

SB269 ENROLLED



1 SB269
2 XD1P9Z7-3
3 By Senator Singleton
4 RFD: Banking and Insurance
5 First Read: 05-Feb-26



SB269 Enrolled

1 Enrolled, An Act,

2

3

4 Relating to health insurance; to set requirements on
5 reimbursement rates by health care insurers for ground
6 ambulance services; to provide that the established
7 reimbursement rate is payment in full for ground ambulance
8 services; to impose reporting requirements by emergency
9 medical service providers that provide ground ambulance
10 services and health care insurers to the Alabama Department of
11 Public Health; to provide for a report on the effects of this
12 act, with recommendations for improving access to emergency
13 medical transport; and to provide for the repeal of this act.

14 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

15 Section 1. For the purposes of this act, the following
16 words have the following meanings:

17 (1) CLEAN CLAIM. A clean electronic claim or a clean
18 written claim.

19 (2) CLEAN ELECTRONIC CLAIM. As defined in Section
20 27-1-17, Code of Alabama 1975.

21 (3) CLEAN WRITTEN CLAIM. As defined in Section 27-1-17,
22 Code of Alabama 1975.

23 (4) COLLECTION. Any written or oral communication made
24 to an enrollee for the purpose of obtaining payment for the
25 services rendered by an emergency medical service provider,
26 including invoicing and legal debt collection efforts.

27 (5) COST-SHARING AMOUNT. The enrollee's deductible,
28 coinsurance, copayment, or other amount due under a health



SB269 Enrolled

29 care benefit plan for covered services.

30 (6) COVERED SERVICES or COVERED SERVICE. Transport or
31 medical services provided by the ground ambulance of an
32 emergency medical service provider which are covered by an
33 enrollee's health care benefit plan, which may include
34 emergency ground transport and treat in place.

35 (7) EMERGENCY GROUND TRANSPORT. a. When an enrollee is
36 transported by an emergency medical service provider to a
37 hospital or definitive care facility as defined in Section
38 22-18-1, Code of Alabama 1975, and which may include basic
39 life support or advanced life support, in response to a
40 medical condition described in paragraph b.

41 b. An event as defined by the Centers for Medicare and
42 Medicaid Services (CMS) that manifests itself by acute
43 symptoms of sufficient severity, including severe pain, such
44 that a prudent layperson, who possesses an average knowledge
45 of health and medicine, could reasonably expect the absence of
46 immediate medical attention to result in:

- 47 1. Placing the patient's health in serious jeopardy;
- 48 2. Serious impairment to bodily functions; or
- 49 3. Serious dysfunction of any bodily organ or part.

50 (8) EMERGENCY MEDICAL SERVICE PROVIDER or PROVIDER. Any
51 public or private organization that is licensed to provide
52 emergency medical services as defined in Section 22-18-1, Code
53 of Alabama 1975.

54 (9) ENROLLEE. An individual who is covered by a health
55 care benefit plan.

56 (10) HEALTH CARE BENEFIT PLAN. The term includes any



SB269 Enrolled

57 individual or group plan, policy, or contract issued,
58 delivered, or renewed in this state by a health care insurer
59 to provide, deliver, arrange for, pay for, or reimburse health
60 care services, including those provided by an emergency
61 medical service provider, except for payments for health care
62 made under an automobile or homeowners' insurance plan,
63 accident-only plan, specified disease plan, long-term care
64 plan, supplemental hospital or fixed indemnity plan, dental or
65 vision plan, or Medicaid.

66 (11) HEALTH CARE INSURER. Any entity that issues or
67 administers a health care benefit plan, including a health
68 care insurer, a health care services plan incorporated under
69 Chapter 20 of Title 10A, Code of Alabama 1975, a health
70 maintenance organization established under Chapter 21A of
71 Title 27, Code of Alabama 1975, or a nonprofit agricultural
72 organization that offers health benefits to its membership
73 pursuant to Chapter 33 of Title 2, Code of Alabama 1975.

74 (12) IN-NETWORK. When an emergency medical service
75 provider is in a contract with a health care insurer to
76 provide covered services in the health care insurer's provider
77 network.

