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Legal Background Briefings are prepared and updated periodically by the Legal Services Division of the Iowa Legislative Services Agency, a nonpartisan agency providing legislative drafting and research services to the committees and members of the Iowa General Assembly. The briefings provide background information regarding a particular area of law. Although a briefing may identify issues for consideration by the General Assembly, nothing contained in a briefing should be interpreted as advocating a particular course of action. The reader is cautioned against using information contained in a briefing to draw conclusions as to the legality of a particular behavior or set of circumstances.

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Legal Background Briefing on ...

Surprise Billing in Health Care

Overview

This Briefing provides legal background relating to current and pending federal and state activity regarding surprise billing in private health care insurance. This Briefing does not address billing related to Medicaid or Medicare.

Background

One of the unexpected costs of health care for many individuals is related to surprise billing, a form of balance billing.¹

Balance billing occurs when a health benefit plan (plan)² pays a health care provider (provider)³ or a health care facility (facility)⁴ that is out-of-network (OON)⁵ less than the amount the OON provider or OON facility is willing to accept for a covered service (service)⁶ that a covered individual (individual)⁷ has received. Because the OON provider or OON facility does not contract with the individual's plan, the OON provider or OON facility may bill the individual for the balance remaining between what the plan paid and the amount the OON provider or OON facility wants to be paid for the service. An example of balance billing is when an individual knowingly chooses to see an OON provider due to the OON provider's reputation rather than choosing a provider or facility that is in-network (IN),⁸ and the individual is held responsible for any amount billed by the OON provider or the OON facility that is not paid by the individual's plan.

Surprise billing, however, occurs when an individual unknowingly receives services from an OON provider or an OON facility or has no choice in which provider provides

a service or in which facility a service is provided. This may happen when an individual receives a nonemergency service, receives emergency transportation such as by ground or air ambulance, or receives emergency services from an OON provider or at an OON facility rather than from an IN provider or at an IN facility. In a nonemergency situation, an individual may select an IN provider or IN facility to provide a service (e.g. perform knee surgery) and be unaware that an OON provider (e.g. an anesthesiologist) is participating in the provision of the service or that a laboratory test necessitated by the surgery (e.g. a biopsy) is sent to an OON laboratory. This may occur when an IN facility contracts with OON providers to render services. In an emergency situation, an individual may not have the ability to ensure that the emergency transportation to a facility, a facility to which the individual is transported, or a facility the individual is admitted to is IN. If a facility is IN, the individual cannot ensure that all of the providers providing emergency services are also IN. Likewise, after an individual is stabilized and receiving ancillary services (e.g. cardiology), there is no guarantee that such services are provided by an IN provider or at an IN facility.

In addition, further costs may be incurred by an individual as some plans do not apply the amount an individual pays for a surprise bill to the individual's annual cost-sharing (copayment, deductible, or coinsurance) or out-of-pocket maximum.

Federal Landscape Related to Surprise Billing. The federal Employment Retirement Income Security Act of 1974 (ERISA),⁹ not state law, regulates self-funded company and union health plans.¹⁰ ERISA does not prohibit either balance billing or surprise billing. While the federal Patient Protection and Affordable Care Act (ACA)¹¹ limits what a plan can

charge an individual for receiving OON emergency services to the amount of the individual's cost-sharing if the emergency services were received IN,¹² it does not prohibit an OON provider or an OON facility from billing any rate the OON provider or OON facility chooses for providing the emergency services. The ACA also does not prohibit billing by a plan or provider for nonemergency OON services.

There is currently a significant amount of activity at the federal level related to surprise billing. In April 2019, the Congressional Research Service released research on the current status of surprise billing and proposed federal solutions.¹³ In May 2019, President Donald Trump introduced principles to guide Congress in the development of bipartisan legislation to end surprise billing,¹⁴ and the U.S. House Ways and Means Subcommittee on Health held a public hearing on surprise billing.¹⁵

U.S. House of Representatives. The U.S. House of Representatives introduced several bills in mid-2019 to address surprise billing. Each bill varies as to the type of plans, providers, facilities, and services to which the bill applies. Highlights of those bills are as follows:

