Ambulance Performance/Operations Committee Meeting Agenda

Thursday, May 15th, 2025
1:30 PM
2995 McMillan Ave, Suite 178
San Luis Obispo, CA 93401

Members:

CHAIR: Chief Jonathan Stornetta, City of Paso Robles Fire

VICE CHAIR: Matthew Bronson, Grover Beach City Manager

Matt Pontes, County Administrative Officer

Nick Drews, Health Agency Director

Dr. Penny Borenstein, County Health Officer,

Jim Lewis, Atascadero City Manager

Chief Daniel McCrain, City of Morro Bay Fire

EMS Agency Staff:

Alyssa Vardas, EMS Admin Assistant

Ryan Rosander, EMS Director

Rachel Oakley, EMS Coordinator

William Mulkerin, EMS Medical Director

Eric Boyd, EMS Coordinator

Kaitlyn Blanton, EMS Coordinator

AGENDA	ITEM	LEAD
Call To Order	Introductions	Chairperson
	Announcements	
	Public Comment	
Action/Discussion	Approval of minutes: December 19, 2024 (attached)	
Action/Discussion	• MEDCOM GIS Map Update • December 2024 – April 2025 Response times and fines • Patient Satisfaction Survey • 2025 Q1 SLA Survey Results	Ryan Rosander
Action/Discussion	• AB716 • PWWAG Impact of AB716	Ben Dore
Action/Discussion	• PWWAG Ambulance Base Rate Review	Ryan Rosander
Committee Members Announcements or Reports	Opportunity for Committee members to make announcements, provide brief reports on their EMS-related activities, ask questions for clarification on items not on the agenda, or request consideration of an item for a future agenda (Gov. Code Sec. 54954.2[a][2])	Committee Members
Next Meeting	June 19th, 2025	

Ambulance Performance Operations Committee

DRAFT Meeting Minutes
1:30 PM December 19th, 2024
2995 McMillan Way, Suite 178
San Luis Obispo, CA 93401

MINUTES

MEMBERS PRESENT:
Chair Jonathan Stornetta, Chief, City of Paso Robles Fire
Vice Chair Matthew Bronson, Grover Beach City Manager
Dr Penny Borenstein County Health Officer
Daniel McCrain, Chief, City of Morro Bay Fire
Matt Pontes, County Administrative Officer
Nick Drews, Health Agency
Jim Lewis, Atascadero City Manager

MEMBERS ABSENT:

EMS AGENCY STAFF PRESENT:
Alyssa Vardas, EMS Administrative Assistant
Ryan Rosander, EMSA
Rachel Oakley, EMSA
Bill Mulkerin, EMS Medical Director
Kaitlyn Blanton, EMSA
Eric Boyd, EMSA

PUBLIC PRESENT:
Justin Kelton, San Luis Ambulance
Chris Javine, San Luis Ambulance
Rob Jenkins, CALFIRE

1. CALL TO ORDER

Chair Jonathan Stornetta called the meeting to order at 1:33 p.m. He led the reviewing of the meeting protocols and meeting agenda.

2. REVIEW AND APPROVAL OF September 19th, 2024, MINUTES

Action: Matthew Bronson moved approval of the September 19th, 2024, Ambulance Performance Operation Committee Meeting Minutes with corrections to date of next meeting. Daniel McCrain seconded. Motion carried unanimously with no abstentions.

3. DIRECTOR'S REPORT

Ryan Rosander, EMSA Division Manager, provided the Director's Report:

- Update on GIS Mapping for Medcom: Medcom gave a training date of March 12th, which is when we can expect to see the GIS maps uploaded to Medcom. At this time, the EMS Agency can still pull response times and calculate fines without the GIS map entry into CAD.
- Ambulance Response Times: For September, San Luis Ambulance (SLA) was only out of compliance in two zones: Los Osos at 85.7% and Oceano at 88%, bringing the total fine structure to $4,000. However, the summary that was sent out to this group said $4,500. After discussion with Kris Strommen, one of the extended response time violations (ERT) was incorrect, bringing the fines down from 4500 to 4000. For October, all of these zones were in compliance, and there was only one ERT zone violation for a total of $500. There's nothing to report for November, all zones are in compliance, and no extended response time violations.
- CPI Increase: San Luis Ambulance's prior and current contract states that if no rate review was done in the previous 12 months, they are entitled to a CPI increase. The contract specifies that the percentage will be calculated based on the Los Angeles, Riverside, and Orange County CPI, with the base month of July. However, in 2019, the CPI area changed to Los Angeles, Long Beach, and Anaheim. Calculating based on the contract specifications, this equaled a 2.9% increase. The ambulance base rates are always publicly posted on the EMS Agency's website.
- Base Rate Review: San Luis Ambulance requested a base rate review since the last ambulance base rate review took place in 2019. The SLA contract stipulates specific criteria that need to be met to necessitate a base rate review, such as significant changes in financial conditions. SLA placed a 24-hour unit in Los Osos to meet the contractual response time obligations, fulfilling the base rate review requirement for significant change in financial conditions. PWW was requested by SLA to conduct the base rate review during contract negotiations. PWW is not only recognized within the state of California but also as a national EMS consultant. PWW has provided the EMS Agency with the first draft of the base rate review. The ad hoc committee to APOC will continue to work with PWW for a final report.

Discussion

Nick Drews stated that the RFP process has been very timely thus far. He mentioned that he wants to ensure that there will be no additional cost for the consumer.

Chair Stornetta states he would be interested in finding out more about AB716, as he has heard from other agencies that they have been impacted. He mentioned he is seeing the impact on HMOs and the public side of transport.

Nick Drews says that he has noticed that individuals are occasionally still charged large fees.

Public Comment

There was no public comment.

- RFP Process: In April 2022, APOC unanimously decided to run the competitive bidding process for the ambulance contract. In October of 2022, Healthcare Strategists were hired through the County RFP process. In November/December 2022, they conducted their stakeholder interviews with all the EMS stakeholders within San Luis Obispo County. Shortly thereafter, on January 19th, 2023, APOC decided to pause the RFP process and enter into a two-year contract with SLA because the RFP wasn't going to meet the specified time by the Board of Supervisors, and to explore alternate delivery models. Healthcare Strategist needed to redo the stakeholder interviews since their previous data was two years old. They conducted and concluded the second round of stakeholder interviews on December 5th and 6th, 2024.

  The EMS Agency seeks advice and counsel from this committee on how to proceed to ensure a fair and equitable bidding process for any delivery model and any party interested in placing a bid.

  Discussion

  Nick Drews mentions that the county wants to be available and open to all responses regarding the RFP.

  Matt Pontes thinks the EMS Agency should move the process forward for State approval and aim for the final RFP to be released on August 1st, 2025, giving all parties opportunities to prepare. He also stated that he wants to ensure that the County is available and open to any and all responses from an RFP.

  Jim Lewis states that the city managers have been discussing this topic. They appreciate the timeline allowing different parties to continue working under this two-year contract and the chance to evaluate all options.

  Penny Borenstein mentions that, from her perspective, sliding the timeline forward is not going to affect how we proceed. She also mentions that the State currently takes longer than expected.

  Ryan Rosander says the State EMS Authority sets a particular priority with RFPs, which is set at 90 days. However, once the County submits the contract to the State, whether we want to change one single line item or if the State comes back and states we need to change this or that, the 90-day window begins again.

  Penny Borenstein says that it should be an RFP, not a contract.

  Ryan Rosander says that is correct—the RFP, not the contract; he misspoke. He

stated that he would have the EMS Agency continue with the RFP process, with guidance from Healthcare Strategists.

Public Comment

There was no public comment.

4. ITEMS FOR NEXT AGENDA

Director Rosander mentions that the next APOC meeting will review the final rate review from PWW.

5. ADJOURNMENT

Action: Vice Chair Matthew Bronson moved to approve GIS Maps and the RFP Process. Nick Drews seconded. Motion carried unanimously.

Chair Stornetta adjourned the meeting at 1:58 p.m

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT
Nicolas Drews *Health Agency Director*
Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

MEETING DATE	May 15th, 2025
STAFF CONTACT	Ryan Rosander, EMS Division Director rrosander@co.slo.ca.us 805-788-2512
SUBJECT	Patient Satisfaction Survey
SUMMARY	The current contract between the County of San Luis Obispo and San Luis Ambulance, requires a patient satisfaction tool or survey. Article 5.4 (a-e) addresses this survey: ***Surveys.*** *Contractor shall implement, at its own expense and no later than January 1, 2025, a 3rd party Patient Satisfaction tool which measures the patient's experience with the Contractor's services. The tool shall provide patient experience performance data for each employee that provided care to the patient. Patient Satisfaction tool shall be approved by the EMS Agency prior to implementation. EMS Agency shall review and approve any modifications to survey tool after the original implementation.* *A. Contractor shall utilize a random sampling methodology to survey twenty-five percent (25%) of patients who receive transport services from the Contractor. Congregate settings such as hospitals and long-term care facilities may be excluded from survey. Contractor shall survey fifty percent (50%) of patients who denied transport services via an Against Medical Advice (AMA) documentation.* *B. Survey shall be conducted within fifteen (15) calendar days of services delivered and be independent of the ambulance bill.* *C. Contractor shall provide full and unrestricted access of all results from the survey with the EMS Agency on a quarterly basis. Survey data shall be submitted within fifteen (15) calendar days after the end of the quarter.* *D. If a complaint of deficiency in clinically-driven care is identified in the survey, or a substantial complaint has been identified by the EMS Agency and needs further action and recourse, the Contractor shall provide a written description outlining how the complaint was resolved or status of resolution if still in progress.* *E. EMS Agency shall provide summarized survey data to APOC on a quarterly basis. Additionally, the EMS Agency shall post on its website the summarized results of the survey data.* San Luis Ambulance is in compliance, and the results will be posted to the EMS Agency's webpage at the conclusion of this meeting.
REVIEWED BY	EMS Agency Administrator Ryan Rosander
RECOMMENDED ACTION(S)	Receive and File

