
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 3, change "health care" to "healthcare"

3 AMENDMENT NO. 2

4 On page 1, line 6, after "providers;" insert "to provide for effectiveness;"

5 AMENDMENT NO. 3

6 On page 1, delete lines 9 through 11, and insert the following:

7 **"§1880.2. Payment of claims for covered healthcare services provided**
8 **by out-of-network care insurer of the enrollee receiving the covered**
9 **healthcare services; definitions"**

10 AMENDMENT NO. 4

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

12 AMENDMENT NO. 5

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

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

16 AMENDMENT NO. 6

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

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

21 AMENDMENT NO. 7

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

23 AMENDMENT NO. 8

24 On page 1, lines 16 and 17, change "health care" to "healthcare"

25 AMENDMENT NO. 9

26 On page 1, line 17, change "health care" to "healthcare"

27 AMENDMENT NO. 10

28 On page 2, delete lines 1 through 4, and insert the following:

29 **"(4) "Healthcare benefit plan" means a plan, policy, contract, certificate,**
30 **agreement, or other evidence of coverage for healthcare services offered, issued,**
31 **renewed, or extended in this state by a healthcare insurer.**

32 **(5) "Healthcare insurer" means an entity that is subject to state"**

33 AMENDMENT NO. 11

34 On page 2, delete line 13, and insert "healthcare insurer of the enrollee receiving the
35 covered healthcare services."

36 AMENDMENT NO. 12

37 On page 2, delete lines 14 and 15, and insert in lieu thereof the following:

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

5 **B. The minimum allowable reimbursement rate under any**
6 **healthcare benefit plan issued by any healthcare insurer to an out-of-**
7 **network ambulance"**

8 AMENDMENT NO. 13

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

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

12 AMENDMENT NO. 14

13 On page 2, line 18, change "health care" to "healthcare"

14 AMENDMENT NO. 15

15 On page 2, line 22, change "health care" to "healthcare"

16 AMENDMENT NO. 16

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

18 AMENDMENT NO. 17

19 On page 2, line 25, after "Act" delete "Medicare"

20 AMENDMENT NO. 18

21 On page 2, line 26, between "area" and "or" insert a semicolon ";"

22 AMENDMENT NO. 19

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

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

26 AMENDMENT NO. 20

27 On page 3, line 6, change "health care" to "healthcare"

28 AMENDMENT NO. 21

29 On page 3, line 7, change "health care" to "healthcare"

30 AMENDMENT NO. 22

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

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

33 AMENDMENT NO. 23

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

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

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

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