- The "End Surprise Billing Act of 2019"¹⁶ requires certain hospitals, as a condition of participation in Medicare, to comply with certain requirements related to billing for OON services. The bill requires a facility to provide notice to an individual as to whether the facility or any of the providers furnishing services to the individual at the facility are OON. If so, the facility must provide the individual with the estimated out-of-pocket costs of the services. At least 24 hours prior to providing those services, the facility must document that the individual has been provided with the required notice and consents

to the services and to be charged an amount approximate to the estimate provided. If the facility fails to document the individual's consent, the bill prohibits the facility from charging the individual more than the individual would have been required to pay if the services had been furnished by an IN provider. The bill also prohibits an OON facility from charging an individual more for the provision of emergency services at the OON facility than the individual would be required to pay for such services furnished at an IN facility.

- The “No Surprises Act”¹⁷ places restrictions on charging individuals OON rates for certain services. The bill requires a plan that covers emergency services to reimburse a provider at the median IN reimbursement rate for a particular emergency service, even if the provider is OON. The bill also requires a plan to reimburse an OON provider the median IN reimbursement rate for nonemergency services that are provided by the OON provider at an IN facility. OON providers cannot bill individuals for the difference between the IN and OON rates for emergency services. The bill further prohibits OON providers from billing individuals for the difference in rates for nonemergency services provided at an IN facility unless the provider complies with specified notice and consent requirements. Even when complying with these requirements, an OON provider is prohibited from billing an individual for the difference in rates for such nonemergency services if the provider is based at the IN facility and is the only provider available to deliver the particular service at the facility. The bill allows individual states to determine a minimum payment standard for state-regulated plans.¹⁸ Prior to the

introduction of the bill in the House on July 9, 2019, the Subcommittee on Health of the House Committee on Energy and Commerce held a hearing on the bill on June 12, 2019.¹⁹

- The “Protecting People from Surprise Medical Bills Act”,²⁰ introduced June 16, 2019, prohibits surprise billing for certain emergency services, and certain nonemergency services provided by an OON provider at an IN facility. The bill provides for plans to pay OON providers a commercially reasonable rate, and also details negotiation and independent dispute resolution (IDR) processes to resolve payment disputes.
- **U.S. Senate.** The U.S. Senate has also introduced several bills related to surprise billing. Each Senate bill also varies as to the type of plans, providers, facilities, and services to which the bill applies.
- The “Stopping the Outrageous Practice of Surprise Medical Bills Act of 2019” (also known as the “STOP Surprise Medical Bills Act of 2019”)²¹ provides that an individual who receives OON emergency services, services from an OON provider at an IN facility, or OON nonemergency services as a result of being stabilized via emergency services is liable only for the IN cost-sharing amount as required by the individual's plan. In addition, any cost-sharing payments must apply to the individual's annual deductible and out-of-pocket maximum. The plan is required to pay the OON provider the median IN reimbursement rate, and any payment disputes must be resolved by binding IDR. A plan is required to identify the IN and OON deductible amounts and the out-of-pocket maximum limitations on all plan identification cards. The bill outlines the notice requirements

for plans and providers to provide an individual with the individual's expected cost-sharing amount for elective services and services ancillary to the elective services. A plan must also provide an individual with the individual's estimated out-of-pocket costs for services provided by all of the plan's IN providers. The bill does not prohibit states from enacting surprise billing protections that are greater than those provided in the bill.

- The "Lower Health Care Costs Act"²² provides that a plan must cover OON ancillary services received at an IN facility at IN rates, and all cost-sharing must count towards an individual's deductible and out-of-pocket maximum. The bill contains requirements for notice and consent when an individual receives OON nonemergency services. In addition, the bill provides protections from surprise medical bills for emergency services and any ancillary services at an OON facility, and establishes a median in-network benchmark for reimbursement of OON providers. The bill preserves a state's right to determine appropriate compensation rates for OON services. On July 16, 2019, the Congressional Budget Office (CBO) issued a cost estimate for the bill.²³

State Protections

Some states have taken steps to provide individuals with protections from surprise billing.²⁴ State protections, however, are limited by ERISA which exempts self-insured, employer-sponsored plans from state jurisdiction. In addition, each state's protections vary as to the specific plans, providers, facilities, and services to which the protections apply.