ATTACHMENT(S)	N/A

San Luis Ambulance Service

San Luis Obispo, CA

Client 3182

1515 Center Street
Lansing, MI 48096
(517) 318-3800
support@EMSSurveyTeam.com
www.EMSSurveyTeam.com

Patient Experience Report

February 01, 2025 to March 31, 2025

Your Score

95.83

Your Patients in this Report

110

Total Patients in this Report

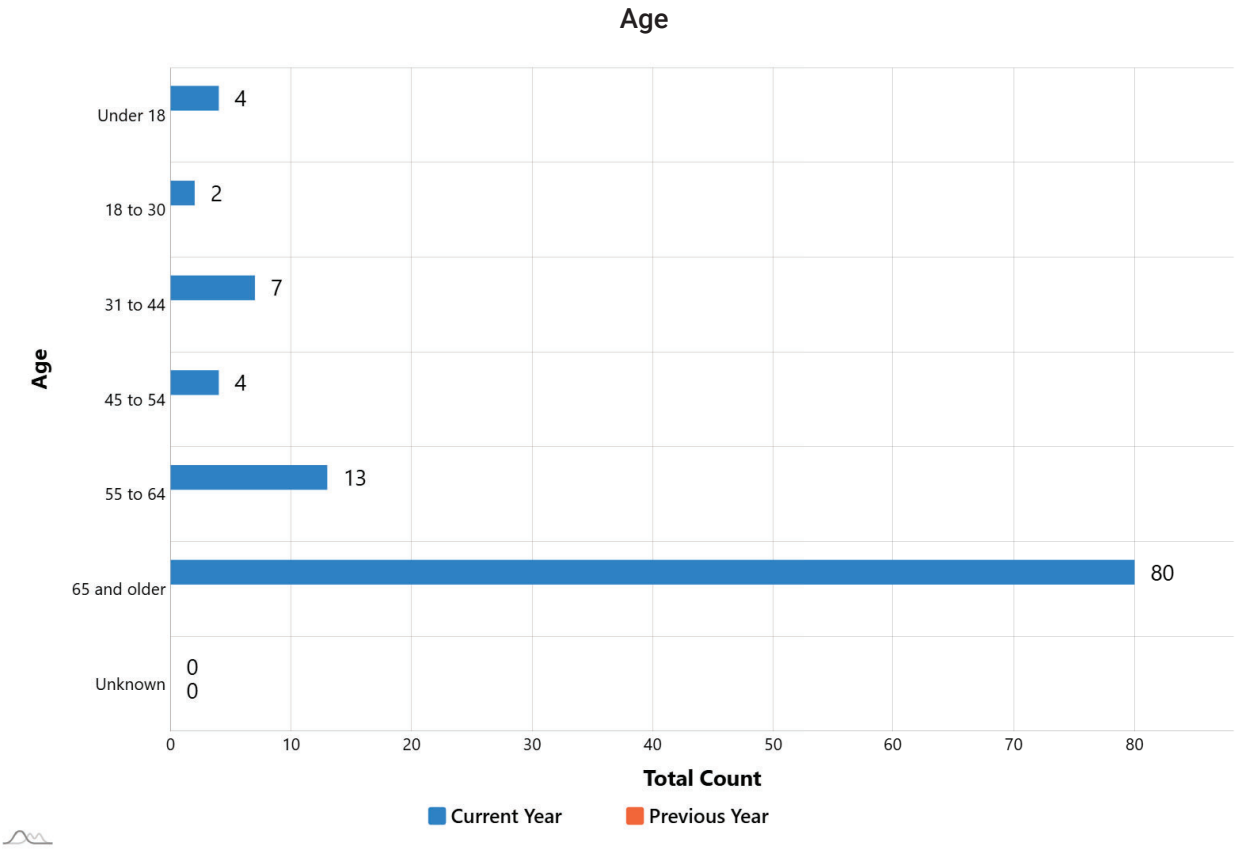
10618

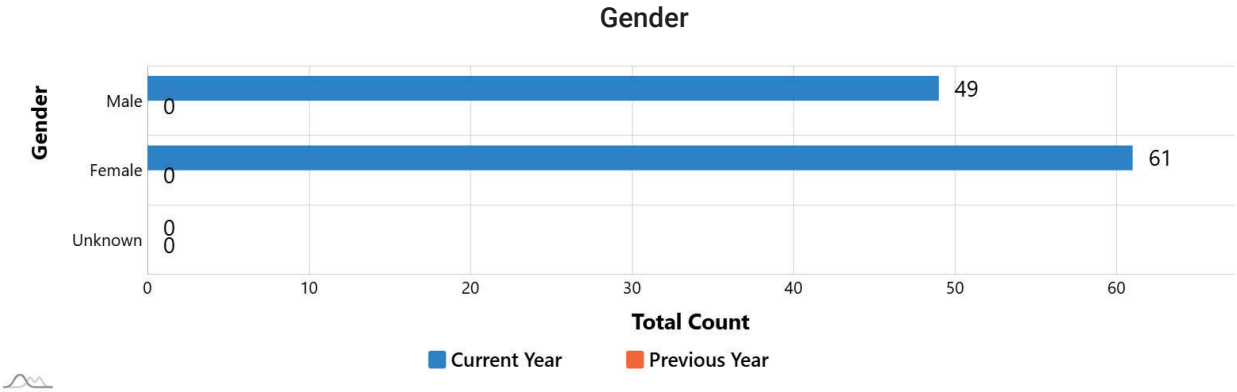
Total EMS Organizations

248

Demographics

This report provides basic information about the patient's age and gender.





Cumulative Comparisons

This section lists a synopsis of the information about your individual questions and overall scores over the dataset's lifetime. The first column shows your score, and the second details the National DB score.

Billing Office Staff	Your Score	National DB
Professionalism of the staff in our billing office	92.61	89.35
Willingness of the staff in our billing office to address your needs	92.05	89.33

Medic	Your Score	National DB
Degree to which the medics listened to you and/or your family	95.49	94.51
Care shown by the medics who arrived with the ambulance	97.53	94.97
Extent to which medics cared for you as a person	97.07	94.65
Degree to which the medics relieved your pain or discomfort	92.30	91.24
Extent to which medics included you in the treatment decisions (if applicable)	96.76	93.07
Medics' concern for your privacy	95.71	94.00
Skill of the medics	97.13	94.98
Degree to which the medics took your problem seriously	97.58	94.64
Extent to which the medics kept you informed about your treatment	94.57	93.13

Ambulance	Your Score	National DB
Cleanliness of the ambulance	97.52	94.99
Extent to which the ambulance arrived in a timely manner	96.43	93.03
Comfort of the ride	90.21	87.95
Skill of the person driving the ambulance	96.00	94.44

Dispatch	Your Score	National DB
Extent to which you were told what to do until the ambulance arrived	92.82	92.48
Helpfulness of the person you called for ambulance service	97.45	93.93
Concern shown by the person you called for ambulance service	97.00	93.84

Overall Experience	Your Score	National DB
How well did our staff work together to care for you	97.09	94.00
Overall rating of the care provided by our Emergency Medical Transportation service	96.88	94.13
Appropriateness of Emergency Medical Transportation treatment	96.94	94.01
Extent to which our staff eased your entry into the medical facility	98.00	94.11
Extent to which the services received were worth the fees charged	92.67	88.75
Likelihood of recommending this ambulance service to others	94.62	93.50

MEETING DATE	May 15th, 2025
STAFF CONTACT	Ryan Rosander, EMS Division Director rrosander@co.slo.ca.us 805-788-2512
SUBJECT	Assembly Bill 716 (AB 716)
SUMMARY	Assembly Bill No. 716 CHAPTER 454 An act to add Sections 1371.56, 1797.124, and 1797.233 to, and to repeal Section 1367.11 of, the Health and Safety Code, and to add Section 10126.66 to, and to repeal Section 10352 of, the Insurance Code, relating to medical transportation. [Approved by Governor October 8, 2023. Filed with Secretary of State October 8, 2023.] LEGISLATIVE COUNSEL'S DIGEST AB 716, Boerner. Ground medical transportation. Existing law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Existing law requires the authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Services. This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, as specified. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including medical transportation services, and requires a policy or contract to provide for the direct reimbursement of a covered medical transportation services provider if the provider has not received payment from another source. This bill would delete that direct reimbursement requirement and would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. The bill would prohibit a

	noncontracting ground ambulance provider from sending to collections a higher amount, would limit the amount an enrollee or insured owes a noncontracting ground ambulance provider to no more than the in-network cost-sharing amount, and would prohibit a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. The bill would require a plan or insurer to directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as specified, unless it reaches another agreement with the noncontracting ground ambulance provider. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason. *The people of the State of California do enact as follows:* SECTION 1. Section 1367.11 of the Health and Safety Code is repealed. SEC. 2. Section 1371.56 is added to the Health and Safety Code, to read: 1371.56. (a) (1) Unless otherwise required by this chapter, a health care service plan contract issued, amended, or renewed on or after January 1, 2024, shall require an enrollee who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee would pay for the same covered services received from a contracting ground ambulance provider. This amount shall be referred to as the "in-network cost-sharing amount." (2) An enrollee shall not owe the noncontracting ground ambulance provider more than the in-network cost-sharing amount for services subject to this section. At the time of payment by the plan to the noncontracting provider, the plan shall inform the enrollee and the noncontracting provider of the in-network cost-sharing amount owed by the enrollee and shall disclose whether or not the enrollee's coverage is regulated by the department or if the coverage is not state-regulated. (b) (1) The in-network cost-sharing amount paid by the enrollee pursuant to this section shall count toward the limit on annual out-of-pocket expenses established under Section 1367.006. (2) Cost sharing arising pursuant to this section shall count toward any deductible in the same manner as cost sharing would be attributed to a contracting provider. (3) The in-network cost-sharing amount paid by the enrollee pursuant to this section shall satisfy the enrollee's obligation to pay cost sharing for the health service.

