

# HB0301S01 compared with HB0301

~~{Omitted text}~~ shows text that was in HB0301 but was omitted in HB0301S01

inserted text shows text that was not in HB0301 but was inserted into HB0301S01

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## Ambulance Provider Payment Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: A. Cory Maloy

Senate Sponsor:

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### LONG TITLE

#### General Description:

This bill amends provisions related to ambulance billing and charges.

#### Highlighted Provisions:

This bill:

- defines terms;
- codifies a base rate for ground ambulance transports;
- ~~{provides a method for updating the base rate each year;}~~
- prohibits a ground ambulance provider from charging rates that exceed established rates;
- prohibits balance billing; ~~{and}~~
- requires an insurer to allow for established rates~~{-}~~ ; and
- requires the Office of the Legislative Auditor General to conduct an audit if prioritized.

#### Money Appropriated in this Bill:

None

None

#### AMENDS:

HB0301

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20 **53-2d-503** , as last amended by Laws of Utah 2024, Chapter 240 , as last amended by Laws of Utah  
2024, Chapter 240

21 ENACTS:

22 **31A-22-627.1** , Utah Code Annotated 1953 , Utah Code Annotated 1953

23

24 *Be it enacted by the Legislature of the state of Utah:*

25 Section 1. Section **1** is enacted to read:

26 **31A-22-627.1. Ground ambulance reimbursement.**

27 (1) As used in this section:

28 ~~{(a) {"Adjusted base rate" means the same as that term is defined in Section 53-2d-503.}}~~

29 ~~{(b)}~~ (a) "Base rate" means the same as that term is defined in Section 53-2d-503.

29 (b) "Medication maximum cost" means the same as that term is defined in Section 53-2d-503.

30 (2) For a mileage rate established in a rule created under Section 53-2d-503 ~~{that is not the base rate}~~  
31 , a health benefit plan shall consider a correctly charged ~~{amount under the rate established by the~~  
32 ~~rule}~~ mileage rate as an allowable expense for a claim.

33 (3) ~~{Before July 1, 2026}~~ For claims made under Section 53-2d-503, a health benefit plan shall  
34 consider a correctly charged amount ~~{that is equal to the base rate as an allowable expense for a~~  
35 ~~claim.}~~ :

35 ~~{(4)}~~ (a) ~~{Beginning on July 1, 2026, a health benefit plan shall consider a correctly charged amount}~~  
36 that is equal to the ~~{adjusted}~~ base rate as an allowable expense ~~{for a claim.}~~ ; and

36 (b) that is equal to the medication maximum cost as an allowable expense for medication provided.

37 ~~{(5)}~~ (4) A health benefit plan shall make a payment for ~~{rates}~~ claims described in this section  
38 directly to the provider, including an out-of-network provider ~~{, not later than:}~~ :

39 ~~{(a) {30 days after the day the health benefit plan receives an electronic claim for the services that~~  
40 ~~includes all information necessary to pay the claim; or}}~~

41 ~~{(b) {{45 days after the day the health benefit plan receives a nonelectronic claim for the services that~~  
42 ~~includes all information necessary to pay the claim.}}~~

40 Section 2. Section **53-2d-503** is amended to read:

41 **53-2d-503. Establishment of maximum rates.**

45 (1) [The] As used in this section:

46 ~~{(a) {"Adjusted base rate" means, for each transport type described in Subsection (5)(a), the sum of:}}~~

