision of the mental health  
11 first aid training program developed under IC 12-21-5-4 in the  
12 promotion of continuing education programs under subsection  
13 (a)(1)(D).

14 SECTION 6. IC 16-31-3-5, AS AMENDED BY P.L.249-2019,  
15 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
16 JULY 1, 2022]: Sec. 5. (a) The department of homeland security shall  
17 waive any rule adopted by the commission under this article for:

18 (1) a person who provides emergency ambulance service;

19 (2) an emergency medical technician;

20 (3) an advanced emergency medical technician;

21 (4) a paramedic; or

22 (5) an ambulance;

23 when operating from a location in an adjoining state by contract with  
24 an Indiana unit of government to provide ~~emergency~~ ambulance or  
25 medical services to patients who are picked up or treated in Indiana.

26 (b) The department of homeland security may waive any rule,  
27 including a rule establishing a fee adopted by the commission under  
28 this article, for a person who submits facts demonstrating that:

29 (1) compliance with the rule will impose an undue hardship on  
30 the person; and

31 (2) either:

32 (A) noncompliance with the rule; or

33 (B) compliance with an alternative requirement approved by  
34 the department of homeland security;

35 will not jeopardize the quality of patient care. However, the  
36 department of homeland security may not waive a rule that sets  
37 forth educational requirements for a person regulated under this  
38 article.

39 (c) A waiver granted under subsection (b)(2)(B) is conditioned upon  
40 compliance with the alternative requirement approved under subsection  
41 (b).

42 (d) The department of homeland security shall establish an



1 expiration date for any waiver that is granted.

2 (e) The department of homeland security may renew a waiver if the  
3 person makes the same demonstration required for the original waiver.

4 (f) The commission is the ultimate authority for orders issued under  
5 this section.

6 SECTION 7. IC 16-31-5-1, AS AMENDED BY P.L.197-2016,  
7 SECTION 116, IS AMENDED TO READ AS FOLLOWS  
8 [EFFECTIVE JULY 1, 2022]: Sec. 1. The governing body of a city,  
9 town, township, or county by the governing body's action or in any  
10 combination may do the following:

11 (1) Establish, operate, and maintain emergency medical services.

12 (2) Levy taxes under and limited by IC 6-3.6 and expend  
13 appropriated funds of the political subdivision to pay the costs  
14 and expenses of establishing, operating, maintaining, or  
15 contracting for emergency medical services.

16 (3) Except as provided in section 2 of this chapter, authorize,  
17 franchise, or contract for emergency medical services. However:

18 (A) a county may not provide, authorize, or contract for  
19 emergency medical services within the limits of any city  
20 without the consent of the city; and

21 (B) a city or town may not provide, authorize, franchise, or  
22 contract for emergency medical services outside the limits of  
23 the city or town without the approval of the governing body of  
24 the area to be served.

25 (4) Apply for, receive, and accept gifts, bequests, grants-in-aid,  
26 state, federal, and local aid, and other forms of financial  
27 assistance for the support of emergency medical services.

28 (5) Establish and provide for the collection of reasonable fees for  
29 emergency ambulance services the governing body provides  
30 under this chapter.

31 (6) Pay the fees or dues for individual or group membership in  
32 any regularly organized volunteer emergency medical services  
33 association on their own behalf or on behalf of the emergency  
34 medical services personnel serving that unit of government.

35 SECTION 8. IC 16-31-5-2 IS AMENDED TO READ AS  
36 FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. A city, town, or  
37 county may not adopt an ordinance that restricts a person from  
38 providing emergency ambulance services in the city, town, township,  
39 or county if:

40 (1) the person is authorized to provide emergency ambulance  
41 services in any part of another county; and