Examples of states with surprise billing protections prior to 2019 include New

York, Florida, California, Connecticut, New Jersey, Illinois, and Iowa.

- In 2015, New York was the first state to enact a law that addressed surprise billing. New York²⁵ prohibits billing in excess of IN rates for emergency services and for nonemergency services in which OON services are received in an IN facility and an individual either did not receive notice of the OON services as required by law or was not given the opportunity to select an IN provider. New York also has transparency requirements for certain plans, allows for payment standards for OON services as determined by an arbiter if necessary, and has an IDR process to resolve disputes regarding surprise bills. A recently published review of New York's surprise billing law notes that individual use of the IDR process increased significantly from 2015 to 2017.²⁶ The report also notes that individuals may benefit further if New York enhances the state's network adequacy standards and the network disclosure requirements, and also prohibits a provider from billing an individual in excess of an individual's cost-sharing as required by the individual's plan.²⁷
- Florida passed comprehensive surprise billing legislation in 2016.²⁸ Florida requires a plan to pay for emergency services provided to an individual by an OON provider and the plan may only impose cost-sharing on the individual if such cost-sharing would be imposed if the emergency services were provided by an IN provider. If an individual does not have the option or the ability to choose an IN provider for the provision of nonemergency services at an IN facility, a plan is also responsible for payment to the OON provider and the individual is responsible for cost-sharing at the IN provider rate. In each case, the

OON provider must be reimbursed the lesser of the OON provider's charges, the usual and customary provider charges for similar services in the community where the services were provided, or the charge mutually agreed upon by the plan and the OON provider within 60 days of the submittal of the claim. The OON provider may collect any cost-sharing amounts that are due from the individual, or collect for any services that were provided and are not covered by the individual's plan. Payment disputes must be resolved via a voluntary dispute resolution process or in a court of competent jurisdiction.

- California²⁹ adopted protections similar to New York in 2016. In addition, California requires that any cost-sharing required of an individual for services provided by an OON provider at an IN facility must be applied to the individual's annual cost-sharing and out-of-pocket maximum. A bill was introduced on February 22, 2019, that would have expanded protections against surprise billing for emergency services and post-stabilization care for individuals enrolled with almost all plans, including employer-sponsored plans.³⁰ The bill was pulled by the sponsor on July 10, 2019, due to opposition.
- Connecticut,³¹ in 2016, also adopted protections similar to New York; however, Connecticut does not have mandated IDR for disputes concerning surprise bills. The Connecticut law deems it an unfair trade practice for a provider to request payment, other than the cost-sharing required per an individual's plan, from an individual for a covered emergency service provided by an OON provider.³² During the 2019 Legislative Session, Connecticut broadened the definition of "surprise bill," effective January 1, 2020, to

include a provider's bill to an individual for nonemergency services provided by an OON laboratory if the individual was referred to the OON laboratory by an IN provider.³³

- New Jersey, unlike New York, does not include the term "surprise bill" in its law. The New Jersey law, however, includes protections similar to New York and, in addition, includes comprehensive disclosure obligations.³⁴ New Jersey adopted these protections in 2018. For a nonemergency service, a facility must disclose to an individual whether the facility is IN. In addition, a facility must post on its internet site all plans for which it is an IN facility, a statement that provider services are not included in the facility's charges, a statement that providers at the facility may not participate in the same plans as the facility, the contact information for all providers that the facility contracts with, the telephone number of the providers employed by the facility, and the plans in which each provider participates. In addition, individual providers must disclose the plans in which each provider participates, disclose to an individual seeking services if the provider is IN with the individual's plan, provide an individual with a billing estimate if requested by the individual, advise an individual of any responsibility the individual may have for payment of OON services, and promptly notify an individual if the provider leaves the individual's network during the individual's course of treatment. Self-funded ERISA plans may voluntarily elect to be subject to the claims processing and arbitration provisions of the New Jersey law.³⁵ The New Jersey Department of Banking and Insurance has published information

on its Internet site to help the public navigate the law.³⁶

- Illinois³⁷ adopted surprise billing protections in 2011 and has many protections similar to New York. In addition, the Illinois Department of Insurance is required to publish a list of arbitrators selected from the American Arbitration Association or the American Health Lawyers Association that are approved to provide binding arbitration for a payment dispute between a plan and an OON provider.³⁸
- While Iowa adopted surprise billing protections in 1999, the protections are limited. A plan that covers health care services, including emergency services, that is subject to Iowa's insurance laws and regulations or to the jurisdiction of the Iowa Insurance Commissioner must cover all provider charges for emergency services provided to an individual, including services furnished by an OON provider.³⁹ Covered emergency services include all services necessary to evaluate and to stabilize an emergency medical condition.⁴⁰

