

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

SENATE BILL 1067

By: Rosino

AS INTRODUCED

An Act relating to ambulances; 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 definitions; modifying reimbursement rates for certain ambulance services; 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 except that, for the purposes of this act, the term shall be limited to an ambulance service provider that provides ground transportation services;

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

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

6 4. "Health care benefit plan" means a plan, policy, contract,
7 certificate, agreement, or other evidence of coverage for health
8 care services offered, issued, renewed, or extended in this state by
9 a health care insurer, or government-sponsored self-insured plans.
10 Health care benefit plan does not include any health plan offered by
11 a contracted entity as defined in Section 4002.2 of Title 56 of the
12 Oklahoma Statutes that provides coverage to members of the state
13 Medicaid program;

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

- 17 a. an insurance company,
- 18 b. a health maintenance organization,
- 19 c. a hospital and medical service corporation,
- 20 d. a risk-based provider organization, or
- 21 e. a sponsor or self-funded plan.

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

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

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

8 SECTION 2. AMENDATORY Section 3, Chapter 356, O.S.L.
9 2024 (36 O.S. Supp. 2024, Section 6050.3), is amended to read as
10 follows:

11 Section 6050.3. A. The minimum allowable reimbursement rate
12 under any health care benefit plan issued by a health care insurer
13 to an out-of-network ambulance service provider for providing
14 covered ambulance services shall be ~~at the rates set or approved,~~
15 ~~whether in contract or ordinance, by a local governmental entity in~~
16 ~~the jurisdiction in which the covered ambulance services originate.~~

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

19 1. Three hundred twenty-five percent (325%) of the current
20 published rate for ambulance services as established by the Centers
21 for Medicare and Medicaid Services under Title XVIII of the Social
22 Security Act for the same services provided in the same geographic
23 area; or

24 2. The ambulance service provider's billed charges.

1 ~~C.~~ B. Payment made in compliance with this section shall be
2 considered payment in full for the covered ambulance services
3 provided, except for any copayment, coinsurance, deductible, and
4 other cost-sharing feature amounts required to be paid by the
5 enrollee. An ambulance service provider is prohibited from billing
6 the enrollee for any additional amounts for the paid covered
7 ambulance services in excess of what the health care insurer pays.

8 ~~D.~~ C. All copayments, coinsurance, deductible, and other cost-
9 sharing feature amounts ~~provided by~~ applicable to amounts calculated
10 in accordance with subsection A of this section shall not exceed the
11 in-network copayment, coinsurance, deductible, and other cost-
12 sharing features for the covered ambulance services received by the
13 enrollee.

14 ~~E.~~ D. In administering and paying claims, a health care insurer
15 shall comply with Section 1219 of Title 36 of the Oklahoma Statutes.

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

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