	(c) A noncontracting ground ambulance provider shall only advance to collections the in-network cost-sharing amount, as determined by the plan pursuant to subdivision (a), that the enrollee failed to pay. (1) A noncontracting ground ambulance provider, or an entity acting on its behalf, including a debt buyer or assignee of the debt, shall not report adverse information to a consumer credit reporting agency or commence civil action against the enrollee for a minimum of 12 months after the initial billing regarding amounts owed by the enrollee pursuant to subdivision (a). (2) With respect to an enrollee, a noncontracting ground ambulance provider, or an entity acting on its behalf, including an assignee of the debt, shall not use wage garnishments or liens on primary residences as a means of collecting unpaid bills pursuant to this section. (d) (1) Unless otherwise agreed to by the noncontracting ground ambulance provider and the health care service plan, the plan shall directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as follows: (A) If there is a rate established or approved by a local government, at the rate established or approved by the governing body of the local government having jurisdiction for that area or subarea, including an exclusive operating area pursuant to Section 1797.85. (B) If the local government having jurisdiction where the service was provided does not have an established or approved rate for that service, the amount established by Section 1300.71 (a)(3)(B) of Title 28 of the California Code of Regulations. (2) A local government has jurisdiction over the ground ambulance transport if either of the following applies: (A) The ground ambulance transport is initiated within the boundaries of the local government's regulatory jurisdiction. (B) In the case of ground ambulance transports provided on a mutual or automatic aid basis into another jurisdiction, the local government where the noncontracting ground ambulance provider is based. (3) A payment made by the health care service plan to the noncontracting ground ambulance provider for services as required in subdivision (a), plus the applicable cost sharing owed by the enrollee, shall constitute payment in full for services rendered. (4) Notwithstanding any other law, the amounts paid by a health care service plan for services under this section shall not constitute the prevailing or customary charges, the usual fees to the general public, or other charges for other payers for an individual ground ambulance provider. (e) A health care service plan or a provider may seek relief in any appropriate court for the purpose of resolving a payment dispute. A ground ambulance provider may use a health care service plan's existing dispute resolution processes.

	(f) Ground ambulance service providers remain subject to the balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code. (g) This section does not apply to a Medi-Cal managed health care service plan or any entity that enters into a contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), and Chapter 8.75 (commencing with Section 14591) of Part 3 of Division 9 of the Welfare and Institutions Code. SEC. 3. Section 1797.124 is added to the Health and Safety Code, to read: 1797.124. (a) On or before March 1, 2024, and on or before each January 1 thereafter, the authority shall annually develop and publish on its internet website a report showing the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county. If feasible, this report shall include the applicable Medicare rate for the year. (b) The authority shall annually submit each report to the Department of Insurance and the Department of Managed Health Care for purposes of rate review, as well as to the Office of Health Care Affordability. SEC. 4. Section 1797.233 is added to the Health and Safety Code, to read: 1797.233. (a) A ground ambulance provider shall not require an uninsured patient or self-pay patient to pay an amount more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. (b) (1) A ground ambulance provider shall only advance to collections the Medicare or Medi-Cal payment amount, as determined pursuant to subdivision (a), that the uninsured or self-pay patient failed to pay. (2) The ground ambulance provider, or an entity acting on its behalf, including a debt buyer or assignee of the debt, shall not report adverse information to a consumer credit reporting agency or commence civil action against the individual for a minimum of 12 months after the initial billing regarding amounts owed by the individual pursuant to subdivision (a). (3) With respect to an uninsured patient or self-pay patient, the ground ambulance provider, or an entity acting on its behalf, including an assignee of the debt, shall not use wage garnishments or liens on primary residences as a means of collecting unpaid bills pursuant to this section. (c) Ground ambulance service providers remain subject to balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code. SEC. 5. Section 10126.66 is added to the Insurance Code, to read: 10126.66. (a) (1) Unless otherwise required by this chapter, a health insurance policy issued, amended, or renewed on or after January 1, 2024, shall require an insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the insured would pay for the same

	covered services received from a contracting ground ambulance provider. This amount shall be referred to as the "in-network cost-sharing amount." (2) An insured shall not owe the noncontracting ground ambulance provider more than the in-network cost-sharing amount for services subject to this section. At the time of payment by the insurer to the noncontracting provider, the insurer shall inform the insured and the noncontracting provider of the in-network cost-sharing amount owed by the insured and shall disclose whether or not the insured's coverage is regulated by the department or if the coverage is not state-regulated. (b) (1) The in-network cost-sharing amount paid by the insured pursuant to this section shall count toward the limit on annual out-of-pocket expenses established under Section 10112.28. (2) Cost sharing arising pursuant to this section shall count toward any deductible in the same manner as cost sharing would be attributed to a contracting provider. (3) The in-network cost-sharing amount paid by the insured pursuant to this section shall satisfy the insured's obligation to pay cost sharing for the health service. (c) A noncontracting ground ambulance provider shall only advance to collections the in-network cost-sharing amount, as determined by the insurer pursuant to subdivision (a), that the insured failed to pay. (1) A noncontracting ground ambulance provider, or an entity acting on its behalf, including a debt buyer or assignee of the debt, shall not report adverse information to a consumer credit reporting agency or commence civil action against the insured for a minimum of 12 months after the initial billing regarding amounts owed by the insured pursuant to subdivision (a). (2) With respect to an insured, a noncontracting ground ambulance provider, or an entity acting on its behalf, including an assignee of the debt, shall not use wage garnishments or liens on primary residences as a means of collecting unpaid bills pursuant to this section. (d) (1) Unless otherwise agreed to by the noncontracting ground ambulance provider and the health insurer, the insurer shall directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as follows: (A) If there is a rate established or approved by a local government, at the rate established or approved by the governing body of the local government having jurisdiction for that area or subarea, including an exclusive operating area pursuant to Section 1797.85 of the Health and Safety Code. (B) If the local government having jurisdiction where the service was provided does not have an established or approved rate for that service, the reasonable and customary value for the services rendered, based upon statistically credible information that is updated at least annually and takes into consideration all of the following: (i) The ambulance provider's training, qualifications, and length of time in practice. (ii) The nature of the services provided. (iii) The fees usually charged by the ambulance provider.

	(iv) Prevailing ground ambulance provider rates charged in the general geographic areas in which the services were rendered. (v) Other aspects of the economics of the ambulance provider's practice that are relevant. (vi) Any unusual circumstances in the case. (2) A local government has jurisdiction over the ground ambulance transport if either of the following applies: (A) The ground ambulance transport is initiated within the boundaries of the local government's regulatory jurisdiction. (B) In the case of ground ambulance transports provided on a mutual or automatic aid basis into another jurisdiction, the local government where the noncontracting ground ambulance provider is based. (3) A payment made by the health insurer to the noncontracting ground ambulance provider for services as required in subdivision (a), plus the applicable cost sharing owed by the insured, shall constitute payment in full for services rendered. (4) Notwithstanding any other law, the amounts paid by a health insurer for services under this section shall not constitute the prevailing or customary charges, the usual fees to the general public, or other charges for other payers for an individual ground ambulance provider. (e) A health insurer or ground ambulance provider may seek relief in any appropriate court for the purpose of resolving a payment dispute. A ground ambulance provider may use a health insurer's existing dispute resolution process under Section 10123.137. (f) This section does not affect the balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code. SEC. 6. Section 10352 of the Insurance Code is repealed. SEC. 7. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.
REVIEWED BY	EMS Agency Administrator Ryan Rosander, County Counsel
RECOMMENDED ACTION(S)	Receive and File
ATTACHMENT(S)	N/A

MEETING DATE	May 15th, 2025
STAFF CONTACT	Ryan Rosander, EMS Division Director rrosander@co.slo.ca.us 805-788-2512
SUBJECT	PWW's Impact Statement of AB716
SUMMARY	In September 2023, the California General Assembly passed California Assembly Bill 716 (AB 716). The legislation became law on October 8, 2023, and begun taking effect in January 2024. AB 716 was codified as statute, portions of which can be found in both the California Health and Safety Code (Sections 1371.56, 1797.124, 1797.233) as well as the California Insurance Code (Section 10126.66). The enactment of AB716 substantially alters the entire rationale and basis for ambulance rate-setting. Prior to AB716, county ambulance rate-setting was primarily focused on *consumer protection,* i.e., keeping ambulance rates as low as possible to limit the financial impact of ambulance bills on patients. Now, AB716 provides legal protections for consumers, including: • eliminating "balance billing" • limiting patient charges for covered services to in-network amounts • limiting charges for uninsured patients or non-covered services to no more than Medicare rates, and • restricting the use of credit bureau reporting, wage garnishments, residential liens and collections actions for unpaid ambulance bills The other significant part of AB716 is that it requires state-regulated care service plans and health insurers to directly pay ambulance services at the rates established or approved by local government. When this AB716 mandate is coupled with these new consumer protections, this means that the focus of county ambulance rate-setting has entirely shifted from "consumer protection" to "EMS sustainability." This is because the approved ambulance rates are now legally binding on health plans and insurers, and ambulance services cannot balance bill patients, whether they are covered by Medicare, Medi-Cal, or state-regulated health plans or health insurance policies. Because AB716 limits what ambulance services can charge to patients, the ambulance rates approved by counties represent the rates that insurers must pay, not the amounts that patients will be responsible to pay. The amounts that patients with state-regulated insurance must pay for covered ambulance services under AB716 is now limited to the same as they would pay for in-network cost-sharing. And for all uninsured patients or patients receiving non-covered services, the maximum amount that any patient can be billed is the Medicare rate. Therefore, there is no longer a consumer protection rationale for county ambulance rate-

	setting; those protections are now directly provided under the law as established by AB716. Therefore, using the opportunity afforded by AB716 to increase ambulance fees to sustainable levels without a corresponding impact on patients, presents a rate-setting option not previously available to county officials when evaluating or establishing ambulance charges. Establishing rates at sustainable levels compels those commercial insurers covered by AB716 to pay appropriate rates without causing any incremental burden on patients, who are protected from balance billing and limited in what they can be billed for non-covered services or if they are uninsured.
REVIEWED BY	EMS Agency Administrator Ryan Rosander, County Counsel
RECOMMENDED ACTION(S)	Receive and File
ATTACHMENT(S)	N/A

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT
Nicolas Drews *Health Agency Director*
Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