42 (2) the person has been requested to provide emergency





- 1 ambulance services:
- 2 (A) to the county in which the person is authorized to provide
- 3 ~~emergency~~ ambulance services, and those services will
- 4 originate in another county; or
- 5 (B) from the county in which the person is authorized to
- 6 provide ~~emergency~~ ambulance services, and those services
- 7 will terminate in another county.
- 8 SECTION 9. IC 16-31-13-2, AS ADDED BY P.L.37-2021,
- 9 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 10 JULY 1, 2022]: Sec. 2. (a) If there is not an individual requiring
- 11 medical attention or transport, a paramedic, advanced emergency
- 12 medical technician, or emergency medical technician may use
- 13 ~~emergency~~ ambulance services to transport an operational canine
- 14 injured in the line of duty to a veterinary hospital or clinic.
- 15 (b) During transport, a paramedic, advanced emergency medical
- 16 technician, or emergency medical technician may provide the following
- 17 care to an injured operational canine:
- 18 (1) Opening and manually maintaining an airway.
- 19 (2) Performing cardiopulmonary resuscitation.
- 20 (3) Administering oxygen.
- 21 (4) Managing ventilation by mask.
- 22 (5) Controlling hemorrhage with direct pressure.
- 23 (6) Immobilizing fractures.
- 24 (7) Bandaging.
- 25 (8) Procedures authorized under a written protocol established
- 26 and provided by the state veterinarian.
- 27 (9) Procedures authorized by the Indiana emergency medical
- 28 services commission.
- 29 (10) If the paramedic, advanced emergency medical technician,
- 30 or emergency medical technician is trained in canine tactical
- 31 combat casualty care (K9TCCC), the individual may provide care
- 32 within the scope and protocols of the K9TCCC training.
- 33 (c) A paramedic, advanced emergency medical technician, or
- 34 emergency medical technician may require a member of the law
- 35 enforcement department or agency to accompany the injured
- 36 operational canine during transport.
- 37 (d) Unless there is a written agreement that specifies the party that
- 38 is financially responsible for the transportation and treatment cost for
- 39 an injured operational canine, the law enforcement agency or other
- 40 governmental agency that owns or requested the use of the operational
- 41 canine is responsible for the transportation and treatment cost for the
- 42 operational canine.



1 (e) A written agreement between a law enforcement agency or other  
 2 governmental agency and a provider of ~~emergency~~ ambulance services  
 3 that concerns the transport and care of an operational canine injured in  
 4 the line of duty must specify which services described under subsection  
 5 (b) will be covered under the agreement.

6 SECTION 10. IC 27-1-2.3 IS ADDED TO THE INDIANA CODE  
 7 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 8 JULY 1, 2022]:

9 **Chapter 2.3. Payment for Ambulance Services**

10 **Sec. 1. As used in this chapter, "ambulance" refers only to a**  
 11 **vehicle that is used to provide ambulance service on land.**

12 **Sec. 2. As used in this chapter, "ambulance fee dispute" means**  
 13 **a dispute as to the compensation to be paid to an ambulance service**  
 14 **provider for ambulance service.**

15 **Sec. 3. As used in this chapter, "ambulance service provider"**  
 16 **means a person that:**

- 17 (1) provides ambulance service; and  
 18 (2) holds a valid certificate issued by the commission under  
 19 IC 16-31-3 authorizing the person to provide ambulance  
 20 service.

21 **Sec. 4. As used in this chapter, "cost sharing" means the total**  
 22 **amount paid:**

- 23 (1) by a covered individual; or  
 24 (2) on behalf of a covered individual by any person other than  
 25 the health plan under which the individual is covered;  
 26 in the form of a deductible, copayment, or coinsurance, for  
 27 ambulance service provided to the covered individual.

28 **Sec. 5. As used in this chapter, "covered individual" means an**  
 29 **individual who is entitled to coverage under a health plan.**

30 **Sec. 6. As used in this chapter, "health plan" means any of the**  
 31 **following:**

- 32 (1) A self-insurance program established under IC 5-10-8-7(b)  
 33 to provide group coverage.  
 34 (2) A prepaid health care delivery plan through which health  
 35 services are provided under IC 5-10-8-7(c).  
 36 (3) A policy of accident and sickness insurance as defined in  
 37 IC 27-8-5-1, but not including any insurance, plan, or policy  
 38 set forth in IC 27-8-5-2.5(a).  
 39 (4) An individual contract (as defined in IC 27-13-1-21) or a  
 40 group contract (as defined in IC 27-13-1-16) with a health  
 41 maintenance organization that provides coverage for basic  
 42 health care services (as defined in IC 27-13-1-4).



