

SENATE FLOOR VERSION

March 3, 2025

3 COMMITTEE SUBSTITUTE
FOR
4 SENATE BILL NO. 1067

By: Rosino of the Senate

and

Stinson of the House

An Act relating to health insurance; amending Sections 2 and 3, Chapter 356, O.S.L. 2024 (36 O.S. Supp. 2024, Sections 6050.2 and 6050.3), which relate to the Out-of-Network Ambulance Service Provider Act; modifying definition; authorizing local governmental entities to submit certain rates to the Insurance Department; requiring the Department to establish and maintain certain database; modifying reimbursement rates and criteria for certain ambulance services; updating statutory reference; updating statutory language; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY Section 2, Chapter 356, O.S.L.

2024 (36 O.S. Supp. 2024, Section 6050.2), is amended to read as follows:

Section 6050.2. As used in the Out-of-Network Ambulance Service Provider Act:

1. "Ambulance service provider" means an ambulance service as defined by Section 1-2503 of Title 63 of the Oklahoma Statutes

1 except that, for the purposes of ~~this act~~ the Out-of-Network
2 Ambulance Service Provider Act, the term shall be limited to an
3 ambulance service provider that provides ground transportation
4 services;

5 2. "Covered ambulance services" means those unscheduled and
6 emergency ground ambulance services which an enrollee is entitled to
7 receive under the terms of a health care benefit plan;

8 3. "Enrollee" means a person who is entitled to receive covered
9 ambulance services under the terms of a health care benefit plan;

10 4. "Health care benefit plan" means a plan, policy, contract,
11 certificate, agreement, or other evidence of coverage for health
12 care services offered, issued, renewed, or extended in this state by
13 a health care insurer, or government-sponsored self-insured plans.

14 Health care benefit plan does not include any health plan offered by
15 a contracted entity as defined in Section 4002.2 of Title 56 of the
16 Oklahoma Statutes that provides coverage to members of the state
17 Medicaid program;

18 5. "Health care insurer" means an entity that is subject to
19 state insurance regulation and provides coverage for health benefits
20 in this state and includes the following:

- 21 a. an insurance company,
- 22 b. a health maintenance organization,
- 23 c. a hospital and medical service corporation,
- 24 d. a risk-based provider organization, or

1 e. a sponsor or self-funded plan.

2 Health care insurer does not include a contracted entity as defined
3 in Section 4002.2 of Title 56 of the Oklahoma Statutes that provides
4 coverage to members of the state Medicaid program;

5 6. "Out-of-network" means a provider that does not contract
6 with the health care insurer of the enrollee receiving the covered
7 ambulance services; and

8 7. "Clean claim" means a claim that has no defect of
9 impropriety, including any lack of required substantiating
10 documentation or particular circumstances requiring special
11 treatment that prevents timely payment from being made on the claim.

12 SECTION 2. AMENDATORY Section 3, Chapter 356, O.S.L.

13 2024 (36 O.S. Supp. 2024, Section 6050.3), is amended to read as
14 follows:

15 Section 6050.3. A. A local governmental entity, or ambulance
16 service provider operating on its behalf, may annually submit to the
17 Insurance Department, in the form and manner prescribed by the
18 Insurance Commissioner, the ambulance service rates set or approved,
19 whether in contract or ordinance, by the local governmental entity.

20 B. The Department shall establish and maintain on its public
21 website a database listing all submitted rates.

22 C. The minimum allowable reimbursement rate under any health
23 care benefit plan issued by a health care insurer to an out-of-

1 network ambulance service provider for providing covered ambulance
2 services shall be at the least of:

3 1. The rates set or approved, whether in contract or ordinance,
4 submitted by a local governmental entity in the jurisdiction in
5 which the covered ambulance services originate.

6 B. In the absence of the rates as provided in subsection A of
7 this section, the rate shall be the lesser of:

8 1. Three hundred twenty-five percent (325%), or ambulance
9 service provider operating on its behalf, as provided in subsection
10 A of this section, if the local governmental entity has submitted
11 such rates;

12 2. Two hundred seventy-five percent (275%) of the current
13 published rate for ambulance services as established by the Centers
14 for Medicare and Medicaid Services under Title XVIII of the Social
15 Security Act for the same services provided in the same geographic
16 area; or

17 2. 3. The ambulance service provider's billed charges.

18 C. D. Payment made in compliance with this section shall be
19 considered payment in full for the covered ambulance services
20 provided, except for any copayment, coinsurance, deductible, and
21 other cost-sharing feature amounts required to be paid by the
22 enrollee. An ambulance service provider is prohibited from billing
23 the enrollee for any additional amounts for the paid covered
24 ambulance services in excess of what the health care insurer pays.

1 D. E. All copayments, coinsurance, deductible, and other cost-
2 sharing feature amounts ~~provided by~~ applicable to amounts calculated
3 in accordance with subsection A of this section shall not exceed the
4 in-network copayment, coinsurance, deductible, and other cost-
5 sharing features for the covered ambulance services received by the
6 enrollee.

7 E. F. In administering and paying claims, a health care insurer
8 shall comply with Section 1219 of Title 36 of the Oklahoma Statutes.

9 SECTION 3. This act shall become effective January 1, 2026.

10 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
March 3, 2025 - DO PASS AS AMENDED BY CS