MEETING DATE	May 15th, 2025
STAFF CONTACT	Ryan Rosander, EMS Division Director rrosander@co.slo.ca.us 805-788-2512
SUBJECT	Ambulance Base Rate Review
SUMMARY	The current contract between the County of San Luis Obispo and San Luis Ambulance allows for an ambulance base rate review when there is a significant change in financial conditions. Article 6.1(b) outlines significant changes in Contractor's financial conditions Article 6.2 (b) addresses allowing the rate review to occur due to significant changes in the Contractor's financial conditions Article 6.3 (b) Outlines the rate review guidelines During the contract negotiation process between San Luis Ambulance and the County in 2024, San Luis Ambulance recommended a rate review due to a significant change in financial conditions to the Contractor to meet response times. The County hired PWW to conduct the ambulance base rate review, as requested by San Luis Ambulance. The rate review process began in October 2024 and has now officially been concluded. The County of San Luis Obispo's EMS Agency has received the final report from PWW outlining the two options for adoption. **Executive Summary** Ambulance agencies across California and the United States are facing significant economic strain due to skyrocketing costs combined with stagnant reimbursement. Recent legal developments, such as the enactment of California Assembly Bill 716 (AB716), have changed the dynamic related to ambulance fees by protecting patients from balance bills as well as limiting patient financial liability for non-covered services. Additionally, the Congressionally established Advisory Committee on Ground Ambulance and Patient Billing (GAPB) released its report to Congress, containing significant recommendations to ensure payment adequacy for ground ambulance services, while also protecting patients from balance billing for ground ambulance service. If adopted, these recommendations will further protect patients from balance billing and establish reimbursement benchmarks from payers for ground ambulance services. SLO County has the unique opportunity to take advantage of these current and emerging patient legal protections to establish an innovative approach to ambulance fee regulation to help ensure provider and system financial sustainability.

	Fee Schedule Option 1: Rebasing Rates to Achieve Sustainable Target Profit Range Fee schedule Option 1, and the one PWW recommends, is for the County to take advantage of the significantly changed regulatory environment and the new patient protections provided in the law to rebase its ambulance rates to achieve the 5% - 7% Target Profit Range set forth in its provider contract. PWW recommends this option because it maximizes long-term contractor and EMS system sustainability with minimal direct impact on patients **Fee Schedule Option 2: Basing Rates on Peer County Average Fees + CPI Escalator** For services effective October 1, 2025, SLO County can implement an incremental market-based approach to its ambulance fee schedule. This approach reflects the average of its peer counties, and the addition of fees for services not currently reflected in the county's fee structure, along with a Consumer Price Index (CPI) escalator, based on the 18-month blended ratio of State of California and regional CPI. **Expansion of Fee Schedule Service Levels** For either option, PWW recommends that SLO County establish a fee schedule that differentiates service levels and response type. ALS units are more expensive than BLS units to operate, and emergency responses are more expensive than non-emergency responses, due to the cost of readiness necessary to meet response time objectives. Further, some payers reimburse services such as oxygen and ECG, and PWW recommends establishing charges for those items in the fee schedule. It may also be prudent for SLO County to establish a fee for Ambulance Response, Treatment and No Transport. Payers, including many state Medicaid programs, are establishing reimbursement processes that decouple payment from transport, recognizing that in some cases, response, assessment, treatment and referral to treatment sources such as primary care physicians or urgent care centers is a more patient-centric disposition from an ambulance response than transporting low-acuity patients to an emergency department. *Advanced life support, level 2 (ALS2):* means either transportation by ground ambulance vehicle, medically necessary supplies and services, and the administration of at least three medications by intravenous push/bolus or by continuous infusion, excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose, Normal Saline, Ringer's Lactate); or transportation, medically necessary supplies and services, and the provision of at least one of the following ALS procedures: (1) Manual defibrillation/cardioversion. (2) Endotracheal intubation. (3) Central venous line. (4) Cardiac pacing. (5) Chest decompression. (6) Surgical airway. (7) Intraosseous line.

Option 1

Table 11: Option 1 SLO County Ambulance Fees with Maximum Out of Pocket Patient Liability

		2025-26			
Service Type	2024-25 SLO Ambulance Fees	Option 1 Under AB 716 (1)	Medi-Cal Fee Schedule	Medicare Fee Schedule	Max Pt. OOP Liability (Uninsured/Non-Covered Services)
ALS Emergency	$3,276.40	$5,312.60	$128.08	$524.08	$524.08
BLS Emergency	$3,276.40	$4,806.40	$118.20	$441.16	$441.16
ALS Non-Emergency	$3,276.40	$5,182.11	$117.04	$331.27	$331.27
BLS Non-Emergency	$3,276.40	$4,523.34	$117.04	$273.69	$273.69
ALS2 (2)	$0.00	$7,754.02	$128.08	$766.39	$766.39
SCT	$8,376.35	$8,677.90	$128.08	$899.47	$899.47
Mileage	$69.15	$71.64	$3.55	$8.27	$8.27
ALS Standby	$242.10	$275.86			$0.00
BLS Standby	$242.10	$250.82			$0.00
Oxygen	$112.30	$150.69	$9.98		$9.98
ECG	$0.00	$143.30			$0.00
Night	$0.00	$157.49			$0.00
ALS Treatment in Place	$0.00	$5,312.60 (2)			$0.00
BLS Treatment in Place	$0.00	$4,806.40 (2)			$0.00

Option 2

Table 14: 2025 SLO County Ambulance Fee Schedule – Option 2

Service Type	2023-24 7 County Sample Average	2024-25 SLO Ambulance Fees	CPI Incremental Increase 2025-26
ALS Emergency	$3,620.36	$3,276.40	$3,750.69
BLS Emergency	$3,133.88	$3,276.40	$3,394.35
ALS Non-Emergency	$3,532.51	$3,276.40	$3,659.68
BLS Non-Emergency	$3,083.44	$3,276.40	$3,194.45
ALS2	$0.00	$0.00	$5,476.00 (1)
SCT	$4,797.74	$8,376.35	$8,677.90
Mileage	$55.95	$69.15	$71.64
ALS Standby	$266.28	$242.10	$275.86
BLS Standby	$232.47	$242.10	$250.82
Oxygen	$145.45	$112.30	$150.69
ECG	$138.32	$0.00	$143.30
Night	$152.01	$0.00	$157.49
ALS Treatment in Place			$3,750.69 (2)
BLS Treatment in Place			$3,394.35 (2)

REVIEWED BY	EMS Division Administrator Ryan Rosander, APOC Ad Hoc Committee, County Counsel
RECOMMENDED ACTION(S)	Discussion and Action; Any action requires 4 supporting votes
ATTACHMENT(S)	N/A

Ambulance Service Rate Review Project

Report Prepared By

PWW | AG

March 2025

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Tables

Executive Summary

PWW Advisory Group (PWW|AG) is honored to have been engaged by San Luis Obispo (SLO) County to conduct a market study and analysis of ambulance fees in SLO County. This project is a positive reflection on SLO County's understanding of the impact of fee schedule adequacy for patients and ambulance providers, especially considering rapidly changing economic and regulatory environments.

Ambulance agencies across California and the United States are facing significant economic strain due to skyrocketing costs combined with stagnant reimbursement. Recent legal developments, such as the enactment of California Assembly Bill 716 (AB716), have changed the dynamic related to ambulance fees by protecting patients from balance bills as well as limiting patient financial liability for non-covered services. Additionally, the Congressionally established Advisory Committee on Ground Ambulance and Patient Billing (GAPB) released its report to Congress[1], containing significant recommendations to ensure payment adequacy for ground ambulance services, while also protecting patients from balance billing for ground ambulance service. If adopted, these recommendations will further protect patients from balance billing and establish reimbursement benchmarks from payers for ground ambulance services.

SLO County has the unique opportunity to take advantage of these current and emerging patient legal protections to establish an innovative approach to ambulance fee regulation to help ensure provider and system financial sustainability.

This report presents two options for SLO County's ambulance fee schedule starting in fiscal year 2025-26:

Fee Schedule Option 1: Rebasing Rates to Achieve Sustainable Target Profit Range

Fee schedule Option 1, and the one PWW|AG recommends, is for the County to take advantage of the significantly changed regulatory environment and the new patient protections provided in the law to rebase its ambulance rates to achieve the 5% - 7% Target Profit Range set forth in its provider contract. We recommend this option because it maximizes long-term contractor and EMS system sustainability with minimal direct impact on patients and consumers of ambulance services. In particular, AB716 now makes this approach feasible.

Fee Schedule Option 2: Basing Rates on Peer County Average Fees + CPI Escalator

For services effective October 1, 2025, SLO County can implement an incremental market-based approach to its ambulance fee schedule. This approach reflects the average of its peer counties, and the addition of fees for services not currently reflected in the county's fee structure, along with a Consumer Price Index (CPI) escalator, based on the 18-month blended ratio of State of California and regional CPI.

Expansion of Fee Schedule Service Levels

For either option, we recommend that SLO County establish a fee schedule that differentiates service levels and response type. ALS units are more expensive than BLS units to operate, and emergency responses are more expensive than non-emergency responses, due to the cost of readiness necessary to meet response time objectives. Further, some payers reimburse services such as oxygen and ECG, and we recommend establishing charges for those items in the fee schedule.

It may also be prudent for SLO County to establish a fee for Ambulance Response, Treatment and No Transport. Payers, including many state Medicaid programs, are establishing reimbursement processes that decouple payment from transport, recognizing that in some cases, response, assessment, treatment and referral to treatment sources such as primary care physicians or urgent care centers is a more patient-centric disposition from an ambulance response than transporting low-acuity patients to an emergency department.

[1] https://aimhi.mobi/news/13405878

Methodology

PWW|AG's approach to this project was to perform a comprehensive market survey and comparative analysis of publicly available ambulance fees in peer California counties for ground ambulance services. We then used this data to compare ambulance fees for the various components and average patient charges for ambulance services based on the current Medicare allowable fee schedule, as well as a function of local median household income. Finally, we conducted an analysis of the current financial impact of current and potential changes to the SLO County fee schedule on San Luis Ambulance (SLA), consistent with the current contractual provisions contained in the ambulance service agreement between SLO County and SLA, more particularly the Target Profit Range set forth in that agreement.

