

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

H

D

HOUSE BILL 489
PROPOSED COMMITTEE SUBSTITUTE H489-PCS40549-DC-15

Short Title: Insurance Coverage Emergency Ambulance Trans.

(Public)

Sponsors:

Referred to:

March 25, 2025

1 A BILL TO BE ENTITLED
2 AN ACT TO PROVIDE FOR A MINIMUM ALLOWABLE REIMBURSEMENT RATE
3 UNDER HEALTH BENEFIT PLANS FOR EMERGENCY AMBULANCE SERVICES
4 PROVIDED BY AN OUT-OF-NETWORK AMBULANCE SERVICE PROVIDER.

5 The General Assembly of North Carolina enacts:

6 SECTION 1.(a) G.S. 58-3-190 reads as rewritten:

7 "§ 58-3-190. Coverage required for emergency care.

8 (a) Every insurer shall provide coverage for emergency services to the extent necessary
9 to screen and to stabilize the person covered under the plan or to transport the covered person to
10 a medically appropriate location for screening and stabilization and shall not require prior
11 authorization of the services if a prudent layperson acting reasonably would have believed that
12 an emergency medical condition existed. Payment of claims for emergency services shall be
13 based on the retrospective review of the presenting history and symptoms of the covered person.

14 (b) With respect to emergency services provided by a health care provider who is not
15 under contract with the insurer, the services shall be covered ~~if~~ if any of the following criteria are
16 met:

- 17 (1) A prudent layperson acting reasonably would have believed that a delay would
18 worsen the ~~emergency, or emergency.~~
19 (2) The covered person did not seek services from a provider under contract with
20 the insurer because of circumstances beyond the control of the covered person.
21 (3) The covered person did not have a choice in the ground ambulance
22 transportation service provider due to the emergency.

23 ...

24 (d) Coverage of emergency services ~~shall~~ may be subject to coinsurance, co-payments,
25 and deductibles applicable under the health benefit plan. An insurer shall not impose cost-sharing
26 for emergency services provided under this ~~section~~ section, including emergency ambulance
27 transportation services, that differs from the cost-sharing that would have been imposed if the
28 physician or provider furnishing the services were a provider contracting with the insurer.

29 ...

30 (g) ~~As used in this section, the term:~~ The following definitions apply in this section:

31 (1) Covered person. – An individual who is enrolled in a health benefit plan and
32 entitled to receive the benefits and services covered by that particular health
33 benefit plan.

34 (1a) ~~"Emergency medical condition"~~ "Emergency medical condition" means a condition. – A medical
35 condition manifesting itself by acute symptoms of sufficient severity,
36 including, but not limited to, severe pain, or by acute symptoms developing



* H 4 8 9 - P C S 4 0 5 4 9 - D C - 1 5 *

1 from a chronic medical condition that would lead a prudent layperson,
 2 possessing an average knowledge of health and medicine, to reasonably
 3 expect the absence of immediate medical attention to result in any of the
 4 following:

- 5 a. Placing the health of an individual, or with respect to a pregnant
 6 woman, the health of the woman or her unborn child, in serious
 7 jeopardy.
- 8 b. Serious impairment to bodily functions.
- 9 c. Serious dysfunction of any bodily organ or part.

10 (1b) Emergency medical transportation. – An emergency response, as defined
 11 under 42 C.F.R. § 414.605, and includes all of the following:

- 12 a. Transportation to a healthcare facility.
- 13 b. Ground ambulance transportation between two healthcare facilities
 14 "interfacility" transportation, when the transportation is being
 15 provided to the covered person because the needed medical care to
 16 treat the covered person's medical condition is not available at the
 17 current healthcare facility.
- 18 c. Emergency medical services that resulted with a medical evaluation
 19 being provided to the covered person without the covered person being
 20 transported to an emergency department.

21 (2) ~~"Emergency services" means health care~~ Emergency services. – Healthcare
 22 items and services furnished or required to screen for or treat an emergency
 23 medical condition until the condition is stabilized, including prehospital care
 24 care, ambulance transportation services, and ancillary services routinely
 25 available to the emergency department.

26 ...
 27 (4b) Out-of-network provider. – A provider that does not contract with the insurer
 28 of the health benefit plan under which a covered person is receiving services
 29 from that provider is enrolled.

30 (5) ~~"To stabilize" means to~~ Stabilize. – To provide medical care that is appropriate
 31 to prevent a material deterioration of the person's condition, within reasonable
 32 medical probability, in accordance with the HCFA (Health Care Financing
 33 Administration) Centers for Medicare and Medicaid Services interpretative
 34 guidelines, policies and regulations pertaining to responsibilities of hospitals
 35 in emergency cases (as cases, as provided under the Emergency Medical
 36 Treatment and Labor Act, section 1867 of the Social Security Act, 42 U.S.C.S.
 37 1395dd), including medically necessary services and supplies to maintain
 38 stabilization until the person is transferred. 42 U.S.C.S. 1395dd.

39 (h) The minimum allowable reimbursement rate under any health benefit plan for
 40 emergency medical transportation services provided by an ambulance service provider that shall
 41 be paid to an out-of-network ambulance service provider is one hundred percent (100%) of the
 42 rate set or approved, either by contract or in ordinance, by a local governmental entity established
 43 pursuant to G.S. 153A-250 in the jurisdiction in which the ambulance services originated. In the
 44 absence of a rate set or approved by a local governmental entity, the minimum allowable
 45 reimbursement rate under this subsection is the lesser of the following amounts:

- 46 (1) Four hundred percent (400%) of the most recent published Medicare rate for
 47 the ambulance service or services by the Centers for Medicare and Medicaid
 48 Services under Title XVIII of the Social Security Act for the same services
 49 provided in the same geographic area.
- 50 (2) The out-of-network ambulance service provider's billed charges.

1 (i) All of the following apply to emergency medical transportation services provided by
2 an ambulance service provider:

3 (1) Payment by an insurer that is in compliance with subsection (h) of this section
4 is considered payment in full by that insurer for the covered services. This
5 subdivision does not preclude the billing for, or collection of, any copayment,
6 coinsurance, deductible, and other cost-sharing feature amounts required to be
7 paid by the covered person.

8 (2) An insurer shall promptly remit payment for emergency medical
9 transportation services directly to the ambulance services provider, regardless
10 of the network status of that provider. An insurer shall not send any payments
11 for the reimbursement of these services to a covered person.

12 (3) An insurer shall not impose upon a covered person any cost-sharing
13 requirement for emergency transportation services that exceeds the lesser of
14 the following amounts:

15 a. One hundred dollars (\$100.00).

16 b. Ten percent (10%) of the minimum allowable reimbursement rate
17 amount required to be paid by the insurer established under subsection
18 (h) of this section.

19 (j) Nothing in this section shall be construed to prevent a self-funded group plan
20 regulated under the Employee Retirement Income Security Act (ERISA) from opting into the
21 provisions of this section."

22 **SECTION 1.(b)** Subdivisions (3) and (4) of subsection (g) of G.S. 58-3-190 are
23 repealed.

24 **SECTION 2.** Section 1(a) of this act is effective October 1, 2025, and applies to
25 insurance contracts issued, renewed, or amended on or after that date and ambulance services
26 provided on or after that date. The remainder of this act is effective when it becomes law.