



SPONSOR: Sen. Ennis & Sen. Townsend & Rep. Carson & Rep. M. Smith  
Sens. Sokola, Poore; Reprs. Atkins, Baumbach, Gray, Heffernan, Jaques, J. Johnson, Q. Johnson, Kenton, Longhurst, Outten, Paradee, B. Short, D. Short, D.E. Williams, Wilson, Spiegelman

DELAWARE STATE SENATE  
147th GENERAL ASSEMBLY

SENATE BILL NO. 207

AN ACT TO AMEND TITLE 18 OF THE DELAWARE CODE RELATING TO THE REQUIRED COVERAGE FOR VOLUNTEER AMBULANCE COMPANY SERVICES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

1 Section 1. Amend Chapter 33, Title 18 of the Delaware Code by making deletions as shown by strike through and  
2 insertions as shown by underline as follows:

3 § 3349A. Required coverage for volunteer ambulance company services.

4 (a) For the purpose of this section:

5 (1) “Ambulance run” means a volunteer ambulance company response to dispatched calls for service.

6 (2) “Basic life support (BLS)” shall have the same meaning as set forth in § 9702 of Title 16.

7 (3) “Volunteer ambulance company” means a non-profit ambulance company that is certified by the State Fire  
8 Prevention Commission and is providing basic life support (BLS) services.

9 (b) Every individual health insurance policy, contract, certificate, or plan which is delivered or issued for delivery  
10 in this State by any health insurer, health service corporation, health maintenance organization, or managed care  
11 organization shall include coverage of not less than the cost of every ambulance run and associated basic life support (BLS)  
12 services provided by a volunteer ambulance company, inclusive of an allowance for uncompensated service, whether in the  
13 form of:

14 (1) An allowable charge;

15 (2) Through 100% payment; or

16 (3) Any combination of the foregoing.

17 (c) In the event that the volunteer ambulance company and the health insurer, health service corporation, health  
18 maintenance organization, or managed care organization cannot agree upon the allowable charge or the amount of payment  
19 to be made for an ambulance run and associated basic life support (BLS) services, then the volunteer ambulance company

20 shall be entitled to those charges and rates allowed by the Insurance Commissioner or the Commissioner's designee  
21 following an arbitration of the dispute.

22 (1) The Insurance Commissioner shall adopt regulations concerning the arbitration of such disputes.

23 (2) The Insurance Commissioner shall establish a schedule of fees for arbitration. The nonprevailing party at  
24 arbitration shall reimburse the Commissioner for the expenses related to the arbitration process. Funds paid to the  
25 Insurance Commissioner under this subsection shall be placed in the arbitration fund and shall be used exclusively for  
26 the payment of appointed arbitrators. The Insurance Commissioner may, in the Commissioner's discretion, impose a  
27 schedule of maximum fees that can be charged by an arbitrator for a given type of arbitration.

28 (d) Prior to the determination by the Insurance Commissioner, or the Commissioner's designee, of the allowable  
29 charge or the amount of payment to be made for an ambulance run and associated basic life support (BLS) services, the  
30 health insurer, health service corporation, health maintenance organization, or managed care organization will pay directly  
31 to the volunteer ambulance company the charge assessed by the volunteer ambulance company for the run and basic life  
32 support (BLS) services provided, which shall not be subject to reimbursement after the Commissioner's determination. The  
33 Insurance Commissioner is authorized to adopt regulations concerning the provisions of this subsection.

34 (e) Nothing in this section shall prevent the operation of policy provisions involving deductibles or copayments.

35 (f) This section shall apply to all policies, contracts, certificates, or plans issued, renewed, modified, altered,  
36 amended, or reissued on or after July 1, 2014.

37 Section 2. Amend Chapter 35, Title 18 of the Delaware Code by making deletions as shown by strike through and  
38 insertions as shown by underline as follows:

39 § 3565A. Required coverage for volunteer ambulance company services.

40 (a) For the purpose of this section:

41 (1) "Ambulance run" means a volunteer ambulance company response to dispatched calls for service.

42 (2) "Basic life support (BLS)" shall have the same meaning as set forth in § 9702 of Title 16.

