

**First Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO**

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 25-0069.01 Josh Schultz x5486

HOUSE BILL 25-1088

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Health & Human Services
Appropriations

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Health & Human Services
Appropriations

A BILL FOR AN ACT

101 **CONCERNING COSTS ASSOCIATED WITH THE PROVISION OF GROUND**
102 **AMBULANCE SERVICES, AND, IN CONNECTION THEREWITH,**
103 **MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

For ground ambulance services (ambulance services), the bill:

- Allows a political subdivision or an ambulance service providing ambulance services on behalf of the political subdivision to submit to the division of insurance (division) the established rates for the ambulance services, if the rates

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

SENATE
2nd Reading Unamended
April 30, 2025

HOUSE
3rd Reading Unamended
April 17, 2025

HOUSE
Amended 2nd Reading
April 16, 2025

- meet specified conditions;
- Requires the division to publish reimbursement rates on the division's public-facing website;
- Establishes reimbursement rates for ambulance services that are out of network; and
- Prohibits an out-of-network ambulance service from billing an individual covered under a health insurance coverage plan (covered person) any outstanding balance for a covered service not paid for by an insurance carrier, except for any coinsurance, deductible, or copayment amount required to be paid by the covered person. If a covered person makes a payment for an out-of-network ambulance service, the payment must be applied to the covered person's in-network deductibles and in-network out-of-pocket maximum amounts.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** 10-16-170 as
3 follows:

4 **10-16-170. Ground ambulance service agencies - ambulance**
5 **services - billing rate database - out-of-network rates - rules -**
6 **definitions.** (1) (a) A POLITICAL SUBDIVISION OR AN AMBULANCE SERVICE
7 DESIGNATED OR CONTRACTED TO PROVIDE AMBULANCE SERVICES ON
8 BEHALF OF THE POLITICAL SUBDIVISION MAY SUBMIT TO THE DIVISION
9 ANNUALLY, IN THE FORM AND MANNER PRESCRIBED BY THE
10 COMMISSIONER, THE RATES FOR **EMERGENCY** AMBULANCE SERVICES
11 ADOPTED BY THE POLITICAL SUBDIVISION. A POLITICAL SUBDIVISION OR AN
12 AMBULANCE SERVICE THAT CHOOSES TO SUBMIT ITS RATES PURSUANT TO
13 THIS SUBSECTION (1)(a) SHALL RESUBMIT THE RATES TO THE DIVISION IF
14 THE RATES CHANGE.

15 (b) THE DIVISION SHALL PUBLISH RATES SUBMITTED PURSUANT TO
16 THIS SUBSECTION (1) ANNUALLY ON THE DIVISION'S PUBLIC-FACING
17 WEBSITE.

1 (c) THE DIVISION SHALL CONTINUE TO PUBLISH RATES PROVIDED
2 BY A POLITICAL SUBDIVISION OR AN AMBULANCE SERVICE IN SUBSEQUENT
3 YEARS, INCLUDING UPDATED RATES IF THE POLITICAL SUBDIVISION OR
4 AMBULANCE SERVICE RESUBMITS THE RATES TO THE DIVISION PURSUANT
5 TO SUBSECTION (1)(a) OF THIS SECTION DUE TO A RATE CHANGE.

6 (d) A POLITICAL SUBDIVISION OR AN AMBULANCE SERVICE SHALL
7 ENSURE THAT RATES SUBMITTED TO THE DIVISION PURSUANT TO THIS
8 SUBSECTION (1) ARE:

9 (I) REASONABLE CONSIDERING THE SERVICES PROVIDED AND
10 RATIONALLY CALCULATED TO OFFSET THE COSTS OF PROVIDING SERVICES;

11 (II) LEGISLATIVELY ADOPTED BY THE GOVERNING BODY OF THE
12 POLITICAL SUBDIVISION OR INCLUDED IN AN ORDINANCE, A RESOLUTION,
13 A PUBLIC CONTRACT, OR AN ADOPTED BUDGET APPROVED BY THE
14 GOVERNING BODY;

15 (III) UNIFORMLY CHARGED TO ALL PATIENTS, REGARDLESS OF THE
16 PATIENTS' INSURANCE TYPE, INSURANCE SOURCE, OR INSURANCE STATUS;
17 AND

18 (IV) IF THE RATES EXCEED THREE HUNDRED TWENTY-FIVE
19 PERCENT OF THE AMOUNT REIMBURSED UNDER THE "HEALTH INSURANCE
20 FOR THE AGED ACT", TITLE XVIII OF THE FEDERAL "SOCIAL SECURITY
21 ACT", 42 U.S.C. SEC. 1395 ET SEQ., JUSTIFIED BY A THIRD-PARTY COST
22 ANALYSIS OR PUBLICLY FILED INDUSTRY COST REPORT.