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- 48 ~~{(i) {the previous year's base rate or adjusted base rate if the adjusted base rate was published; and}}~~  
50 ~~{(ii) {the product of the applicable rate described in Subsection (1)(a)(i) multiplied by the previous 12-~~  
~~month medical care consumer price index published in June.}}~~
- 52 ~~{(b)}~~ (a)
- . (i) "Balance bill" means the practice of a ~~{healthcare}~~ health care provider billing an individual for the difference between the individual's billed charges and the amount the individual's health benefit plan allows for a covered service ~~{, except for any applicable deductible, copayment, or coinsurance amounts}~~.
- 56 (ii) "Balance bill" does not include billing:
- 57 (A) ~~{billing}~~ an uninsured individual for services provided;
- 58 (B) ~~{billing}~~ an individual for ~~{services that}~~ the difference of the amount allowed by a health benefit plan ~~{determines are unnecessary}~~ for a billed service and the amount paid by the health benefit plan for the billed service; {or} and
- 60 (C) ~~{billing}~~ an individual for a ~~{claim}~~ service that was denied by the ~~{individual's}~~ health benefit plan because the service was an uncovered service under the health benefit plan.
- 62 ~~{(e)}~~ (b)
- . (i) "Base rate" means the rate a ground ambulance provider charges for:
- 63 (A) transporting an individual to a hospital or patient receiving facility;
- 64 (B) supplies used when transporting the individual;
- 65 (C) providing procedures during transport; and
- 66 (D) administering medications during transport.
- 67 (ii) "Base rate" does not include charges for:
- 68 (A) the cost of medications; or
- 69 (B) mileage.
- 70 ~~{(d) {"Medical care consumer price index rate" means the percentage rate for medical care published~~  
~~each month by the United States Bureau of Labor Statistics to measure inflation.}}~~
- 61 (c) "Medication maximum cost" means a cost for a medication that equals the lower of the:
- 63 (i) national average drug acquisition cost; and
- 64 (ii) Utah maximum allowable cost established in the Utah Medicaid program.
- 73 (2) ~~{Except as provided for the base rate described in Subsection (5), the}~~ bureau shall, after receiving  
recommendations under Subsection {f} (2){ (3)}, establish maximum rates for ground ambulance

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~~providers and paramedic providers that are just and reasonable]~~ The bureau shall establish a maximum mileage rate for ground ambulance providers and paramedic providers that is just and reasonable.

76 [(2)] (3) The committee may make recommendations to the bureau on the maximum ~~rates that should~~  
be] mileage rate set under Subsection [(4)] (2).

78 [(3)] (4)

. (a) Ground ambulance providers and paramedic providers may not charge fees for transporting a patient when the provider does not transport the patient.

80 (b) The provisions of Subsection [(3)(a)] (4)(a) do not apply to ambulance providers or paramedic providers in a geographic service area which contains a town as defined in Subsection 10-2-301(2) (f).

83 (5)

. (a) The base rate is as follows:

84 (i) for emergency medical technician ground ambulance transport, \$1,234.92;

85 (ii) for advanced emergency medical technician ground ambulance transport, \$1,630.31;

87 (iii) for paramedic ground ambulance transport, \$2,383.73; and

88 (iv) subject to Subsection (5)(b), for a transport described in Subsection (5)(a)(i) or (ii) that has a paramedic on board, \$2,383.73.

90 (b) A ground ambulance provider may charge the rate described in Subsection (5)(a)(iv) {or the associated adjusted base rate} if:

92 (i) a designated emergency medical service dispatch center dispatches a licensed paramedic provider to treat the individual;

94 (ii) the licensed paramedic provider has initiated advanced life support;

95 (iii) online medical control directs that a paramedic remain with the patient during transport; and

97 (iv) the licensed ground ambulance provider has a reimbursement for paramedic services agreement with a paramedic licensed provider for the service provided.

99 {~~(c) {Beginning July 1, 2026, and each July 1 thereafter, the bureau shall calculate and publish the adjusted base rate in rule.}~~}

101 {~~(d) {The bureau may only publish an adjusted base rate once each year.}~~}

102 (6)

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- (a) For ~~{ rates }~~ the mileage rate established in ~~{ rules created }~~ rule under this section ~~{ that are not the base rate }~~, a ground ambulance provider or paramedic provider may not charge an amount greater than the amount authorized in the rule ~~{ created under this section }~~ setting the mileage rate.
- 105 (b) For the base rate, a ground ambulance provider or paramedic provider may not charge an amount greater than the base rate described in Subsection (5)(a)~~{, unless the amount does not exceed the adjusted base rate published in rule }~~ for transportation services.
- 98 (c) For a medication, a ground ambulance provider or paramedic provider may not charge an amount greater than the medication maximum cost for a provided medication.
- 108 ~~{(e)}~~ (7) A ground ambulance provider or paramedic provider may not balance bill.
- 102 (8) Subject to prioritization by the Legislative Audit Subcommittee, the Office of the Legislative Auditor General created in Section 36-12-15 shall conduct an audit of ground ambulance providers, paramedic providers, and insurance companies regarding rates and payments described in this section and Section 31A-22-627.1.

106 Section 3. **Effective date.**

This bill takes effect on May 7, 2025.

2-10-25 3:24 PM