1           **Sec. 7. As used in this chapter, "health plan operator" means**  
 2 **the following:**

3           **(1) In the case of a health plan described in section 6(1) or 6(2)**  
 4 **of this chapter, the state of Indiana.**

5           **(2) In the case of a health plan described in section 6(3) of this**  
 6 **chapter, the insurer that issued the policy.**

7           **(3) In the case of a health plan described in section 6(4) of this**  
 8 **chapter, the health maintenance organization that entered**  
 9 **into the contract.**

10          **Sec. 8. For purposes of this chapter:**

11           **(1) an ambulance service provider that provides ambulance**  
 12 **service to an individual covered by a health plan is**  
 13 **"nonparticipating" with respect to the health plan if the**  
 14 **ambulance service provider has not, by contract, affiliation,**  
 15 **agreement, or any other means, agreed to be compensated by**  
 16 **the health plan at no more than a certain amount or rate for**  
 17 **the ambulance service; and**

18           **(2) an ambulance service provider that provides ambulance**  
 19 **service to an individual covered by a health plan is**  
 20 **"participating" with respect to the health plan if the**  
 21 **ambulance service provider has agreed to be compensated by**  
 22 **the health plan at no more than a certain amount or rate for**  
 23 **the ambulance service.**

24          **Sec. 9. As used in this chapter, "person" means an individual, a**  
 25 **corporation, a limited liability company, a partnership, or another**  
 26 **legal entity.**

27          **Sec. 10. (a) A health plan operator shall fairly negotiate rates**  
 28 **and terms with any ambulance service provider willing to become**  
 29 **a participating provider with respect to the health plan.**

30           **(b) In negotiations under subsection (a), a health plan must**  
 31 **consider all of the following:**

32           **(1) The ambulance service provider's usual and customary**  
 33 **rates.**

34           **(2) The ambulance service provider's resources, and whether**  
 35 **the ambulance service provider's staff is available twenty-four**  
 36 **(24) hours per day every day.**

37           **(3) The average wages and fuel costs in the geographical area**  
 38 **in which the ambulance service provider operates.**

39           **(4) The number of times in which individuals covered by the**  
 40 **health plan have sought ambulance service from the**  
 41 **ambulance service provider but the ambulance service**  
 42 **provider's response was canceled or did not result in a**



- 1 transport.
- 2 (5) The local ordinances and state rules concerning staffing,
- 3 response times, and equipment under which the ambulance
- 4 service provider must operate.
- 5 (6) The types of requests for ambulance service for individuals
- 6 covered by the health plan that the ambulance service
- 7 provider generally receives, and the requesting party or
- 8 agency by which those requests are generally made.
- 9 (7) The average reimbursement rate per level of service that
- 10 the ambulance service provider generally receives as a
- 11 nonparticipating provider.
- 12 (8) The specific:
- 13 (A) clinical and staff capabilities; and
- 14 (B) equipment resources;
- 15 that an ambulance service provider must have to adequately
- 16 meet the needs of individuals covered by the health plan, such
- 17 as for the transportation of covered individuals from one (1)
- 18 hospital to another after traumatic injury.
- 19 (9) The average transport cost data reported to the office of
- 20 the secretary of family and social services by governmental
- 21 ambulance service providers located within the counties, and
- 22 contiguous counties, that the nonparticipating ambulance
- 23 service provider serves.
- 24 (10) Final arbitration decisions made under section 14 of this
- 25 chapter.
- 26 (c) If negotiations between an ambulance service provider and
- 27 a health plan operator under this section do not result in the
- 28 ambulance service provider becoming a participating provider
- 29 with respect to the health plan, each party shall provide to the
- 30 department:
- 31 (1) notice that no agreement has been met; and
- 32 (2) a summary of the areas of negotiation that were not
- 33 agreed upon.
- 34 Sec. 11. If:
- 35 (1) an individual covered by a health plan is provided
- 36 ambulance service by a nonparticipating ambulance service
- 37 provider; and
- 38 (2) the covered individual executes a written assignment to the
- 39 nonparticipating ambulance service provider of the benefits
- 40 the covered individual is entitled to under the health plan with
- 41 respect to the ambulance service;
- 42 the health plan shall pay the benefits referred to in subdivision (2)



1 directly to the nonparticipating ambulance service provider.