Peer Counties

Peer counties for the study were collaboratively identified with officials from SLO County based on geographic proximity and demographic similarity using to U.S. Census data for population, population density and median household income. Selected peer counties, along with SLO County comparisons, are listed in the table below.

Table 1: Peer Counties

County	Population	Square Miles	Pop. Density	Median Household Income
El Dorado	191,185	1,709	111.9	$105,982
Kern	909,235	8,135	111.8	$ 66,234
Kings	152,486	1,391	109.6	$ 64,368
Monterey	439,035	3,282	133.8	$ 88,035
Santa Barbara	448,229	2,734	118.3	$ 90,894
Sonoma	488,863	1,575	310.4	$100,707
San Luis Obispo	**282,424**	**3,301**	**85.5**	**$ 90,670**

Service Level Definitions

For the selected peer counties, PWW|AG used publicly available ambulance fee schedule data and other resources to analyze published fees using the Centers for Medicare and Medicaid (CMS) definitions for components of ambulance service delivery.

In defining these levels, CMS uses the Healthcare Common Procedure Coding System (HCPCS), a standardized set of medical codes used to represent services, products, supplies, and procedures provided to patients. HCPCS codes are used by health care insurers to process claims for payment in a consistent and orderly manner.

The CMS definitions[2] for these components include:

Advanced life support, level 1 (ALS1): means transportation by ground ambulance vehicle, medically necessary supplies and services and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention.

Advanced life support, level 2 (ALS2): means either transportation by ground ambulance vehicle, medically necessary supplies and services, and the administration of at least three medications by intravenous push/bolus or by continuous infusion, excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose, Normal Saline, Ringer's Lactate); or transportation, medically necessary supplies and services, and the provision of at least one of the following ALS procedures:

(1) Manual defibrillation/cardioversion.
(2) Endotracheal intubation.
(3) Central venous line.
(4) Cardiac pacing.
(5) Chest decompression.
(6) Surgical airway.
(7) Intraosseous line.

Basic life support (BLS): means transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services. The ambulance must be staffed by at least two people who meet the requirements of state and local laws where the services are being furnished. Also, at least one of the staff members must be certified, at a minimum, as an emergency medical technician-basic (EMT-Basic) by the State or local authority where the services are furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. These laws may vary from State to State.

Emergency response: means responding immediately at the BLS or ALS1 level of service to a 911 call or the equivalent in areas without a 911 call system. An immediate response is one in which the ambulance entity begins as quickly as possible to take the steps necessary to respond to the call.

Loaded mileage: means the number of miles the Medicare beneficiary is transported in the ambulance vehicle.

[2] https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-414/subpart-H/section-414.605

Rural area: means an area located outside an urban area, or a rural census tract within a Metropolitan Statistical Area as determined under the most recent version of the Goldsmith modification as determined by the Office of Rural Health Policy of the Health Resources and Services Administration.

Specialty care transport (SCT): means interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

Urban area: means a Metropolitan Statistical Area, as defined by the Executive Office of Management and Budget.

Data Aggregation and Analysis

Using publicly available sources, we compiled the following information on ambulance fees from identified peer counties.

Table 2: Ambulance Fees - Peer Counties

				Kern								El Dorado		
HCPCS Code	Description	SLO (2024-25)	Santa Barbara	Area 1	Area 2, 4, 8 & 9	Area 3	Area 6	Area 7	Kings	Monterey	Sonoma	East Slope	West Slope	Peer County Average
A0427	ALS E	$3,276.40	$3,321.32	$3,452.50	$3,397.76	$1,896.49	$4,538.29	$5,127.99	$2,344.00	$4,128.49	$3,100.00			$3,620.36
	Resident											$2,559.00	$1,808.00	$2,183.50
	Non-Resident											$3,017.00	$2,131.00	$2,574.00
A0429	BLS E	$3,276.40	$2,158.76	$3,091.80	$3,024.12	$1,751.49	$3,848.70	$4,355.28	$1,974.00	$3,990.00	$2,850.90			$3,133.88
	Resident											$2,559.00	$1,808.00	$2,183.50
	Non-Resident											$3,017.00	$2,131.00	$2,574.00
A0426	ALS NE	$3,276.40	$3,321.32	$3,327.50	$3,285.76	$1,791.49	$4,388.29	$4,917.25	$1,481.00	$4,128.49	$3,100.00			$3,532.51
	Resident											$2,559.00	$1,808.00	$2,183.50
	Non-Resident											$3,017.00	$2,131.00	$2,574.00
A0428	BLS NE	$3,276.40	$2,158.76	$3,091.80	$3,024.12	$1,791.49	$3,698.70	$4,144.54	$1,234.00	$3,907.23	$2,850.90			$3,083.44
	Resident											$2,559.00	$2,131.00	$2,345.00
	Non-Resident											$3,017.00	$1,808.00	$2,412.50
A0433	ALS 2													
	SCT	$8,376.35		$4,768.62	$5,754.42		$2,950.00	$5,549.47	$3,233.75	$6,530.19				$4,797.74
A0434	Resident											$3,784.00	$2,672.00	$3,228.00
	Non-Resident											$4,245.00	$2,998.00	$3,621.50
A0425	Mileage	$69.15	$64.81	$63.32	$48.05	$31.47	$35.18	$53.57	$49.00	$89.05	$70.00	$64.00	$40.00	$55.95
	ALS Standby	$242.10	$334.39	$212.00	$246.19	$161.47	$317.84	$386.36	$160.00	$280.52	$237.00	$241.00	$246.00	$266.28
	BLS Standby	$242.10	$334.39	$165.00	$191.64	$124.68	$249.96	$316.11	$160.00	$236.92	$219.00	$241.00	$246.00	$232.47
	Other													
	Oxygen	$112.30	$220.68	$63.32	$79.00	$80.00	$75.00	$105.37	$0.00	$266.17	$225.00	$199.00	$141.00	$145.45
	ECG	$0.00	$0.00	$75.00	$75.00	$100.00	$175.00	$219.52	$0.00	$138.69	$185.00	$0.00	$0.00	$138.32
	Night	$0.00	$0.00	$92.00	$89.00	$100.00	$150.00	$210.74	$0.00	$227.35	$195.00	$0.00	$0.00	$152.01

Observations:

- Six of the seven peer counties (85.7%) do not differentiate between resident and non-resident patients in their fee schedule.
- Three of the seven peer counties (42.8%) do not have an established fee for Specialty Care Transport (SCT).
- Three of the seven peer counties (42.8%) differentiate fees for an Emergency level of service compared to a Non-Emergency level of service.
- All peer counties differentiate fees for an ALS service level of service compared to a BLS level of service.
- All peer counties have established fees for Standby services.
- Three of the seven peer counties (42.8%) do not have an established fee for performing an electrocardiogram (ECG).
- Three of the seven peer counties (42.8%) do not have an established fee for services performed at night.

SLO County Fees Compared to Peer Counties

Using this aggregation, we developed a variance calculation comparing the current SLO County fee schedule with the average of fee schedules for identified peer counties.

Table 3: Average SLO County Variance with Peer County Fee Schedule

HCPCS Code	Description	SLO (2024-25)	Peer County Average	SLO Variance
	ALS E	$3,276.40	$3,620.36	-10.5%
A0427	Resident		$2,183.50	
	Non-Resident		$2,574.00	
	BLS E	$3,276.40	$3,133.88	4.3%
A0429	Resident		$2,183.50	
	Non-Resident		$2,574.00	
	ALS NE	$3,276.40	$3,532.51	-7.8%
A0426	Resident		$2,183.50	
	Non-Resident		$2,574.00	
	BLS NE	$3,276.40	$3,083.44	5.9%
A0428	Resident		$2,345.00	
	Non-Resident		$2,412.50	
A0433	ALS 2			
	SCT	$8,376.35	$4,797.74	42.7%
A0434	Resident		$3,228.00	
	Non-Resident		$3,621.50	
A0425	Mileage	$69.15	$55.95	19.1%
	ALS Standby	$242.10	$266.28	-10.0%
	BLS Standby	$242.10	$232.47	4.0%
	Other			
	Oxygen	$112.30	$145.45	-29.5%
	ECG	$0.00	$138.32	
	Night	$0.00	$152.01	

Observations:

- SLO County's **ALS-Emergency** fee is **10.5% less** than the peer county average.
- SLO County's **BLS-Emergency** fee is **4.3% higher** than the peer county average.
- SLO County's **ALS-Non-Emergency** fee is **7.8% less** than the peer county average.
- SLO County's **BLS-Non-Emergency** fee is **5.9% higher** than the peer county average.
- SLO County's **Specialty Care Transport** fee is **42.7% higher** than the peer county average.
- SLO County's average **mileage** fee is **19.1% higher** than the peer county average.
- SLO County's **ALS Standby** fee is **10.0% less** than the peer county average.

Example Average Patient Charge Analysis

The Average Patient Charge (APC) for ambulance service is a combination of the ambulance provider's base rate for the level of care (ALS or BLS) and type of response (emergency or non-emergency). For the purposes of this analysis, we used typical service scenarios to identify the APC for various levels of care and service to illustrate APC variations from the peer county sample and SLO County.

Table 4: Average Patient Charge Comparisons

Scenario	Peer County Sample Average	SLO	% Variance
ALS E, with Oxygen, ECG and 10 Miles	$3,913.52	$4,080.20	4.3%
BLS E, with Oxygen and 10 miles	$3,539.95	$4,080.20	15.3%
ALS NE, with Oxygen, ECG and 10 Miles	$3,732.52	$4,080.20	9.3%
BLS NE with Oxygen and 10 Miles	$3,458.27	$4,080.20	18.0%
SCT with Oxygen and 10 Miles	$5,991.02	$9,180.15	53.2%

Observations:

- The **Average Patient Charge** (APC) for **emergency, non-emergency, ALS and BLS** and response levels are **4.3% - 18.0% higher in SLO County** than the peer county sample.
- The APC for Specialty Care Transports (SCT) is **53.2% higher** for SLO County compared to the peer county sample.