States that recently enacted legislation related to surprise billing include the following:

- Washington enacted the "Balance Billing Protection Act,"⁴¹ effective January 1, 2020, that modifies billing requirements related to the coverage of emergency services, regulates surprise billing for services received from an OON provider at an IN facility, and authorizes arbitration of billing disputes between plans and OON providers. The Washington State Office of the Insurance Commissioner has provided information to the public concerning the new law.⁴²
- Nevada's AB 469⁴³ requires a provider to notify an individual's plan within eight

hours of the individual presenting for certain emergency services at an OON facility, and again within 24 hours of the OON facility stabilizing the individual. Within 24 hours of the notification that the individual is stabilized, under certain circumstances, the plan must arrange for the individual to transfer to an IN facility. The law, effective January 1, 2020, also prohibits an OON provider or OON facility from billing an individual more than the individual's cost-sharing amount, as required by the individual's plan, for certain emergency services provided by the OON provider or OON facility. The law also sets reimbursement rates that a plan must pay an OON provider or OON facility for providing emergency services. The reimbursement rate is based in part on whether the OON provider or OON facility has had a contract with the plan as an IN provider or an IN facility within the 12-month period immediately preceding the date of the provision of such services.

- Colorado enacted House Bill 1174,⁴⁴ effective January 1, 2020. The law requires certain plans, facilities, and providers to provide individuals with information concerning the potential financial impact of receiving services from OON providers. The law prohibits surprise billing for certain emergency services delivered by an OON provider or at an OON facility, and for certain OON services delivered at an IN facility. In addition, the law establishes reimbursement rates for OON providers that provide nonemergency services at IN facilities and for OON providers and OON facilities that provide emergency services.
- New Mexico's "Surprise Billing Protection Act"⁴⁵ requires a provider that knows that an individual's plan is OON

to advise the individual the provider is OON, and to recommend that the individual contact the individual's plan to discuss options. The law, effective January 1, 2020, also prohibits surprise billing for certain emergency services, for services delivered by an OON provider at an IN facility, for medically necessary care delivered OON if such care is not available IN, and for OON services for which an individual did not consent. The law also establishes a reimbursement rate for services provided by OON providers.

- Texas enacted SB 1264⁴⁶ which establishes reimbursement standards, provides factors that a mediator may consider in certain provider mediations, requires plans to include certain information related to surprise billing and cost-sharing on the plan's explanation of benefits, and requires providers to give individuals specific information related to fees and billing. The law applies to services provided on or after January 1, 2020. Texas also enacted HB 2041,⁴⁷ which subjects specific freestanding emergency medical care facilities to certain state laws governing surprise billing. This law became effective September 1, 2017.

Ground and Air Ambulances

Currently, there are no federal laws or regulations related to surprise billing and ground and air ambulances. None of the bills addressing surprise billing that were recently proposed by either the U.S. House of Representatives or the U.S. Senate addressed surprise billing relating to ground ambulance transportation services. Two recent federal bills, however, addressed surprise billing relating to air ambulances:

- The "Air Ambulance Affordability Act of 2019,"⁴⁸ introduced in the U.S. House

of Representatives on July 16, 2019, provides that an individual can only be billed for the individual's IN cost-sharing amount per the individual's plan for certain services provided by an OON air ambulance. The bill also provides for an IDR process to resolve payment disputes between OON providers and plans.