2 **Sec. 12. (a) If an individual covered by a health plan is provided**  
 3 **ambulance service by a nonparticipating ambulance service**  
 4 **provider, the nonparticipating ambulance service provider may**  
 5 **bill the health plan for the ambulance service.**

6 **(b) A health plan operator that receives a bill from a**  
 7 **nonparticipating ambulance service provider for ambulance**  
 8 **service provided to a covered individual:**

9 **(1) shall provide to the nonparticipating ambulance service**  
 10 **provider a written explanation of:**

- 11 **(A) the health plan's benefits for ambulance service; and**  
 12 **(B) the cost sharing that applies to the health plan's**  
 13 **coverage of the ambulance service provided to the covered**  
 14 **individual; and**

15 **(2) may:**

- 16 **(A) pay the amount billed by the nonparticipating**  
 17 **ambulance service provider;**  
 18 **(B) negotiate with the nonparticipating ambulance service**  
 19 **provider for the payment of an amount different from the**  
 20 **billed amount; or**  
 21 **(C) pay to the nonparticipating ambulance service**  
 22 **provider an amount different from the billed amount.**

23 **(c) If the amount paid by the health plan to the nonparticipating**  
 24 **ambulance service provider under subsection (b)(2)(C) is less than**  
 25 **the amount billed by the nonparticipating ambulance service**  
 26 **provider, the nonparticipating ambulance service provider may**  
 27 **bill the covered individual for the difference between the billed**  
 28 **amount and the amount paid by the health plan.**

29 **(d) If a covered individual receives a bill from a**  
 30 **nonparticipating ambulance service provider under subsection (c),**  
 31 **the covered individual may appeal to the health plan operator for**  
 32 **assistance. In response to an appeal under this subsection, the**  
 33 **health plan operator shall:**

- 34 **(1) consider whether to pay all or part of the amount billed to**  
 35 **the covered individual under subsection (c); and**  
 36 **(2) disclose to the covered individual information about the**  
 37 **efforts made by the health plan to negotiate with the**  
 38 **nonparticipating ambulance service provider, including:**  
 39 **(A) the date of the most recent negotiations; and**  
 40 **(B) the amount most recently offered by the health plan in**  
 41 **payment for the ambulance service provided to the covered**  
 42 **individual.**



1 (e) Information about a covered individual's right to appeal to  
 2 the health plan operator under subsection (d) shall be provided to  
 3 a covered individual:

4 (1) by the health plan operator when the health plan, under  
 5 subsection (b)(2)(C), pays to a nonparticipating ambulance  
 6 service provider an amount different from the amount billed  
 7 by the nonparticipating ambulance service provider; and

8 (2) by the nonparticipating ambulance service provider when  
 9 the nonparticipating ambulance service provider bills the  
 10 covered individual under subsection (c).

11 Sec. 13. (a) If negotiations under this chapter do not result in a  
 12 resolution of the ambulance fee dispute within thirty (30) days  
 13 after the nonparticipating ambulance service provider receives the  
 14 written explanation of benefits and cost sharing under section  
 15 12(b)(1) of this chapter:

16 (1) the health plan operator; or

17 (2) the nonparticipating ambulance service provider;

18 may initiate binding arbitration to resolve the ambulance fee  
 19 dispute by filing a request for binding arbitration with the  
 20 department.

21 (b) The party initiating binding arbitration under subsection (a)  
 22 shall provide to the other party:

23 (1) notification that arbitration has been initiated through the  
 24 filing of a request with the department; and

25 (2) a final offer to resolve the ambulance fee dispute through  
 26 the payment of a certain amount for the ambulance service.

27 (c) In response to the notification and final offer it receives  
 28 under subsection (b), the party not initiating binding arbitration  
 29 shall provide to the opposite party its own final offer to resolve the  
 30 ambulance fee dispute through the payment of a certain amount  
 31 for the ambulance service.