23 (2) (a) IF A COVERED PERSON RECEIVES COVERED SERVICES THAT
24 ARE EMERGENCY AMBULANCE SERVICES FROM AN AMBULANCE SERVICE
25 THAT IS OUT OF NETWORK, THE CARRIER SHALL REIMBURSE THE
26 AMBULANCE SERVICE AT:

27 (I) THE RATES ESTABLISHED BY THE POLITICAL SUBDIVISION IN

1 WHICH THE SERVICE ORIGINATED, IF THE POLITICAL SUBDIVISION OR AN
2 AMBULANCE SERVICE DESIGNATED OR CONTRACTED TO PROVIDE
3 AMBULANCE SERVICES ON BEHALF OF THE POLITICAL SUBDIVISION
4 SUBMITTED ITS RATES TO THE DIVISION PURSUANT TO SUBSECTION (1) OF
5 THIS SECTION; OR

6 (II) THE LESSER OF THE AMBULANCE SERVICE'S BILLED CHARGES
7 OR THREE HUNDRED TWENTY-FIVE PERCENT OF THE AMOUNT REIMBURSED
8 UNDER THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII OF
9 THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395 ET SEQ., IF
10 LOCALLY ESTABLISHED RATES FOR THE AMBULANCE SERVICE HAVE NOT
11 BEEN SUBMITTED TO THE DIVISION PURSUANT TO SUBSECTION (1) OF THIS
12 SECTION.

13 (b) IF A COVERED PERSON RECEIVES A COVERED SERVICE THAT IS
14 A NONEMERGENCY AMBULANCE SERVICE FROM AN AMBULANCE SERVICE
15 THAT IS OUT OF NETWORK, THE CARRIER SHALL REIMBURSE THE
16 AMBULANCE SERVICE AT THE LESSER OF THE AMBULANCE SERVICE'S
17 BILLED CHARGES OR THREE HUNDRED TWENTY-FIVE PERCENT OF THE
18 AMOUNT REIMBURSED UNDER THE "HEALTH INSURANCE FOR THE AGED
19 ACT", TITLE XVIII OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C.
20 SEC. 1395 ET SEQ.

21 (c) (I) A CARRIER SHALL MAKE PAYMENTS REQUIRED BY
22 SUBSECTION (2)(a) OF THIS SECTION, MINUS ANY COINSURANCE,
23 DEDUCTIBLE, OR COPAYMENT FOR WHICH A COVERED PERSON IS
24 RESPONSIBLE, DIRECTLY TO THE AMBULANCE SERVICE.

25 (II) AT THE TIME OF THE DISPOSITION OF THE CLAIM, THE CARRIER
26 SHALL NOTIFY THE AMBULANCE SERVICE AND THE COVERED PERSON OF
27 ANY REQUIRED COINSURANCE, DEDUCTIBLE, OR COPAYMENT.

1 (d) PAYMENT MADE BY A CARRIER IN COMPLIANCE WITH THIS
2 SUBSECTION (2) IS PRESUMED TO BE PAYMENT IN FULL FOR THE
3 AMBULANCE SERVICES PROVIDED, EXCEPT FOR ANY COINSURANCE,
4 DEDUCTIBLE, OR COPAYMENT AMOUNT A COVERED PERSON IS REQUIRED
5 TO PAY.

6 (e) THIS SUBSECTION (2) DOES NOT PROHIBIT A CARRIER AND AN
7 OUT-OF-NETWORK AMBULANCE SERVICE FROM VOLUNTARILY
8 NEGOTIATING ALTERNATIVE REIMBURSEMENT TERMS AND RATES.

9 (3) AN AMBULANCE SERVICE THAT IS OUT OF NETWORK SHALL NOT
10 DIRECTLY OR INDIRECTLY BILL A COVERED PERSON AN OUTSTANDING
11 BALANCE FOR A COVERED SERVICE NOT PAID FOR BY A CARRIER, EXCEPT
12 FOR ANY COINSURANCE, DEDUCTIBLE, OR COPAYMENT AMOUNT REQUIRED
13 TO BE PAID BY THE COVERED PERSON.

14 (4) AN AMBULANCE SERVICE THAT IS OUT OF NETWORK SHALL NOT
15 WILLFULLY AND KNOWINGLY SUBMIT RATES THAT ARE FALSE OR NOT IN
16 COMPLIANCE WITH SUBSECTION (1) OF THIS SECTION TO THE DIVISION IF
17 THE AMBULANCE SERVICE SUBMITS RATES FOR AMBULANCE SERVICES
18 PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

19 (5) A PAYMENT FOR ANY COINSURANCE, DEDUCTIBLE, OR
20 COPAYMENT MADE BY A COVERED PERSON PURSUANT TO SUBSECTION (3)
21 OF THIS SECTION MUST BE APPLIED TO THE COVERED PERSON'S
22 IN-NETWORK DEDUCTIBLES AND IN-NETWORK OUT-OF-POCKET MAXIMUM
23 AMOUNTS AND IN THE SAME MANNER AS IF THE COST-SHARING PAYMENTS
24 WERE MADE TO AN IN-NETWORK PROVIDER OR AN IN-NETWORK FACILITY.

25 (6) THE COMMISSIONER MAY ADOPT RULES TO IMPLEMENT AND
26 ENFORCE THIS SECTION.