43 (3) "Volunteer ambulance company" means a non-profit ambulance company that is certified by the State Fire  
44 Prevention Commission and is providing basic life support (BLS) services.

45 (b) Every individual health insurance policy, contract, certificate, or plan which is delivered or issued for delivery  
46 in this State by any health insurer, health service corporation, health maintenance organization, or managed care  
47 organization shall include coverage of not less than the cost of every ambulance run and associated basic life support (BLS)  
48 services provided by a volunteer ambulance company, inclusive of an allowance for uncompensated service, whether in the  
49 form of:

- 50           (1) An allowable charge;  
51           (2) Through 100% payment; or  
52           (3) Any combination of the foregoing.

53           (c) In the event that the volunteer ambulance company and the health insurer, health service corporation, health  
54 maintenance organization, or managed care organization cannot agree upon the allowable charge or the amount of payment  
55 to be made for an ambulance run and associated basic life support (BLS) services, then the volunteer ambulance company  
56 shall be entitled to those charges and rates allowed by the Insurance Commissioner or the Commissioner's designee  
57 following an arbitration of the dispute.

58           (1) The Insurance Commissioner shall adopt regulations concerning the arbitration of such disputes.

59           (2) The Insurance Commissioner shall establish a schedule of fees for arbitration. The nonprevailing party at  
60 arbitration shall reimburse the Commissioner for the expenses related to the arbitration process. Funds paid to the  
61 Insurance Commissioner under this subsection shall be placed in the arbitration fund and shall be used exclusively for  
62 the payment of appointed arbitrators. The Insurance Commissioner may, in the Commissioner's discretion, impose a  
63 schedule of maximum fees that can be charged by an arbitrator for a given type of arbitration.

64           (d) Prior to the determination by the Insurance Commissioner, or the Commissioner's designee, of the allowable  
65 charge or the amount of payment to be made for an ambulance run and associated basic life support (BLS) services, the  
66 health insurer, health service corporation, health maintenance organization, or managed care organization will pay directly  
67 to the volunteer ambulance company the charge assessed by the volunteer ambulance company for the run and basic life  
68 support (BLS) services provided, which shall not be subject to reimbursement after the Commissioner's determination. The  
69 Insurance Commissioner is authorized to adopt regulations concerning the provisions of this subsection.

70           (e) Nothing in this section shall prevent the operation of policy provisions involving deductibles or copayments.

71           (f) This section shall apply to all policies, contracts, certificates, or plans issued, renewed, modified, altered,  
72 amended, or reissued on or after July 1, 2014.

## SYNOPSIS

In 1999, House Bill 332 established new response time goals and certification standards for the delivery of basic life support and emergency medical services. In order to meet the new standards, volunteer ambulance companies needed to hire paid EMTs and ambulance attendants to ensure the availability of sufficient numbers of trained, certified staff on a 24 hour, 7 days a week basis to meet the new response time goals. The authors of House Bill 332 recognized that compliance with the new goals and standards would impose additional expense on the volunteer ambulance companies, however, neither House Bill 332 nor any subsequent legislation has addressed the funding sources for basic life support ambulance service in Delaware. Increased costs, without corresponding increases in revenue, have eroded the financial stability of volunteer ambulance companies. In 2012, 40 of Delaware's 55 volunteer ambulance companies reported they are now conducting ambulance/EMS operations at a loss.

In 2013, House Bill 215 established the Ambulance and EMS Task Force ("Task Force"). In February 2014, the Task Force issued its report on the state of funding of ambulance and EMS services in Delaware and noted, "By some accounts, the public may begin to see diminished ambulance service in as little as 8 to 12 months, if steps are not taken promptly to meet the funding need." The Task Force made 9 findings and 13 recommendations aimed at addressing this issue.

This bill would implement one of the Task Force's recommendations to improve the funding of basic life support ambulance services in Delaware by ensuring that health insurers, health service corporations, health maintenance organizations, or managed care organizations do not set their allowable charges below the costs incurred by the volunteer ambulance companies in providing an ambulance run and basic life support services.

Author: Sen. Ennis