California Average Medicare Claim Comparison

The Centers for Medicare and Medicaid Services (CMS) provides public use file reports of claims and payment data for Medicare covered ambulance services. We used the California Medicare data to compare the average Medicare charge data in these files with the average Medicare charges from providers in SLO County. This analysis uses the charges by specific HCPCS code (ALS Emergency based rate and mileage separately), so this comparison is slightly different from the APC analysis provided in Table 3, since it is by specific HPCPS code as opposed to an overall APC.

It is important to note that while the CMS data contains state average charge data, Medicare only pays what the Ambulance Fee Schedule (AFS) allows. Aside from required cost sharing (typically any deductibles or coinsurance, participation in Medicare prevents balance billing Medicare beneficiaries.

Table 5: State Average Medicare Charges Compared to SLO County

HCPCS Code	Description	Medicare State Average Charge	SLO County	$ Variance	% Variance
A0427	ALS E	$2,737.43	$3,276.40	$538.97	16.5%
A0429	BLS E	$2,158.59	$3,276.40	$1,117.81	34.1%
A0426	ALS NE	$3,217.18	$3,276.40	$59.22	1.8%
A0428	BLS NE	$1,875.20	$3,276.40	$1,401.20	42.8%
A0433	ALS 2	$2,863.18		-$2,863.18	
A0434	SCT	$4,674.55	$8,376.35	$3,701.80	44.2%
A0425	Mileage	$48.12	$69.15	$21.03	30.4%

Observations:

- Across all HPCPS codes, the average fees charged by providers in SLO County in the Medicare charge data are between 1.8% and 42.8% higher than the California average Medicare charge.
- SLO County does not have a fee established for HPCPS Code A0433 – ALS 2.

Average Ambulance Fee Compared to Household Income

As part of the fee analysis, we felt it would be valuable to illustrate variances in SLO and the peer county sample of the ratio between the APC for a typical ALS-Emergency ambulance response and the Median Household Income. The Median Household Income was derived from the 2023 U.S. Census estimates[3].

Table 6: Average Ambulance Patient Charge Compared to Median Household Income

Community	ALS E, with Oxygen, ECG and 10 Miles	Median Household Income (1)	Ambulance Fee/Median Household Income Ratio	SLO County Variance
SLO County	$4,080.20	$90,216.00	0.045227	
Santa Barbara County	$4,190.10	$90,894.00	0.046099	1.9%
Kings	$2,834.00	$64,368.00	0.044028	-2.7%
Monterey	$5,423.85	$92,840.00	0.058421	29.2%
Sonoma	$4,210.00	$96,830.00	0.043478	-3.9%
El Dorado		$105,982.00		
East Slope		$105,982.00		
Resident	$3,398.00	$105,982.00	0.032062	-29.1%
Non-Resident	$3,856.00	$105,982.00	0.036384	-19.6%
West Slope		$105,982.00		
Resident	$2,349.00	$105,982.00	0.022164	-51.0%
Non-Resident	$2,672.00	$105,982.00	0.025212	-44.3%
Kern County		$66,234.00		
Area 1	$4,224.02	$66,234.00	0.063774	41.0%
Area 2, 4, 8 & 9	$4,032.26	$66,234.00	0.060879	34.6%
Area 3	$2,391.19	$66,234.00	0.036102	-20.2%
Area 6	$5,140.09	$66,234.00	0.077605	71.6%
Area 7	$5,988.58	$66,234.00	0.090415	99.9%
Overall Average	**$3,913.52**	**$86,766.29**	**0.045104**	**-0.3%**

Observations

- Overall, **SLO County's Ambulance Fee to Median Household Income ratio is 0.3% lower** than the peer county sample.

[3] https://data.census.gov/profile

Ambulance Fee Schedule Sufficiency

One of the major public policy decisions related to establishing an ambulance fee schedule is the ability for the fee schedule to support the provision of the level of ambulance service desired by the community. San Luis Ambulance (SLA) is a long-term ambulance provider in SLO County. As provided by Section 6.5 of the service agreement between SLA and SLO County, SLA is allowed a reasonable "Target Profit Range" for the services provided to the county, and the agreement defines the reasonable Target Profit Range as being between 5% and 7%.

As part of our analysis, SLA provided PWW|AG externally audited financial statements for Fiscal Year 2022-2023, as well as SLA's Ground Ambulance Data Collection System (GADCS) cost report they filed with CMS, in accordance with federal law. A review of SLAs audited financial statement reveals that for FY 2022-23, SLA experienced a net operating loss of $398,669, representing a -2.0% net loss. A review of SLA's GADCS cost report also revealed a net operating loss of $227,117.

Table 7: Summary of San Luis Ambulance Audited Financial Statement FY 2022-23

	FYE 2023
Responses	29,831
Transports	20,047
Fees - Net of Contractual Adjustments & Refunds	$19,947,167
Operating Expense	$20,345,836
Net Income (Loss) from Operations	**($398,669)** **-2.0%**

Table 8: Summary of SLA Medicare Ground Ambulance Data Collection System Cost Report

Total Expenses	$20,514,998
Total Revenue	$20,287,881
Overall Income	**($227,117)**
Net Margin	**-1.1%**

Impact of AB 716 and an Unprecedented Rate Rebasing Opportunity

In September 2023, the California General Assembly passed California Assembly Bill 716 (AB 716).[4] The legislation became law on October 8, 2023, and begun taking effect in January 2024. AB 716 was codified as statute, portions of which can be found in both the California Health and Safety Code (Sections 1371.56, 1797.124, 1797.233) as well as the California Insurance Code (Section 10126.66).

The enactment of AB716 substantially alters the entire rationale and basis for ambulance rate-setting. Prior to AB716, county ambulance rate-setting was primarily focused on *consumer protection,* i.e., keeping ambulance rates as low as possible to limit the financial impact of ambulance bills on patients. Now, AB716 provides legal protections for consumers, including:

- eliminating "balance billing"
- limiting patient charges for covered services to in-network amounts
- limiting charges for uninsured patients or non-covered services to no more than Medicare rates, and
- restricting the use of credit bureau reporting, wage garnishments, residential liens and collections actions for unpaid ambulance bills

The other significant part of AB716 is that it requires state-regulated care service plans and health insurers to directly pay ambulance services *at the rates established or approved by local government*.[5] When this AB716 mandate is coupled with these new consumer protections, this means that the focus of county ambulance rate-setting has entirely shifted from "consumer protection" to "EMS sustainability."

This is because the approved ambulance rates are now legally binding on health plans and insurers, and ambulance services cannot balance bill patients, whether they are covered by Medicare, Medi-Cal, or state-regulated health plans or health insurance policies. Because AB716 limits what ambulance services can charge to *patients*, the ambulance rates approved by counties represent the rates that *insurers* must pay, *not* the amounts that *patients* will be responsible to pay.

The amounts that *patients* with state-regulated insurance must pay for *covered* ambulance services under AB716 is now limited to the same as they would pay for in-network cost-sharing. And for *all* uninsured patients or patients receiving non-covered services, the maximum amount that *any* patient can be billed is the Medicare rate. Therefore, there is no longer a consumer protection rationale for county ambulance rate-setting; those protections are now directly provided under the law as established by AB716.

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[4] The full text of California Assembly Bill 716 (AB 716) is attached as **Appendix A**.

[5] We note that AB716 applies to state-regulated health care service plans and state-regulated health insurers. AB716 prohibits balance billing of patients with these plans, and Medicare and Medi-Cal, by law, also prohibit balance billing. Patients insured under employer-sponsored plans governed by the Federal ERISA law would not be subject to the AB716 balance billing protections, but we note that (a) charges for any non-covered services those patients receive are still limited to Medicare rates, and (b) the Federal No Surprises Act (NSA), which currently prohibits balance billing by air ambulances, is under consideration for expansion to ground ambulances, thus foreclosing the last remaining cohort for which balance billing is permissible. Until such time as the NSA is extended to ground ambulances, this remaining cohort can benefit from protections in the contractor's financial hardship policy as eligible.

In SLO County, the EOA established ambulance provider, San Luis Ambulance, is currently operating at an operational loss, as evidenced by their audited financial statement, and their GADCS cost report filed with CMS.

Therefore, using the opportunity afforded by AB716 to increase ambulance fees to sustainable levels *without* a corresponding impact on patients, presents a rate-setting option not previously available to county officials when evaluating or establishing ambulance charges. Establishing rates at *sustainable* levels compels those commercial insurers covered by AB716 to pay appropriate rates without causing any incremental burden on patients, who are protected from balance billing and limited in what they can be billed for non-covered services or if they are uninsured.

For these reasons, in addition to the market-based rate option (Option 2), we also present, and ***recommend*** Option 1, which would allow the county to establish rates within the Target Profit Range of its contracted ambulance provider per the current agreement, utilizing the opportunity afforded by AB716 to increase rates to sustainable levels without a corresponding impact on the patients who receive ambulance service. In essence, this option allows for a "rebasing" of ambulance rates in San Luis Obispo County not based on peer-county rate comparability but based on the sustainability of its own system, using the Target Profit Range previously agreed to by the County and its ambulance contractor.

Fee Schedule Options: 2025 and Beyond

Our analysis revealed that SLO County's current fee structure is generally consistent with ambulance fees from the peer county sample. However, as noted throughout this analysis, there are several fees that have been established in peer counties that are not currently reflected in the SLO County fee schedule. It may be advisable for SLO County to expand its fee schedule to include established and approved fees for these services. Similarly, SLO County does not currently differentiate fees for Emergency vs. Non-Emergency services.

There is typically significant cost variations related to service level (ALS/BLS) as well as response type (emergency/non-emergency). Therefore, it may be in the county's and the ambulance provider's best interests to create a fee schedule that reflects these cost differences and is also more consistent with the differentiated fee schedules published by Medicare, Medi-Cal, and the counties in the peer county sample. We recommend that SLO County establish a fee schedule that differentiates service levels and response type. ALS units are more expensive than BLS units to operate, and emergency responses are more expensive than non-emergency responses, due to the cost of readiness necessary to meet response time objectives. Further, some payers reimburse for services such as oxygen and ECG.

