
SENATE COMMITTEE AMENDMENTS

2023 Regular Session

Amendments proposed by Senate Committee on Insurance to Original Senate Bill No. 109
by Senator Talbot

1 AMENDMENT NO. 1

2 On page 1, line 14, delete "or air"

3 AMENDMENT NO. 2

4 On page 1, at the end of line 15, add the following:

5 **"For purposes of this Section, "ambulance service provider" shall not**
6 **include an air ambulance service provider."**

7 AMENDMENT NO. 3

8 On page 1, between lines 15 and 16, insert the following:

9 **"(2) "Covered services" means those emergency ground**
10 **ambulance services which an enrollee is entitled to receive under the**
11 **terms of a healthcare benefit plan."**

12 AMENDMENT NO. 4

13 On page 1, line 16, change "(2)" to "(3)"

14 AMENDMENT NO. 5

15 On page 2, line 1, change "(3)" to "(4)"

16 AMENDMENT NO. 6

17 On page 2, line 4, change "(4)" to "(5)"

18 AMENDMENT NO. 7

19 On page 2, between lines 13 and 14, insert the following:

20 **"(6) "Clean claim" means a claim that has no defect of**
21 **impropriety, including any lack of required substantiating**
22 **documentation or particular circumstances requiring special treatment**
23 **that prevents timely payment from being made on the claim."**

24 AMENDMENT NO. 8

25 On page 2, delete line 16 in its entirety and insert the following:

26 **"service provider for providing emergency services shall be one of the**
27 **following items:"**

28 AMENDMENT NO. 9

29 On page 2, line 23, change "seventy-five" to "twenty-five"

30 AMENDMENT NO. 10

31 On page 1, line 26, between "area" and "or" insert a semicolon ";"

32 AMENDMENT NO. 11

33 On page 3, at the end of line 2, add the following:

34 **"An ambulance service provider is prohibited from billing the enrollee**
35 **for any additional amounts for paid covered services."**

36 AMENDMENT NO. 12

37 On page 3, line 7, between "shall" and "promptly" insert the following:

1 **", within thirty days after receipt of a clean claim for covered services."**

2 AMENDMENT NO. 13

3 On page 3, below line 9, add the following:

4 **"F. If the claim is not a clean claim, the healthcare insurer shall,**
5 **within thirty days after receipt of the claim, send a written notice**
6 **acknowledging the date of the receipt of the claim and shall provide one**
7 **of the following items:**

8 **(1) That the insurer is declining to pay all or part of the claim and**
9 **the specific reason or reasons for the denial.**

10 **(2) That additional information is necessary to determine if all or**
11 **part of the claim is payable and the specific additional information that**
12 **is required."**