32 (d) An offer to resolve an ambulance fee dispute that is provided  
 33 under subsection (b) or (c) may propose payment for ambulance  
 34 services on a per billing basis or a bundled claim basis.

35 Sec. 14. (a) After arbitration is initiated under section 13 of this  
 36 chapter, an arbitrator must be selected according to the following  
 37 procedure:

38 (1) The health plan operator and the nonparticipating  
 39 ambulance service provider may select an arbitrator from the  
 40 list published by the department under section 15 of this  
 41 chapter.

42 (2) If the health plan operator and the nonparticipating



1 ambulance service provider cannot agree on the selection of  
 2 an arbitrator under subdivision (1), the department shall  
 3 provide a list of five (5) potential arbitrators randomly taken  
 4 from the list published under section 15 of this chapter.

5 (3) From the list provided under subdivision (2), the health  
 6 plan operator and the nonparticipating ambulance service  
 7 provider may each veto two (2) potential arbitrators, and the  
 8 remaining arbitrator is the arbitrator for the ambulance fee  
 9 dispute.

10 (b) The health plan operator and the nonparticipating  
 11 ambulance service provider may submit facts and arguments in  
 12 writing to the arbitrator in support of their positions. The  
 13 arbitrator, after considering all submissions by the parties, shall  
 14 decide on the amount of compensation to be paid to the  
 15 nonparticipating ambulance service provider for the ambulance  
 16 service provided to the covered individual.

17 (c) The arbitrator shall issue a decision under subsection (b) not  
 18 more than forty-five (45) days after the request for arbitration is  
 19 filed with the department under section 13(a) of this chapter. The  
 20 decision of the arbitrator:

21 (1) is binding on the health plan operator and the  
 22 nonparticipating ambulance service provider; and

23 (2) is admissible in any court proceeding between the health  
 24 plan operator and the nonparticipating ambulance service  
 25 provider.

26 (d) The arbitrator's expenses and fees and other expenses (not  
 27 including the parties' attorney's fees) that are incurred in  
 28 conducting the arbitration shall be paid as provided in the  
 29 arbitrator's decision.

30 Sec. 15. For the purposes of this chapter, the department shall  
 31 compile and publish a list of individuals or entities that:

32 (1) are listed in:

33 (A) the National Roster of Arbitrators of the American  
 34 Arbitration Association; or

35 (B) the roster of arbitrators of the American Health Law  
 36 Association; and

37 (2) are willing to arbitrate ambulance fee disputes under this  
 38 chapter.

39 Sec. 16. The department shall adopt rules under IC 4-22-2 to  
 40 implement this chapter.

41 SECTION 11. IC 27-8-6-8, AS ADDED BY P.L.115-2020,  
 42 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1 JULY 1, 2022]: Sec. 8. (a) As used in this section, "emergency medical  
2 services" has the meaning set forth in IC 16-18-2-110.

3 (b) As used in this section, "emergency medical services provider  
4 organization" means a provider of emergency medical services that is  
5 certified by the Indiana emergency medical services commission as an  
6 advanced life support provider organization under rules adopted under  
7 IC 16-31-3.

8 (c) As used in this section, "policy of accident and sickness  
9 insurance" has the meaning set forth in IC 27-8-5-1. However, for  
10 purposes of this section, the term does not include the following:

- 11 (1) Accident only, credit, dental, vision, Medicare supplement,  
12 long term care, or disability income insurance.
- 13 (2) Coverage issued as a supplement to liability insurance.
- 14 (3) Automobile medical payment insurance.
- 15 (4) A specified disease policy.
- 16 (5) A policy that provides a stipulated daily, weekly, or monthly  
17 payment to an insured without regard to the actual expense of the  
18 confinement.
- 19 (6) A short term insurance plan (as defined in IC 27-8-5.9-3).

20 (d) A policy of accident and sickness insurance that provides  
21 coverage for emergency medical services must provide reimbursement  
22 for emergency medical services that are:

- 23 (1) rendered by an emergency medical services provider  
24 organization;
- 25 (2) within the emergency medical services provider organization's  
26 scope of practice;
- 27 (3) performed or provided as advanced life support services; and
- 28 (4) performed or provided during a response initiated through the  
29 911 system regardless of whether the patient is transported.

