

Justice & Public Safety

Cost for Ground Ambulance Services	
Lincoln County	
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Co-Sponsoring Counties/Commissioners:	Cheyenne County/Rick Pelton, Yuma County/Scott Weaver
Who is your subject matter expert?	Joe Miklosi and Mark Waller, lobbyists for Lincoln Health, (303)919-4748, jpm@joemiklosi.com Jeanie Vanderburg, Capstone Group, (303)850-0555, jvanderburg@capstonegroup.com
Has this proposal been approved by your BoCC?	Yes.
Have you reviewed the CCI Instructional Memo?	Yes.
Describe the problem your proposal will solve.	Existing balance billing protections for ambulances do not apply in most Colorado communities, leaving consumers vulnerable to surprise bills. Colorado's current balance billing protections (HB19-1174) apply only to 9-1-1 transports provided by private ambulance services. Due to the completeness of how public ambulance agencies are funded, the legislation allows balance billing to continue for public providers. •75% of ambulance agencies in Colorado are public departments not covered by the law. •Patients have no ability to choose who responds to their 9-1-1 call. •Patients who receive non-emergency ambulance service (such as transfers to rehab centers upon hospital discharge) from any ambulance agency, public or private, are also still subject to balance bills when carriers underpay. The federal government recognizes the challenges communities have in providing ambulance service. Instead of including ground ambulance service in its groundbreaking No Surprises Act legislation, it convened the multidisciplinary federal Advisory Committee on Ground Ambulance and Patient Billing (GAPB). In September 2024, the GAPB Committee provided Congress its recommendations on ways to eliminate balance billing

	without limiting patient access to the vital care that ambulance agencies provide. The recommendations reflect the understanding that fair reimbursement is directly tied to patient access and ambulance sustainability. Also of note, in its Phase II report, the Colorado EMS System Sustainability Task Force (created by SB22-225) recommends strengthening state laws related to payment for ambulance services, including the establishment of locally set rates and reasonable safeguards to prevent surprise bills. The proposed legislation draws from both of these recommendations. The problem and solution is covered in HB25-1088 and this bill would be the mirror HB25-1088. No Coloradan ever wants to call 9-1-1. But when it matters most, we expect highly trained medics to respond quickly. A bill like HB25-1088 protects patients who need care from receiving balance bills and establishes clear reimbursement rates to preserve patient access and improve ambulance sustainability in all Colorado communities. Ambulance agencies and their patients require a different balance billing solution than the rest of the health care industry. Unlike other healthcare providers, ground ambulance agencies receive significant funding through taxpayer support (which must go up when reimbursement declines). They are heavily regulated by local elected officials. Ambulance agencies also provide 9-1-1 service regardless of a patient's insurance coverage or ability to pay. Eight other states have adopted laws like HB25-1088 over the past two years. The data show clearly that these policies do not impact insurance premiums. Fiscal notes prepared by the states showed minimal, if any, cost impacts to carriers (0.00% to 0.07). In its recently published 2024 Employer Health Benefits Survey, KFF, an independent public source for health policy research, identified neither ambulance services nor legislation of this kind as factors impacting premium costs. HB25-1088 is a win for all Colorado. It allows the state to shield vulnerable Colorado consumers, promotes ambulance service sustainability, and includes guardrails to prevent healthcare and vehicle premium increases.
Areas of Impact:	Day-to-day operations of the county, Functionality of county programs or services, General community advancement

What is the ultimate source of this problem?	Funding for ground ambulance services has never been addressed for public essential services. Protection for 911 transportation was addressed for private ambulance services only. (HB19-1174)
What is your initial proposal to solve this problem?	A mirrored bill of HB25-1088 puts in place key GAPB Committee recommendations. The legislation specifically: •Prohibits all ambulance agencies from balance billing patients for both emergency and non-emergency transports. •Establishes reimbursement rates for ambulance services that are out of network. •Requires carriers to pay the rates adopted by governing political subdivisions, assuming those rates meet conditions designed to improve transparency and limit costs. •Creates a public-facing website of rates adopted by political subdivisions. •Ensures ambulance agencies are paid directly after a transport. Some carriers issue checks to patients – and expect patients to then reimburse ambulance agencies – which is confusing, inefficient, and not consumer-friendly. Nothing in the legislation prohibits carriers from entering into contracts with ambulance agencies directly. This bill, if passed, would complement HB26-1069 (Availability of Emergency Medical Services).
Please provide sample language for this solution.	Again, A mirrored bill of HB25-1088 puts in place key GAPB Committee recommendations. The legislation specifically: •Prohibits all ambulance agencies from balance billing patients for both emergency and non-emergency transports. •Establishes reimbursement rates for ambulance services that are out of network. •Requires carriers to pay the rates adopted by governing political subdivisions, assuming those rates meet conditions designed to improve transparency and limit costs. •Creates a public-facing website of rates adopted by political subdivisions. •Ensures ambulance agencies are paid directly after a transport. Some carriers issue checks to patients – and expect patients to then reimburse ambulance agencies – which is confusing, inefficient, and not consumer-friendly. Nothing in the legislation prohibits carriers from entering into contracts with ambulance agencies directly.

Are there any solutions that do not require state-level legislation? Has your county explored these alternatives?	This issue of reimbursement for ground ambulances can only be solved by state legislation.
Has CCI or any other organizations sought a solution to this problem before?	CCI backed HB25-1088 but it was not a priority bill. Going forward as a Priority Bill would greatly increase the odds of it passing again and being signed by the new governor. Last time it was vetoed at the governor's desk. This time it would also include payment for services rendered on the state highway.
What possible organization(s) would support your proposed solution?	I would hope all counties, ambulance services, and hospitals whether rural or urban and their clinics.
What possible organization(s) would oppose your proposed solution?	The insurance industry.
Have you spoken with any legislators about your proposed solution? If so, what was their response?	I have the support of Karen McCormick, Rod Pelton, Dusty Johnson, and Chris Richardson
What are the financial implications of this problem to your county? Are there any financial implications to this solution either?	There are no financial implications to our county, but this legislation, or lack of, would definitely impact our EMS services.
What are the financial implications of this problem to any other impacted parties? What are the financial implications of this solution to any other impacted parties? <i>Please consider any</i>	It could impact the insurance industry because it would make them accountable for their obligations. It could also impact the JBC for the initial year.

relevant Colorado State Departments.	
Staff Feedback	<u>Risk / Difficulty:</u> <u>Time Commitment:</u>