78 (13) OUT-OF-NETWORK. When an emergency medical service
79 provider does not have a contract with a health care insurer
80 to provide covered services in the health care insurer's
81 provider network.

82 (14) TREAT IN PLACE. An emergency response event in
83 which an emergency medical service provider that would
84 otherwise provide the emergency ground transport assesses an



SB269 Enrolled

85 enrollee and renders basic life support at his or her location
86 without emergency ground transport.

87 Section 2. (a) (1) A health care insurer shall contract
88 with any willing emergency medical service provider to provide
89 covered services in the health care insurer's provider network
90 under terms extended to comparable providers that are
91 in-network.

92 (2) An in-network provider shall meet licensing
93 requirements provided by law.

94 (b) (1) Beginning October 1, 2026, the minimum
95 reimbursement from a health insurer to an emergency medical
96 service provider that is in-network for emergency ground
97 transport shall be 200 percent of the Medicare Ambulance Fee
98 Schedule rate as published by the Centers for Medicare &
99 Medicaid Services (CMS).

100 (2)a. Beginning January 1, 2027, the minimum
101 reimbursement from a health insurer to an emergency medical
102 service provider that is in-network for treat in place shall
103 be 200 percent of the Medicare Ambulance Fee Schedule rate for
104 basic life support as published by CMS which is in effect on
105 January 1, 2027.

106 b. Submission of a claim for reimbursement for treat in
107 place is prohibited if the emergency medical service provider
108 has submitted a claim for emergency ground transport for the
109 same event or occurrence.

110 (c) (1) Beginning January 1, 2027, the minimum
111 reimbursement amount from a health care insurer to an
112 emergency medical service provider that is out-of-network for



SB269 Enrolled

113 covered services shall be 180 percent of the Medicare
114 Ambulance Fee Schedule rate as published by CMS.

115 (2) The minimum reimbursement rate for treat in place
116 provided in paragraph (b) (2)a. shall not apply to an
117 out-of-network emergency medical service provider.

118 (d) (1) For purposes of this section, the Medicare
119 Ambulance Fee Schedule rate shall be the rate applicable to
120 zip code 35462, including the applicable Medicare base rate
121 and mileage components.

122 (2) The reimbursement rate established under this
123 section shall be applied uniformly on a statewide basis,
124 without regard to the geographic locality, population density,
125 or zip code in which the ground ambulance service is
126 furnished.

127 Section 3. (a) (1) Payment in accordance with Section 2
128 shall be payment in full for covered services.

129 (2) An emergency medical service provider, whether
130 in-network or out-of-network, including the provider's agent,
131 contractor, or assignee, may not bill or seek collection of
132 any amount from an enrollee except for the enrollee's
133 in-network cost-sharing amount.

134 (3) The health care insurer shall certify an enrollee's
135 in-network cost-sharing amount to an out-of-network provider
136 upon request.

137 (b) (1) Not later than 30 days after receipt of a clean
138 electronic claim, or not later than 45 days after receipt of a
139 clean written claim, a health care insurer shall remit payment
140 to an out-of-network emergency medical service provider and



SB269 Enrolled

141 shall not send payment to an enrollee.

142 (2) If a claim for reimbursement submitted by an
143 emergency medical service provider to a health care insurer is
144 not a clean claim, not later than 30 days after receiving the
145 claim, the health care insurer shall send the provider a
146 written receipt acknowledging the claim, accompanied with one
147 of the following applicable statements:

148 a. The insurer is declining to pay all or a part of the
149 claim, with the specific reason for the denial.

150 b. Additional information is necessary to determine if
151 the claim is payable, with the specific additional information
152 that is required.

153 (3) In no event shall a health care insurer require the
154 provider to submit either of the following as a condition to
155 the acceptance and processing of an initial claim as a clean
156 claim:

157 a. Data elements in excess of those required on the
158 standard electronic health insurance claim format designated
159 by Section 27-1-16, Code of Alabama 1975.

160 b. Information or data elements in excess of those
161 required on the standard health insurance claim form
162 designated by Section 27-1-16, Code of Alabama 1975.