30 **(e) Reimbursement for basic and advanced life support services**  
31 **through a policy to which this section applies must be provided on**  
32 **an equal basis regardless of whether the services involve**  
33 **transportation of the patient by ambulance.**

34 ~~(e)~~ (f) If multiple emergency medical services provider  
35 organizations qualify and submit a claim for reimbursement under this  
36 section for an encounter, the insurer:

- 37 (1) may reimburse under this section only for one (1) claim per  
38 patient encounter; and
- 39 (2) shall reimburse the claim submitted by the emergency medical  
40 services provider organization that performed or provided the  
41 majority of advanced life support services for the patient.

42 ~~(f)~~ (g) The department may adopt rules under IC 4-22-2, including





1 emergency rules under IC 4-22-2-37.1, to implement this section.

2 ~~(g)~~ **(h)** This section does not require a policy of accident and  
3 sickness insurance to provide coverage for emergency medical  
4 services.

5 SECTION 12. IC 27-8-38 IS ADDED TO THE INDIANA CODE  
6 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
7 JULY 1, 2022]:

8 **Chapter 38. Coverage for Emergency Ambulance Services and**  
9 **Specialty Care Transport**

10 **Sec. 1. This chapter applies to:**

- 11 **(1) accident and sickness insurance policies issued, delivered,**  
12 **or renewed after June 30, 2022; and**  
13 **(2) HMO contracts entered into or renewed after June 30,**  
14 **2022.**

15 **Sec. 2. (a) As used in this chapter, "accident and sickness**  
16 **insurance policy" means an insurance policy that:**

- 17 **(1) provides at least one (1) of the types of insurance described**  
18 **in IC 27-1-5-1, Classes 1(b) and 2(a); and**  
19 **(2) is issued on:**  
20 **(A) an individual basis; or**  
21 **(B) a group basis.**

22 **(b) "Accident and sickness insurance policy" does not include**  
23 **the following:**

- 24 **(1) Accident only, credit, dental, vision, Medicare supplement,**  
25 **long term care, or disability income insurance.**  
26 **(2) Coverage issued as a supplement to liability insurance.**  
27 **(3) Worker's compensation or similar insurance.**  
28 **(4) Automobile medical payment insurance.**  
29 **(5) A specified disease policy.**  
30 **(6) A short term insurance plan that:**  
31 **(A) may be renewed for the greater of:**  
32 **(i) thirty-six (36) months; or**  
33 **(ii) the maximum period permitted under federal law;**  
34 **(B) has a term of not more than three hundred sixty-four**  
35 **(364) days; and**  
36 **(C) has an annual limit of at least two million dollars**  
37 **(\$2,000,000).**  
38 **(7) A policy that provides indemnity benefits not based on any**  
39 **expense incurred requirement, including a plan that provides**  
40 **coverage for:**  
41 **(A) hospital confinement, critical illness, or intensive care;**  
42 **or**



