



2026 South Dakota Legislature

Senate Bill 211

SENATE HEALTH AND HUMAN SERVICES ENGROSSED

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 5 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) Two hundred seventy-five percent of the medicare allowable rate for the same
11 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 ambulance service provider
14 in accordance with the provisions set forth in chapter 58-12, unless otherwise agreed to
15 in writing by the plan and the provider.

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

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

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

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

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