



2026 South Dakota Legislature

Senate Bill 211

Introduced by: **Senator Deibert**

1 **An Act to prohibit certain billing practices by ambulance service providers and**
 2 **establish reimbursement standards for out-of-network emergency medical**
 3 **services.**

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

5 **Section 1. That § 58-17-63 be AMENDED:**

6 **58-17-63.** For the purposes of ~~§§~~58-17-64, sections 2 to 8 inclusive, of this Act,
 7 §§ 58-18-63, 58-38-36, and 58-40-33, a health benefit plan is any hospital or medical
 8 policy or certificate, hospital or medical service plan, or health maintenance organization
 9 subscriber contract. The term does not include specified disease, hospital indemnity, fixed
 10 indemnity, fixed duration of one year or less, accident-only, credit, dental, vision,
 11 medicare supplement, long-term care, or disability income insurance, coverage issued as
 12 a supplement to liability insurance, workers' compensation or similar insurance, or
 13 automobile medical payment insurance.

14 **Section 2. That a NEW SECTION be added to chapter 58-17:**

15 Terms used in this Act mean:

- 16 (1) "Ambulance service," any ground ambulance service licensed pursuant to chapter
 17 34-11;
 18 (2) "Emergency medical services," ambulance transportation and prehospital
 19 emergency medical care provided to a patient;
 20 (3) "Out-of-network provider," an ambulance service provider that does not have a
 21 direct or contractual agreement with the patient's health benefit plan.

22 **Section 3. That a NEW SECTION be added to chapter 58-17:**

23 An ambulance service provider may not bill, attempt to collect from, or otherwise
 24 seek reimbursement from a patient for emergency medical services rendered on an out-

1 of-network basis, except for any coinsurance, copayment, or deductible amount, required
2 under the terms of the patient’s health benefit plan.

3 **Section 4. That a NEW SECTION be added to chapter 58-17:**

4 A health benefit plan must reimburse an out-of-network ambulance service
5 provider for emergency medical services at a rate not less than the rate established,
6 adopted, or recognized by the political subdivision from which the transport originated.

7 If no local rate has been established, adopted, or recognized, the reimbursement
8 must be the lesser of:

- 9 (1) The provider’s billed charge; or
- 10 (2) Three hundred twenty-five percent of the medicare allowable rate for the same
11 service.

12 A health benefit plan shall provide the reimbursement directly to the out-of-
13 network ambulance service provider no later than thirty days after receipt of a claim,
14 unless otherwise agreed to in writing by the plan and the provider.

15 **Section 5. That a NEW SECTION be added to chapter 58-17:**

16 On or before January 1, 2027, the Division of Insurance shall compile and post on
17 the division's website, ambulance reimbursement rates from any political subdivision that
18 has effectuated rates. The division shall update the posted rates annually.

19 If a political subdivision fails to submit its rates, as required by this section, an
20 ambulance service provider located in the political subdivision must be reimbursed at the
21 lesser of:

- 22 (1) The provider’s billed charge; or
- 23 (2) Three hundred twenty-five percent of the medicare allowable rate for the same
24 service.

25 **Section 6. That a NEW SECTION be added to chapter 58-17:**

26 Each ambulance service provider and health benefit plan shall furnish to a patient
27 a clear and concise explanation of benefits and a statement of any amount owed by the
28 patient.

29 With the exception of non-covered services, a patient is not liable for any amount
30 charged, beyond the applicable coinsurance, copayment, or deductible, required by the
31 patient's health benefit plan for emergency ambulance services.

1 **Section 7. That a NEW SECTION be added to chapter 58-17:**

2 Any person aggrieved by a violation of sections 3 to 6, inclusive, of this Act may
3 file a complaint with the Division of Insurance for appropriate relief. The division may
4 investigate any violation of sections 3 to 6, inclusive, and impose administrative penalties
5 or sanctions in accordance with chapter 58-4.

6 **Section 8. That a NEW SECTION be added to chapter 58-17:**

7 Sections 3 to 6, inclusive, of this Act do not apply to a self-funded employer health
8 plan, medicaid, medicare, or any other federally regulated program.