- 1                   **(B) gaps for deductibles or copayments.**
- 2                   **(8) A supplemental plan that always pays in addition to other**
- 3                   **coverage.**
- 4                   **(9) A student health plan.**
- 5                   **(10) An employer sponsored health benefit plan that is:**
- 6                   **(A) provided to individuals who are eligible for Medicare;**
- 7                   **and**
- 8                   **(B) not marketed as, or held out to be, a Medicare**
- 9                   **supplement policy.**
- 10                  **Sec. 3. As used in this chapter, "emergency ambulance services"**
- 11                  **has the meaning set forth in IC 16-18-2-107.**
- 12                  **Sec. 4. As used in this chapter, "emergency medical services"**
- 13                  **has the meaning set forth in IC 16-18-2-110.**
- 14                  **Sec. 5. As used in this chapter, "emergency medical services**
- 15                  **provider organization" means a provider of emergency medical**
- 16                  **services that is certified by the Indiana emergency medical services**
- 17                  **commission under the rules adopted under IC 16-31-3 to provide**
- 18                  **advanced life support.**
- 19                  **Sec. 6. (a) As used in this chapter, "HMO contract" means a**
- 20                  **contract under which a health maintenance organization (as**
- 21                  **defined in IC 27-13-1-19) undertakes to provide or arrange for the**
- 22                  **delivery of health care services to enrollees on a prepaid basis,**
- 23                  **except for enrollee responsibility for copayments or deductibles.**
- 24                  **(b) The term includes:**
- 25                   **(1) an individual contract (as defined in IC 27-13-1-21); and**
- 26                   **(2) a group contract (as defined in IC 27-13-1-16).**
- 27                  **Sec. 7. As used in this chapter, "specialty care transport" means**
- 28                  **transport in which the level of service or procedures required is as**
- 29                  **set forth in 836 IAC 2-2-3(k) as in effect on January 1, 2022.**
- 30                  **Sec. 8. An accident and sickness insurance policy or HMO**
- 31                  **contract that provides coverage for emergency medical services**
- 32                  **must also provide reimbursement for the following:**
- 33                   **(1) Emergency ambulance services provided by an emergency**
- 34                   **medical services provider organization.**
- 35                   **(2) Specialty care transport provided by an emergency**
- 36                   **medical services provider organization.**
- 37                  **SECTION 13. IC 27-13-7-27, AS ADDED BY P.L.115-2020,**
- 38                  **SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE**
- 39                  **JULY 1, 2022]: Sec. 27. (a) This section applies to each of the**
- 40                  **following:**
- 41                   **(1) An individual contract.**
- 42                   **(2) A group contract.**



1 (b) As used in this section, "emergency medical services" has the  
2 meaning set forth in IC 16-18-2-110.

3 (c) As used in this section, "emergency medical services provider  
4 organization" means a provider of emergency medical services that is  
5 certified by the Indiana emergency medical services commission as an  
6 advanced life support provider organization under rules adopted under  
7 IC 16-31-3.

8 (d) An individual contract and a group contract that provide  
9 coverage for emergency medical services must provide reimbursement  
10 for emergency medical services that are:

11 (1) rendered by an emergency medical services provider  
12 organization;

13 (2) within the emergency medical services provider organization's  
14 scope of practice;

15 (3) performed or provided as advanced life support services; and

16 (4) performed or provided during a response initiated through the  
17 911 system regardless of whether the patient is transported.

18 **(e) Reimbursement for basic and advanced life support services**  
19 **through a contract to which this section applies must be provided**  
20 **on an equal basis regardless of whether the services involve**  
21 **transportation of the patient by ambulance.**

22 ~~(e)~~ **(f)** If multiple emergency medical services provider  
23 organizations qualify and submit a claim for reimbursement under this  
24 section, the health maintenance organization:

25 (1) may reimburse under this section only for one (1) claim per  
26 patient encounter; and

27 (2) shall reimburse the claim submitted by the emergency medical  
28 services provider organization that performed or provided the  
29 majority of advanced life support services.

30 ~~(f)~~ **(g)** The department may adopt rules under IC 4-22-2, including  
31 emergency rules under IC 4-22-2-37.1, to implement this section.

32 ~~(g)~~ **(h)** This section does not require an individual contract or a  
33 group contract to provide coverage for emergency medical services.



## COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1373, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, line 25, after "physician" insert "**or the physician's designee**".

Page 2, line 28, after "physician" insert "**or the physician's designee**".

Page 2, line 39, after "physician" insert "**or the physician's designee**".

Page 9, line 41, delete "canceled." and insert "**canceled or did not result in a transport.**".

Page 10, between lines 16 and 17, begin a new line block indented and insert:

**"(9) The average transport cost data reported to the office of the secretary of family and social services by governmental ambulance service providers located within the counties, and contiguous counties, that the nonparticipating ambulance service provider serves.**

**(10) Final arbitration decisions made under section 14 of this chapter."**

Page 14, line 21, after "for" insert "**basic and**".

Page 17, line 9, after "for" insert "**basic and**".

and when so amended that said bill do pass.

(Reference is to HB 1373 as introduced.)

BARRETT

Committee Vote: yeas 12, nays 0.

