

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 25-0069.01 Josh Schultz x5486

HOUSE BILL 25-1088

HOUSE SPONSORSHIP

McCormick and Brown, Soper

SENATE SPONSORSHIP

Baisley and Mullica,

House Committees

Health & Human Services
Appropriations

Senate Committees

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.

- 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 AMBULANCE SERVICES ADOPTED BY THE
11 POLITICAL SUBDIVISION. A POLITICAL SUBDIVISION OR AN AMBULANCE
12 SERVICE THAT CHOOSES TO SUBMIT ITS RATES PURSUANT TO THIS
13 SUBSECTION (1)(a) SHALL RESUBMIT THE RATES TO THE DIVISION IF THE
14 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 EXCEPT THAT AN AMBULANCE SERVICE MAY CHARGE A REDUCED RATE TO
18 PATIENTS WHO ARE RESIDENTS OF OR OWN REAL PROPERTY WITHIN THE
19 POLITICAL SUBDIVISION; AND

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

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

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

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

14 (b) (I) A CARRIER SHALL MAKE PAYMENTS REQUIRED BY
15 SUBSECTION (2)(a) OF THIS SECTION, MINUS ANY COINSURANCE,
16 DEDUCTIBLE, OR COPAYMENT FOR WHICH A COVERED PERSON IS
17 RESPONSIBLE, DIRECTLY TO THE AMBULANCE SERVICE.

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

21 (c) PAYMENT MADE BY A CARRIER IN COMPLIANCE WITH THIS
22 SUBSECTION (2) IS PRESUMED TO BE PAYMENT IN FULL FOR THE
23 AMBULANCE SERVICES PROVIDED, EXCEPT FOR ANY COINSURANCE,
24 DEDUCTIBLE, OR COPAYMENT AMOUNT A COVERED PERSON IS REQUIRED
25 TO PAY.

26 (d) THIS SUBSECTION (2) DOES NOT PROHIBIT A CARRIER AND AN
27 OUT-OF-NETWORK AMBULANCE SERVICE FROM VOLUNTARILY

1 NEGOTIATING ALTERNATIVE REIMBURSEMENT TERMS AND RATES.

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

7 (4) AN AMBULANCE SERVICE THAT IS OUT OF NETWORK SHALL NOT
8 WILLFULLY AND KNOWINGLY SUBMIT RATES THAT ARE FALSE OR NOT IN
9 COMPLIANCE WITH SUBSECTION (1) OF THIS SECTION TO THE DIVISION IF
10 THE AMBULANCE SERVICE SUBMITS RATES FOR AMBULANCE SERVICES
11 PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

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

18 (6) THE COMMISSIONER MAY ADOPT RULES TO IMPLEMENT AND
19 ENFORCE THIS SECTION.

20 (7) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
21 REQUIRES:

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

24 (b) "COVERED SERVICE" MEANS A HEALTH-CARE SERVICE FOR
25 WHICH REIMBURSEMENT IS AVAILABLE UNDER A COVERED PERSON'S
26 HEALTH COVERAGE PLAN CONTRACT OR FOR WHICH REIMBURSEMENT
27 WOULD BE AVAILABLE BUT FOR THE APPLICATION OF CONTRACTUAL

1 LIMITATIONS SUCH AS DEDUCTIBLES, COPAYMENTS, COINSURANCE,
2 WAITING PERIODS, ANNUAL OR LIFETIME MAXIMUMS, FREQUENCY
3 LIMITATIONS, ALTERNATIVE BENEFIT PAYMENTS, OR OTHER CONTRACTUAL
4 LIMITATIONS.

5 (c) "POLITICAL SUBDIVISION" MEANS A GOVERNING SUBDIVISION
6 OF THE STATE, INCLUDING A STATUTORY OR HOME RULE CITY, TOWN, CITY
7 AND COUNTY, COUNTY, SPECIAL DISTRICT, OR GOVERNMENTAL
8 EMERGENCY SERVICES PROVIDER.

9 **SECTION 2. Appropriation.** (1) For the 2025-26 state fiscal
10 year, \$38,149 is appropriated to the department of regulatory agencies for
11 use by the division of insurance. This appropriation is from the division
12 of insurance cash fund created in section 10-1-103 (3)(a)(I), C.R.S. To
13 implement this act, the division may use this appropriation as follows:

14 (a) \$30,217 for personal services, which amount is based on an
15 assumption that the division will require an additional 0.4 FTE; and

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

17 **SECTION 3. Act subject to petition - effective date -**
18 **applicability.** (1) This act takes effect at 12:01 a.m. on the day following
19 the expiration of the ninety-day period after final adjournment of the
20 general assembly; except that, if a referendum petition is filed pursuant
21 to section 1 (3) of article V of the state constitution against this act or an
22 item, section, or part of this act within such period, then the act, item,
23 section, or part will not take effect unless approved by the people at the
24 general election to be held in November 2026 and, in such case, will take
25 effect on the date of the official declaration of the vote thereon by the
26 governor.

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