27 (7) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE

1 REQUIRES:

2 (a) "AMBULANCE SERVICE" HAS THE MEANING SET FORTH IN
3 SECTION 25-3.5-103 (3).

4 (b) "COVERED SERVICE" MEANS A HEALTH-CARE SERVICE FOR
5 WHICH REIMBURSEMENT IS AVAILABLE UNDER A COVERED PERSON'S
6 HEALTH COVERAGE PLAN CONTRACT OR FOR WHICH REIMBURSEMENT
7 WOULD BE AVAILABLE BUT FOR THE APPLICATION OF CONTRACTUAL
8 LIMITATIONS SUCH AS DEDUCTIBLES, COPAYMENTS, COINSURANCE,
9 WAITING PERIODS, ANNUAL OR LIFETIME MAXIMUMS, FREQUENCY
10 LIMITATIONS, ALTERNATIVE BENEFIT PAYMENTS, OR OTHER CONTRACTUAL
11 LIMITATIONS.

12 (c) "EMERGENCY AMBULANCE SERVICE" MEANS AN IMMEDIATE
13 AMBULANCE RESPONSE AT THE TIME SERVICE IS REQUESTED THAT RESULTS
14 IN AN ASSESSMENT, TREATMENT, OR TRANSPORT OF A PATIENT BY AN
15 AMBULANCE SERVICE.

16 (d) "NONEMERGENCY AMBULANCE SERVICE" MEANS THE
17 TRANSPORT OF A PATIENT BY AN AMBULANCE SERVICE, INCLUDING THE
18 PROVISION OF MEDICALLY NECESSARY SUPPLIES AND SERVICES, THAT
19 MEETS THE MEDICAL NECESSITY REQUIREMENTS UNDER 42 CFR 410.40
20 (e), AS THAT SECTION EXISTED ON JULY 1, 2025.

21 (e) "POLITICAL SUBDIVISION" MEANS A GOVERNING SUBDIVISION
22 OF THE STATE, INCLUDING A STATUTORY OR HOME RULE CITY, TOWN, CITY
23 AND COUNTY, COUNTY, SPECIAL DISTRICT, OR GOVERNMENTAL
24 EMERGENCY SERVICES PROVIDER.

25 **SECTION 2.** In Colorado Revised Statutes, 10-16-704, **repeal**
26 (5.5)(d)(II) as follows:

27 **10-16-704. Network adequacy - required disclosures - balance**

1 **billing - rules - legislative declaration - definitions.**

2 (5.5) (d) (II) (A) The commissioner shall promulgate rules to identify and
3 ~~implement a payment methodology that applies to service agencies~~
4 ~~described in subsection (5.5)(d)(I) of this section, except for service~~
5 ~~agencies that are publicly funded fire agencies.~~

6 (B) ~~The commissioner shall make the payment methodology~~
7 ~~available to the public on the division's website. The rules must be~~
8 ~~equitable to service agencies and carriers; hold consumers harmless~~
9 ~~except for any applicable coinsurance, deductible, or copayment amounts;~~
10 ~~and be based on a cost-based model that includes direct payment to~~
11 ~~service agencies as described in subsection (5.5)(d)(I) of this section.~~

12 (C) ~~The division may contract with a neutral third-party that has~~
13 ~~no financial interest in providers, emergency service providers, or carriers~~
14 ~~to conduct the analysis to identify and implement the payment~~
15 ~~methodology.~~

16 **SECTION 3.** In Colorado Revised Statutes, 12-30-112, **amend**
17 **(5)** as follows:

18 **12-30-112. Health-care providers - required disclosures -**
19 **balance billing - deceptive trade practice - rules - definitions.** (5) This
20 section does not apply to service agencies, as defined in section
21 25-3.5-103 (11.5). ~~that are publicly funded fire agencies.~~

22 **SECTION 4. Appropriation.** (1) For the 2025-26 state fiscal
23 year, \$38,149 is appropriated to the department of regulatory agencies for
24 use by the division of insurance. This appropriation is from the division
25 of insurance cash fund created in section 10-1-103 (3)(a)(I), C.R.S. To
26 implement this act, the division may use this appropriation as follows:

27 (a) \$30,217 for personal services, which amount is based on an

1 assumption that the division will require an additional 0.4 FTE; and

2 (b) \$7,932 for operating expenses.

3 **SECTION 5. Act subject to petition - effective date -**

4 **applicability.** (1) This act takes effect at 12:01 a.m. on the day following
5 the expiration of the ninety-day period after final adjournment of the
6 general assembly; except that, if a referendum petition is filed pursuant
7 to section 1 (3) of article V of the state constitution against this act or an
8 item, section, or part of this act within such period, then the act, item,
9 section, or part will not take effect unless approved by the people at the
10 general election to be held in November 2026 and, in such case, will take
11 effect on the date of the official declaration of the vote thereon by the
12 governor.

13 (2) This act applies to ambulance services provided on or after the
14 applicable effective date of this act.