

2026 South Dakota Legislature

Senate Bill 211**AMENDMENT 211E
FOR THE INTRODUCED BILL**

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~~ 5 inclusive, of this
7 Act, §§ 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~~Two hundred seventy-five percent of the medicare
11 allowable rate for the same service.

12 A health benefit plan shall provide the reimbursement ~~for emergency medical~~
13 services rendered on an out-of-network basis directly to the ~~out-of-network~~ ambulance
14 service provider ~~no later than thirty days after receipt of a claim in accordance with the~~
15 provisions set forth in chapter 58-12, unless otherwise agreed to in writing by the plan
16 and the provider.

17

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

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

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

24 ~~(1) The provider's billed charge; or~~

25 ~~(2) Three hundred twenty five percent of the medicare allowable rate for the same service.~~

26

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

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

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

7

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

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

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

14 Sections ~~3 to 6~~ 2 to 5, inclusive, of this Act do not apply to a self-funded employer
15 health plan, medicaid, medicare, or any other federally regulated program.