**A** **BILL**

TO AMEND ARTICLE 1, CHAPTER 61, TITLE 44 OF THE 1976 CODE, RELATING TO EMERGENCY MEDICAL SERVICES, BY ADDING SECTION 44‑61‑170, TO ESTABLISH REQUIREMENTS FOR EMERGENCY SERVICE SYSTEM BILLING AND INSURANCE COVERAGE PRACTICES APPLICABLE TO NON-NETWORK EMERGENCY MEDICAL SERVICE PROVIDERS; AND TO AMEND SECTION 44‑61‑20, RELATING TO DEFINITIONS USED IN THE EMERGENCY MEDICAL SERVICES ACT, TO ADD A DEFINITION FOR “INSURER.”

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 61, Title 44 of the 1976 Code is amended by adding:

“Section 44‑61‑170. (A) For purposes of this section, ‘EMS agency’ means an emergency medical responder, ambulance service, or other licensee that provides emergency medical services, including transportation.

(B) When an EMS agency dispatched to respond to an emergency provides emergency medical services, a payment made by an insurer for a claim covered under and in accordance with a health insurance policy for the emergency medical services provided must be paid directly to the EMS agency.

(C)(1) An insurer shall reimburse a non-network EMS agency directly if the EMS agency has submitted a completed standardized form to the department requesting non-network direct reimbursement from an insurer identified by the EMS agency. The form must be submitted to the department annually by October fifteenth and must declare the EMS agency’s intention to receive direct payment from an insurer identified on the form for the next calendar year.

(2) The department shall develop a standardized form, using an EMS agency’s assigned license number, to be used by the EMS agency, that meets the conditions established pursuant to this subsection.

(3) The department shall develop and maintain a publicly accessible electronic registry that indicates which EMS agency has requested non-network direct reimbursement from an insurer identified on the form.

(4) An EMS agency has provided notification to the insurer upon submitting a claim for reimbursement that the EMS agency is registered with the department to receive direct reimbursement as provided in this subsection.

(D) An EMS agency is subject to periodic audits by an insurer to examine claims for direct reimbursement pursuant to this subsection. If, through the audit, the insurer identifies an improper payment, the insurer may deduct the improper payment from future reimbursements.

(E) When an insurer has reimbursed a non-network EMS agency at the same rate it has established for a network EMS agency, the non-network EMS agency may not bill the insured directly or indirectly or otherwise attempt to collect from the insured for the service provided, except for a billing to recover a copayment, coinsurance, or deductible as specified in the health insurance policy.

(F) An EMS agency that submits a form pursuant to subsection (C) may solicit donations or memberships or conduct fundraising, except that the EMS agency may not promise, suggest, or imply to a donor that a donation will result in the donor not being billed directly for any payment as provided in this section. Notwithstanding this subsection, an EMS agency may bill pursuant to subsection (E). A violation of this subsection constitutes a violation of the South Carolina Protection Code and the South Carolina Unfair Trade Practices Act.

(G) A claim paid pursuant to this section is subject to Title 38.

(H) This section applies only to non-network EMS agencies providing emergency medical services.”

SECTION 2. Section 44‑61‑20 of the 1976 Code is amended by adding an appropriately numbered new item to read:

“( ) ‘Insurer’ means an entity that is responsible for providing or paying for all or part of the cost of emergency medical services covered by an insurance policy, contract, or plan.”

SECTION 3. This act takes effect upon approval by the Governor.

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