It may also be prudent for SLO County to establish a fee for Ambulance Response, Treatment and No Transport. More payers are establishing reimbursement processes that decouple payment from transport, recognizing that in some cases, response, assessment, treatment and referral to treatment sources such as primary care physicians or urgent care centers is a more patient-centric disposition from an ambulance response than transporting low-acuity patients to an emergency department.

Further, the county established an Exclusive Operating Area (EOA) for emergency services, however, no EOA currently exists within the county for non-emergency services. As such, there is no prohibition preventing facilities from contracting for non-emergency ambulance transportation with ambulance agencies not precluded from providing services under an established EOA.

For SLO County, this would result in a fee schedule that includes the services and service levels shown in **Table 9**.

Table 9: Suggested Services and Service Levels to be Included in SLO County's Fee Schedule

Service Type	HCPCS Code
ALS-Emergency	A0427
BLS-Emergency	A0429
ALS-Non-Emergency	A0426
BLS-Non-Emergency	A0428
ALS2	A0433
Specialty Care Transport	A0434
Mileage (ALS and BLS)	A0425
Mileage (SCT)	A0425
Oxygen	N/A
ECG	N/A
Night	N/A
ALS Treatment in Place	A0998
BLS Treatment in Place	A0998

Fee Schedule Option 1: Rebasing Rates to Achieve Sustainable Target Profit Range

As mentioned previously, due to the provisions of AB 716, the public policy philosophy of establishing local ambulance fees has flipped from a 'patient protection' theme, to an ambulance sustainability theme. Post-AB 716 fee increases will have minimal to no impact on patients, while maximizing revenue from commercial insurers.

Even under 2024-2025 SLO fee schedule increases, SLA's operating margin is below the Target Profit Range of 5%-7%. Therefore, SLO County may want to consider adjusting the ambulance fee schedule to facilitate the fee for service revenue that meets the contractual allowance of a 5% - 7% Target Profit Range. This may help assure long-term financial sustainability for SLA and the County's EMS system overall. This approach recognizes that AB716 presents an unprecedented opportunity to rebase ambulance rates to improve sustainability without corresponding impact on patients and consumers.

For these reasons, Option 1 is our recommended option for SLO County.

Table 10 below represents the average patient charge that would need to be derived to likely meet the Target Profit Range:

Table 10: Option 1 Fee Schedule Change Impact on SLA

FFS Revenues	2025-26 Volume	Option 2 2025-26
Average Net APC		$1,095.00
Total FFS Revenue	**21,475**	**$24,455,556**
SLA Total Operating Expenses		**$23,217,979**
Potential Target Profit Range		**$1,237,578**
		5.1%

Based on service mix and payer mix, **Table 11** depicts the fee schedule that would likely be necessary to derive an Average Net APC of $1,095. Table also shows what the Maximum Patient Out of Pocket Liability for Uninsured/Non-Covered patients under the provisions of AB 716.

Table 11: Option 1 SLO County Ambulance Fees with Maximum Out of Pocket Patient Liability

		2025-26			
Service Type	**2024-25 SLO Ambulance Fees**	**Option 1 Under AB 716 (1)**	**Medi-Cal Fee Schedule**	**Medicare Fee Schedule**	**Max Pt. OOP Liability (Uninsured/Non-Covered Services)**
ALS Emergency	$3,276.40	$5,312.60	$128.08	$524.08	$524.08
BLS Emergency	$3,276.40	$4,806.40	$118.20	$441.16	$441.16
ALS Non-Emergency	$3,276.40	$5,182.11	$117.04	$331.27	$331.27
BLS Non-Emergency	$3,276.40	$4,523.34	$117.04	$273.69	$273.69
ALS2 (2)	$0.00	$7,754.02	$128.08	$766.39	$766.39
SCT	$8,376.35	$8,677.90	$128.08	$899.47	$899.47
Mileage	$69.15	$71.64	$3.55	$8.27	$8.27
ALS Standby	$242.10	$275.86			$0.00
BLS Standby	$242.10	$250.82			$0.00
Oxygen	$112.30	$150.69	$9.98		$9.98
ECG	$0.00	$143.30			$0.00
Night	$0.00	$157.49			$0.00
ALS Treatment in Place	$0.00	$5,312.60 (2)			$0.00
BLS Treatment in Place	$0.00	$4,806.40 (2)			$0.00

Notes:

1. Calculated at APC likely necessary to achieve contracted Target Profit Range of 5% - 7%.
2. ALS and BLS Treatment in Place is currently not a covered service for Medicare and Medi-Cal. The cost for these responses is not different than a response that results in transport, so the fees should be consistent. When these services were eligible for Medicare reimbursement during the Public Health Emergency and under the CMS ET3 model, the eligible reimbursement was equal to the allowable fee.

Note in the table above that the Maximum Out of Pocket Liability for Uninsured/Non-Covered patients is unchanged from the Medicare and Medi-Cal fee schedule, since under either scenario under AB 716, the patient is only responsible for fees up to the appropriate Medicare or Medi-Cal allowable fee.

Average Patient Charge Scenarios – Fee Schedule Option 1

Using the data for Option 1, we can derive the APC for 2025-26 as illustrated in **Table 12**:

Table 12: APC Scenarios - Fee Schedule Option 1

APC Scenario	2024-25 SLO	2025-26 Option 1 (1)
ALS E, with Oxygen, ECG and 10 Miles	$4,080.20	$6,179.68
BLS E, with Oxygen and 10 miles	$4,080.20	$5,673.48
ALS NE, with Oxygen, ECG and 10 Miles	$4,080.20	$6,049.20
BLS NE with Oxygen and 10 Miles	$4,080.20	$5,390.42
SCT with Oxygen and 10 Miles	$9,180.15	$9,544.98

Notes:

1. Calculated at APC likely necessary to achieve contracted Target Profit Range of 5% - 7%.

Fee Schedule Option 2: Basing Rates on Peer County Average Fees + CPI Escalator

For services effective October 1, 2025, SLO County could establish a fee schedule that reflects the average of its peer counties, adding fees for services not currently reflected in the county's fee structure, along with a Consumer Price Index (CPI) escalator, based on the 18-month blended ratio of State of California and regional CPI as published by the Bureau of Labor Statistics.

For 2025, the blended CPI used for this analysis, as published by the Bureau of Labor Statistics, is 3.6%.

Table 13: CPI Table January 2023 - June 2024

	California	Los Angeles, Long Beach, Anaheim
Jan-23		5.8%
Feb-23	5.4%	5.1%
Mar-23		3.7%
Apr-23	4.2%	3.8%
May-23		3.2%
Jun-23	3.1%	2.5%
Jul-23		2.7%
Aug-23	3.6%	3.3%
Sep-23		3.2%
Oct-23	3.2%	2.4%
Nov-23		2.8%
Dec-23	3.5%	3.5%
Jan-24		3.5%
Feb-24	3.3%	2.5%
Mar-24		3.4%
Apr-24	3.8%	4.0%
May-24		3.9%
Jun-24	3.3%	3.2%
Average	**3.7%**	**3.5%**
	3.6%	

Source: U.S. Bureau of Labor Statistics - https://www.dir.ca.gov/oprl/CPI/PresentCCPIchange.PDF

Applying the peer county average fee schedule, plus the 3.6% CPI adjustment would reveal the following 2025 SLO County Fee Schedule shown in **Table 14**.

Table 14: 2025 SLO County Ambulance Fee Schedule – Option 2

Service Type	2023-24 7 County Sample Average	2024-25 SLO Ambulance Fees	CPI Incremental Increase 2025-26
ALS Emergency	$3,620.36	$3,276.40	$3,750.69
BLS Emergency	$3,133.88	$3,276.40	$3,394.35
ALS Non-Emergency	$3,532.51	$3,276.40	$3,659.68
BLS Non-Emergency	$3,083.44	$3,276.40	$3,194.45
ALS2	$0.00	$0.00	$5,476.00 (1)
SCT	$4,797.74	$8,376.35	$8,677.90
Mileage	$55.95	$69.15	$71.64
ALS Standby	$266.28	$242.10	$275.86
BLS Standby	$232.47	$242.10	$250.82
Oxygen	$145.45	$112.30	$150.69
ECG	$138.32	$0.00	$143.30
Night	$152.01	$0.00	$157.49
ALS Treatment in Place			$3,750.69 (2)
BLS Treatment in Place			$3,394.35 (2)

Notes:

1. The Medicare Allowable Fee for ALS2 is 46% higher than the ALS-E allowable fee. This recommended fee is 46% higher than the ALS-E fee.
2. ALS and BLS Treatment in Place is currently not a covered service for Medicare and Medi-Cal. The cost for these responses is not different than a response that results in transport, so the fees should be consistent. When these services were eligible for Medicare reimbursement during the Public Health Emergency and under the CMS ET3 model, the eligible reimbursement was equal to the allowable fee.

Average Patient Charge Scenarios – Fee Schedule Option 2

Using the data from Option 2, we can derive the APC for 2025-26 as illustrated in **Table 15**.

Table 15: APC Scenarios - Fee Schedule Option 2

APC Scenario	2024-25 SLO	2025-26 Option 1 (1)
ALS E, with Oxygen, ECG and 10 Miles	$4,080.20	$4,761.07
BLS E, with Oxygen and 10 miles	$4,080.20	$4,404.73
ALS NE, with Oxygen, ECG and 10 Miles	$4,080.20	$4,670.06
BLS NE with Oxygen and 10 Miles	$4,080.20	$4,061.53
SCT with Oxygen and 10 Miles	$9,180.15	$9,544.98

Notes:

1. Calculated at 3.6% CPI adjustment from 2024-25

Option 2 Fee Schedule Change Impact on San Luis Ambulance

As mentioned earlier, for Fiscal Year 2023, San Luis Ambulance (SLA) operated at a financial loss of $398,669. For ambulance services provided by SLA for 2024-2025, we projected a 3.5% increase in ambulance transport volume, with most likely net collections per transport, and a 4.5% expense increase for SLA operations. Although the SLO County fee schedule implemented on October 1, 2024, provides the opportunity for some financial relief to SLA, however, their operating margin is projected to be under the contractually allowed Target Profit Range of 5% - 7%.