163 (4) Any dispute between a health care insurer and an
164 emergency medical service provider over the amount to be paid,
165 or over full or partial denial of a claim, may be settled by:

166 a. Affording the provider access to the insurer's
167 internal forum for resolving provider disputes concerning
168 coverage and reimbursement amounts; and



SB269 Enrolled

169 b. If the dispute is not resolved in the insurer's
170 internal forum, submission of the dispute to an independent
171 dispute resolution contractor selected by mutual agreement of
172 the insurer and the provider.

173 Section 4. (a) Beginning in the year 2027, and in each
174 year thereafter, an emergency medical service provider shall
175 submit to the Alabama Department of Public Health a report
176 that includes, but is not limited to, the following
177 information for the preceding calendar year:

178 (1) The number and type of emergency medical service
179 vehicles that are in service.

180 (2) The number of employees, both full-time and
181 part-time, classified by position or emergency medical service
182 provider license classification.

183 (3) The total number of ground ambulance transports
184 rendered.

185 (4) The average response time for collecting and
186 transporting a patient to a definitive care facility.

187 (5) The gross income received by the emergency medical
188 service provider in the State of Alabama and the net profit.

189 (6) If the emergency medical service provider
190 distributes ownership shares to the public, the number and
191 amount of dividends issued.

192 (7) For the calendar year 2027, the amount of receipts
193 collected by the emergency medical service provider that are
194 remitted to a parent entity, both before and after
195 implementation of any change in payment or reimbursement by a
196 health care insurer.



SB269 Enrolled

197 (8) For the calendar year 2027, the amount paid or
198 reimbursed to an emergency medical service provider by health
199 care insurers, presented on a monthly or quarterly basis.

200 (b) (1) In the year 2027, a health care insurer shall
201 submit to the Alabama Department of Public Health a report on
202 claims for reimbursement submitted by emergency medical
203 service providers which presents, for each of the three
204 calendar years preceding January 1, 2027:

- 205 a. The number of denied claims;
- 206 b. The aggregate dollar value of denied claims;
- 207 c. The percentage of denied claims to approved claims;
- 208 d. The applicable out-of-pocket charge under each
209 health care benefit plan issued by the health care insurer on
210 an approved claim for covered services; and
- 211 e. The total amount paid on claims for covered
212 services, including in comparison to the total amount paid out
213 on all claims for health care services.

214 (2) Beginning in the year 2028, and in each year
215 thereafter, a health care insurer shall submit to the Alabama
216 Department of Public Health a report that includes, but may
217 not be limited to, each item of information required under
218 subdivision (1) for the preceding calendar year.

219 (c) The financial information required for submission
220 under subsections (a) and (b) shall be confidential and may
221 not be made public by the Alabama Department of Public Health
222 or any contractor of the department.

223 (d) The Alabama Department of Public Health shall adopt
224 rules to implement this section, and may prescribe reporting



SB269 Enrolled

225 periods, deadlines, or formatting of information to be
226 reported, and may require an emergency medical service
227 provider or health care insurer to submit operational and
228 financial data or information in addition to the information
229 required under subsections (a) and (b).

230 Section 5. (a) The Alabama Association of Ambulance
231 Services shall contract with a business school, accredited by
232 the Association to Advance Collegiate Schools of Business,
233 located at a doctoral granting regional institution with
234 research college and university Carnegie classification
235 status, which has expertise in risk management and insurance,
236 to study the impact of Sections 1 through 4 on the provision
237 of emergency medical services.

238 (b) The consultant shall produce a report on the
239 findings, which shall not exceed fifty thousand dollars
240 (\$50,000) in cost, the cost to be borne by the three largest
241 health care insurers as measured by the number of enrollees in
242 the state, and which also offer individual health care benefit
243 plans on the Health Insurance Marketplace.

244 (c) In addition to findings on the impact of Sections 1
245 through 4 on the provision of emergency medical services, the
246 report shall include, but not be limited to, the following:

247 (1) Measures taken by other states on the provision of
248 emergency medical services and the effectiveness of those
249 measures.

250 (2) Recommendations of measures that would balance the
251 goals of ensuring adequate access to emergency medical
252 services with the cost burden of such measures on the state,



SB269 Enrolled

253 its employers, and residents.

254 (d) The report shall be submitted to the President Pro
255 Tempore of the Senate and the Speaker of the House of
256 Representatives no later than December 1, 2028.