- The "Lower Health Care Costs Act," placed on the U.S. Senate legislative calendar on July 8, 2019, contains provisions limiting surprise billing for certain transportation services provided by air ambulances.⁴⁹

State regulation of air ambulances is complicated by federal preemption via the Airline Deregulation Act.⁵⁰ Florida's Insurance Consumer Advocate released a White Paper in June 2018 that analyzed emergency medical transportation costs in Florida and provided recommendations to address such costs.⁵¹ The United States Government Accountability Office (GAO) released a comprehensive study in March 2019 on air ambulances including the extent of OON transportation and surprise billing, and the approaches several states (Montana, New Mexico, North Dakota, and Texas) have taken to limit such surprise billing.⁵²

Michigan's air ambulance law became effective March 19, 2019. The law requires an aircraft transportation provider or a rotary aircraft ambulance provider to provide specific notice to an individual requiring transportation for nonemergency medical purposes of the estimated costs of such transportation, if the provider is IN for the individual's plan, and of the individual's right to request transportation by an IN provider.⁵³ The law restricts the amount that an aircraft transportation provider or a rotary aircraft ambulance provider can charge an individual if the provider fails

to provide the required notices, and also restricts the amount the provider may bill an individual for either emergency or nonemergency transportation.⁵⁴ The law also requires a facility to allow an OON aircraft transportation provider or an OON rotary aircraft ambulance provider to land at a facility if the facility is IN for the individual being transported and the individual has requested to be transported to such a facility.⁵⁵

State legislation regarding ground ambulance services is complicated in part by the fact that ground ambulance services may be private or operated by local or municipal governments. Some recent state legislation has specifically excluded ground ambulance services (e.g. New Mexico⁵⁶).

National Association of Insurance Commissioners Model Act

In the fall of 2015, the National Association of Insurance Commissioners (NAIC) adopted revisions to NAIC's Health Benefit Plan Network Access and Adequacy Model Act (Model Act)⁵⁷ to provide some protections for individuals from surprise billing. NAIC's Center for Insurance Policy and Research released a summary⁵⁸ and a brief⁵⁹ that provide some background relating to the changes in the Model Act. The Model Act does not address either air ambulance or ground ambulance surprise billing. While the Model Act does not in itself carry the force of law, it does provide a framework that states may use as a guide to take legislative action.

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¹ The terms "surprise billing" and "balance billing" are often used interchangeably by the press, insurance entities, medical professionals, elected officials, and private individuals. For purposes of this Briefing, surprise billing is treated as a subcategory of balance billing.

² As used in this briefing, "plan" means a policy, contract, certificate, or agreement offered or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.

³ As used in this briefing, "provider" means a physician or other health care practitioner licensed, accredited, registered, or certified to perform specified health care services consistent with a state's law.

⁴ As used in this briefing, "facility" means an institution that provides health care services or a health care setting that may include but is not limited to hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, diagnostic, laboratory and imaging centers.

⁵ As used in this briefing, "OON" means a provider or a facility that is not contracted with a plan to accept a predetermined rate from the plan for a service provided to an individual covered by the plan.

⁶ As used in this briefing, "service" means health care services to which a covered individual is entitled under the terms of a health benefit plan.

⁷ As used in this briefing, "individual" means a policyholder, subscriber, enrollee, or other individual participating in a health benefit plan.

⁸ As used in this briefing, "IN" means a provider or facility contracted with a plan to accept a predetermined rate from the plan for a service provided to an individual.

⁹ 29 U.S.C. §§1001-1461 (1974).

¹⁰ Under the doctrine of preemption, federal law displaces state law, even when the federal and state laws conflict.

¹¹ Pub. L. No. 111-148, 124 Stat. 119 (2010) as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029 (2010).

¹² 42 U.S.C. §300gg-6(b).

¹³ Wen S. Shen, Cong. Research Serv., LSB 10284, Balance Billing: Current Legal Landscape and Proposed Federal Solutions (2019).

¹⁴ Remarks on Surprise Medical Billing and an Exchange With Reporters, 2019 Daily Comp. Pres. Doc. 291 (May 9, 2019).

¹⁵ Protecting Patients from Surprise Medical Bills: Hearing Before the Subcomm. on Health of the H. Comm. on Ways and Means, 116th Cong. (May 21, 2019).

¹⁶ H.R. 861, 116th Cong., 1st Sess. (2019).

¹⁷ H.R. 3630, 116th Cong., 1st Sess. (2019) (as forwarded by the Subcomm. on Health of the H. Energy

and Commerce to the full Comm. by voice vote, July 11, 2019).