Table 16: Option 2 Fee Schedule Change Impact on SLA

FFS Revenues	**2025-26 Volume**	**Option 1 2025-26**
Average Net APC		$1,067.95
Total FFS Revenue	**21,475**	**$22,934,086**
SLA Total Operating Expenses		**$22,218,162**
Potential Margin		**$715,924**
		3.1%

Appendix A: Assembly Bill 716 (AB 716)

Assembly Bill No. 716[6]
CHAPTER 454

An act to add Sections 1371.56, 1797.124, and 1797.233 to, and to repeal Section 1367.11 of, the Health and Safety Code, and to add Section 10126.66 to, and to repeal Section 10352 of, the Insurance Code, relating to medical transportation.

[Approved by Governor October 8, 2023. Filed with Secretary of State October 8, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 716, Boerner. Ground medical transportation.

Existing law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Existing law requires the authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Services.

This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, as specified. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including medical transportation services, and requires a policy or contract to provide for the direct reimbursement of a covered medical transportation services provider if the provider has not received payment from another source.

This bill would delete that direct reimbursement requirement and would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. The bill would prohibit a noncontracting ground ambulance provider from sending to collections a higher amount, would limit the amount an enrollee or insured owes a noncontracting ground ambulance provider to no more than the in-network cost-sharing amount, and would prohibit a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater.

[6] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB716

The bill would require a plan or insurer to directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as specified, unless it reaches another agreement with the noncontracting ground ambulance provider. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 1367.11 of the Health and Safety Code is repealed.

SEC. 2. Section 1371.56 is added to the Health and Safety Code, to read:

1371.56. (a) (1) Unless otherwise required by this chapter, a health care service plan contract issued, amended, or renewed on or after January 1, 2024, shall require an enrollee who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee would pay for the same covered services received from a contracting ground ambulance provider. This amount shall be referred to as the "in-network cost-sharing amount."

(2) An enrollee shall not owe the noncontracting ground ambulance provider more than the in-network cost-sharing amount for services subject to this section. At the time of payment by the plan to the noncontracting provider, the plan shall inform the enrollee and the noncontracting provider of the in-network cost-sharing amount owed by the enrollee and shall disclose whether or not the enrollee's coverage is regulated by the department or if the coverage is not state-regulated.

(b) (1) The in-network cost-sharing amount paid by the enrollee pursuant to this section shall count toward the limit on annual out-of-pocket expenses established under Section 1367.006.

(2) Cost sharing arising pursuant to this section shall count toward any deductible in the same manner as cost sharing would be attributed to a contracting provider.

(3) The in-network cost-sharing amount paid by the enrollee pursuant to this section shall satisfy the enrollee's obligation to pay cost sharing for the health service.

(c) A noncontracting ground ambulance provider shall only advance to collections the in-network cost-sharing amount, as determined by the plan pursuant to subdivision (a), that the enrollee failed to pay.

(1) A noncontracting ground ambulance provider, or an entity acting on its behalf, including a debt buyer or assignee of the debt, shall not report adverse information to a consumer credit reporting agency or commence civil action against the enrollee for a minimum of 12 months after the initial billing regarding amounts owed by the enrollee pursuant to subdivision (a).

(2) With respect to an enrollee, a noncontracting ground ambulance provider, or an entity acting on its behalf, including an assignee of the debt, shall not use wage garnishments or liens on primary residences as a means of collecting unpaid bills pursuant to this section.

(d) (1) Unless otherwise agreed to by the noncontracting ground ambulance provider and the health care service plan, the plan shall directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as follows:

(A) If there is a rate established or approved by a local government, at the rate established or approved by the governing body of the local government having jurisdiction for that area or subarea, including an exclusive operating area pursuant to Section 1797.85.

(B) If the local government having jurisdiction where the service was provided does not have an established or approved rate for that service, the amount established by Section 1300.71 (a)(3)(B) of Title 28 of the California Code of Regulations.

(2) A local government has jurisdiction over the ground ambulance transport if either of the following applies:

(A) The ground ambulance transport is initiated within the boundaries of the local government's regulatory jurisdiction.

(B) In the case of ground ambulance transports provided on a mutual or automatic aid basis into another jurisdiction, the local government where the noncontracting ground ambulance provider is based.

(3) A payment made by the health care service plan to the noncontracting ground ambulance provider for services as required in subdivision (a), plus the applicable cost sharing owed by the enrollee, shall constitute payment in full for services rendered.

(4) Notwithstanding any other law, the amounts paid by a health care service plan for services under this section shall not constitute the prevailing or customary charges, the usual fees to the general public, or other charges for other payers for an individual ground ambulance provider.

(e) A health care service plan or a provider may seek relief in any appropriate court for the purpose of resolving a payment dispute. A ground ambulance provider may use a health care service plan's existing dispute resolution processes.

(f) Ground ambulance service providers remain subject to the balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code.

(g) This section does not apply to a Medi-Cal managed health care service plan or any entity that enters into a contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), and Chapter 8.75 (commencing with Section 14591) of Part 3 of Division 9 of the Welfare and Institutions Code.

SEC. 3. Section 1797.124 is added to the Health and Safety Code, to read:

1797.124. (a) On or before March 1, 2024, and on or before each January 1 thereafter, the authority shall annually develop and publish on its internet website a report showing the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county. If feasible, this report shall include the applicable Medicare rate for the year.

(b) The authority shall annually submit each report to the Department of Insurance and the Department of Managed Health Care for purposes of rate review, as well as to the Office of Health Care Affordability.

SEC. 4. Section 1797.233 is added to the Health and Safety Code, to read:

1797.233. (a) A ground ambulance provider shall not require an uninsured patient or self-pay patient to pay an amount more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater.

(b) (1) A ground ambulance provider shall only advance to collections the Medicare or Medi-Cal payment amount, as determined pursuant to subdivision (a), that the uninsured or self-pay patient failed to pay.

(2) The ground ambulance provider, or an entity acting on its behalf, including a debt buyer or assignee of the debt, shall not report adverse information to a consumer credit reporting agency or commence civil action against the individual for a minimum of 12 months after the initial billing regarding amounts owed by the individual pursuant to subdivision (a).

(3) With respect to an uninsured patient or self-pay patient, the ground ambulance provider, or an entity acting on its behalf, including an assignee of the debt, shall not use wage garnishments or liens on primary residences as a means of collecting unpaid bills pursuant to this section.

(c) Ground ambulance service providers remain subject to balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code.

SEC. 5. Section 10126.66 is added to the Insurance Code, to read:

10126.66. (a) (1) Unless otherwise required by this chapter, a health insurance policy issued, amended, or renewed on or after January 1, 2024, shall require an insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the insured would pay for the same covered services received from a contracting ground ambulance provider. This amount shall be referred to as the “in-network cost-sharing amount.”

(2) An insured shall not owe the noncontracting ground ambulance provider more than the in-network cost-sharing amount for services subject to this section. At the time of payment by the insurer to the noncontracting provider, the insurer shall inform the insured and the noncontracting provider of the in-network cost-sharing amount owed by the insured and shall disclose whether or not the insured’s coverage is regulated by the department or if the coverage is not state-regulated.

(b) (1) The in-network cost-sharing amount paid by the insured pursuant to this section shall count toward the limit on annual out-of-pocket expenses established under Section 10112.28.

(2) Cost sharing arising pursuant to this section shall count toward any deductible in the same manner as cost sharing would be attributed to a contracting provider.

(3) The in-network cost-sharing amount paid by the insured pursuant to this section shall satisfy the insured's obligation to pay cost sharing for the health service.

(c) A noncontracting ground ambulance provider shall only advance to collections the in-network cost-sharing amount, as determined by the insurer pursuant to subdivision (a), that the insured failed to pay.

(1) A noncontracting ground ambulance provider, or an entity acting on its behalf, including a debt buyer or assignee of the debt, shall not report adverse information to a consumer credit reporting agency or commence civil action against the insured for a minimum of 12 months after the initial billing regarding amounts owed by the insured pursuant to subdivision (a).

(2) With respect to an insured, a noncontracting ground ambulance provider, or an entity acting on its behalf, including an assignee of the debt, shall not use wage garnishments or liens on primary residences as a means of collecting unpaid bills pursuant to this section.

(d) (1) Unless otherwise agreed to by the noncontracting ground ambulance provider and the health insurer, the insurer shall directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as follows:

(A) If there is a rate established or approved by a local government, at the rate established or approved by the governing body of the local government having jurisdiction for that area or subarea, including an exclusive operating area pursuant to Section 1797.85 of the Health and Safety Code.

(B) If the local government having jurisdiction where the service was provided does not have an established or approved rate for that service, the reasonable and customary value for the services rendered, based upon statistically credible information that is updated at least annually and takes into consideration all of the following:

(i) The ambulance provider's training, qualifications, and length of time in practice.

(ii) The nature of the services provided.

(iii) The fees usually charged by the ambulance provider.

(iv) Prevailing ground ambulance provider rates charged in the general geographic areas in which the services were rendered.

(v) Other aspects of the economics of the ambulance provider's practice that are relevant.

(vi) Any unusual circumstances in the case.

(2) A local government has jurisdiction over the ground ambulance transport if either of the following applies:

(A) The ground ambulance transport is initiated within the boundaries of the local government's regulatory jurisdiction.

(B) In the case of ground ambulance transports provided on a mutual or automatic aid basis into another jurisdiction, the local government where the noncontracting ground ambulance provider is based.

(3) A payment made by the health insurer to the noncontracting ground ambulance provider for services as required in subdivision (a), plus the applicable cost sharing owed by the insured, shall constitute payment in full for services rendered.

(4) Notwithstanding any other law, the amounts paid by a health insurer for services under this section shall not constitute the prevailing or customary charges, the usual fees to the general public, or other charges for other payers for an individual ground ambulance provider.

(e) A health insurer or ground ambulance provider may seek relief in any appropriate court for the purpose of resolving a payment dispute. A ground ambulance provider may use a health insurer's existing dispute resolution process under Section 10123.137.

(f) This section does not affect the balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code.

SEC. 6. Section 10352 of the Insurance Code is repealed.

SEC. 7. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.