257 Section 6. Sections 1 through 5 are repealed on June 1,
258 2029.

259 Section 7. Sections 10A-20-6.16 and 27-21A-23, Code of
260 Alabama 1975, are amended to read as follows:

261 "§10A-20-6.16

262 (a) No statute of this state applying to insurance
263 companies shall be applicable to any corporation organized
264 under this article and amendments thereto or to any contract
265 made by the corporation; except the corporation shall be
266 subject to the following:

267 (1) The provisions regarding annual premium tax to be
268 paid by insurers on insurance premiums.

269 (2) Chapter 55 of Title 27.

270 (3) Article 2 and Article 3 of Chapter 19 of Title 27.

271 (4) Section 27-1-17.

272 (5) Chapter 56 of Title 27.

273 (6) Rules adopted by the Commissioner of Insurance
274 pursuant to Sections 27-7-43 and 27-7-44.

275 (7) Chapter 54 of Title 27.

276 (8) Chapter 57 of Title 27.

277 (9) Chapter 58 of Title 27.

278 (10) Chapter 59 of Title 27.

279 (11) Chapter 54A of Title 27.

280 (12) Chapter 12A of Title 27.



SB269 Enrolled

281 (13) Chapter 2B of Title 27.

282 (14) Chapter 29 of Title 27.

283 (15) Chapter 62 of Title 27.

284 (16) Chapter 63 of Title 27.

285 (17) Chapter 45A of Title 27.

286 (18) Sections 1 through 5.

287 (b) The provisions in subsection (a) that require
288 specific types of coverage to be offered or provided shall not
289 apply when the corporation is administering a self-funded
290 benefit plan or similar plan, fund, or program that it does
291 not insure."

292 "§27-21A-23

293 (a) Except as otherwise provided in this chapter,
294 provisions of the insurance law and provisions of health care
295 service plan laws shall not be applicable to any health
296 maintenance organization granted a certificate of authority
297 under this chapter. This provision shall not apply to an
298 insurer or health care service plan licensed and regulated
299 pursuant to the insurance law or the health care service plan
300 laws of this state except with respect to its health
301 maintenance organization activities authorized and regulated
302 pursuant to this chapter.

303 (b) Solicitation of enrollees by a health maintenance
304 organization granted a certificate of authority shall not be
305 construed to violate any provision of law relating to
306 solicitation or advertising by health professionals.

307 (c) Any health maintenance organization authorized
308 under this chapter shall not be deemed to be practicing



SB269 Enrolled

309 medicine and shall be exempt from the provisions of Section
310 34-24-310, et seq., relating to the practice of medicine.

311 (d) No person participating in the arrangements of a
312 health maintenance organization other than the actual provider
313 of health care services or supplies directly to enrollees and
314 their families shall be liable for negligence, misfeasance,
315 nonfeasance, or malpractice in connection with the furnishing
316 of such services and supplies.

317 (e) Nothing in this chapter shall be construed in any
318 way to repeal or conflict with any provision of the
319 certificate of need law.

320 (f) Notwithstanding the provisions of subsection (a), a
321 health maintenance organization shall be subject to all of the
322 following:

323 (1) Section 27-1-17.

324 (2) Chapter 56.

325 (3) Chapter 54.

326 (4) Chapter 57.

327 (5) Chapter 58.

328 (6) Chapter 59.

329 (7) Rules adopted by the Commissioner of Insurance
330 pursuant to Sections 27-7-43 and 27-7-44.

331 (8) Chapter 12A.

332 (9) Chapter 54A.

333 (10) Chapter 2B.

334 (11) Chapter 29.

335 (12) Chapter 62.

336 (13) Chapter 63.



SB269 Enrolled

337 (14) Chapter 45A_
338 (15) Sections 1 through 5."
339 Section 8. This act shall become effective on October
340 1, 2026.



SB269 Enrolled

341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373

President and Presiding Officer of the Senate

Speaker of the House of Representatives

SB269

Senate 03-Mar-26

I hereby certify that the within Act originated in and passed the Senate, as amended.

Patrick Harris,
Secretary.

House of Representatives

Passed: 31-Mar-26

By: Senator Singleton