¹⁸ The language in the bill specifically addresses federal preemption and allows a state to enact a law that conflicts with the federal law, as long as the state law provides surprise billing protections that are greater than those provided in the bill.

¹⁹ No More Surprises: Protecting Patients from Surprise Medical Bills: Hearing Before the Subcomm. on Health of the Comm. on Energy and Commerce, 116th Cong., 1st Sess. (2019).

²⁰ H.R. 3502, 116th Cong., 1st Sess. (2019) (as introduced in the House, June 26, 2019).

²¹ S. 1531, 116th Cong., 1st Sess. (2019) (as introduced in the Senate, May 16, 2019).

²² S. 1895, 116th Cong., 1st Sess. (2019) (as reported without written report with an amendment in the nature of a substitute by S. Comm. on Health, Education, Labor, and Pensions, July 8, 2019).

²³ U.S. Cong. Budget Office, Cost Estimate, S.1895, Lower Health Care Costs Act (July 2019), www.cbo.gov/system/files/2019-07/s1895_0.pdf.

²⁴ Colleen Becker, Counteracting Surprise Medical Billing, National Conference of State Legislatures (March 2019), www.ncsl.org/research/health/counteracting-surprise-medical-billing.aspx.

²⁵ N.Y. Pub. Health §24 (Consol. 2019); N.Y. Fin. Serv. §§601-608 (Consol. 2019); N.Y. Ins. §3241(c) (Consol. 2019).

²⁶ NYS Health Found, Issue Brief: New York's Efforts to Reform Surprise Medical Billing (February 2019), nyshealthfoundation.org/wp-content/uploads/2019/02/new-yorks-efforts-to-reform-surprise-medical-billing.pdf (last visited August 23, 2019).

²⁷ Id. at 9-10.

²⁸ (codified at Fla. Stat. Ann. §§395.301, 408.7057, 627.64194, 627.6471, 627.662(15), 641.513).

²⁹ Cal. Health & Safety Code §§1371.9, 1371.30-1371.31 (West 2019); Cal. Ins. Code §§10112.8-10112.82 (West 2019).

³⁰ AB 1611, 2019-2020 Leg., Reg. Sess. (Cal. 2019).

³¹ Conn. Gen. Stat. §§38a-477aa, §§38a-477bb (2019).

³² Conn. Gen. Stat. §20-7(f) (2019).

³³ HB 7424, 2019 Gen. Assemb., Reg. Sess. §240 (to be codified at 38a-477aa(a)) (Conn. 2019).

³⁴ N.J. Stat. Ann. §§26:2SS-1 – 26:2SS-20 (West 2019).

³⁵ N.J. Stat. Ann. §§26:2SS-9(d) (West 2019).

³⁶ State of New Jersey, Dept. of Banking and Insurance, Out-of-Network Consumer Protections, www.state.nj.us/dobi/division_consumers/insurance/outofnetwork.html. (last visited Oct. 17, 2019).

³⁷ 215 ILCS 5/356z.3 – 5/356z.3a (West 2019).

³⁸ 215 ILCS 5/356z.3a(e) (West 2019).

³⁹ Iowa Code §514C.16(1) (2020).

⁴⁰ Iowa Code §514C.16(3)(b) (2020).

⁴¹ HB 1065, 2019 Reg. Sess. (Wash. 2019).

⁴² Office of the Ins. Comm'r Wash. State, Surprise Medical Billing, www.insurance.wa.gov/surprise-medical-billing (last visited Aug. 27, 2019).

⁴³ AB 469, 2019 Leg., 80th Sess. (Nev.).

⁴⁴ HB 19-1174, 72nd Gen. Assemb., First Reg. Sess. (Colo. 2019).

⁴⁵ SB 337, 54th Leg., 1st Sess. (N.M. 2019).

⁴⁶ SB 1264, 86th Leg., Reg. Sess. (Tex. 2019).

⁴⁷ HB 2041, 86th Leg., Reg. Sess. (Tex. 2019).

⁴⁸ H.R. 3784, 116th Cong., 1st Sess. (2019) (as introduced in the House, July 16, 2019).

⁴⁹ S. 1895, 116th Cong., 1st Sess. (2019), §105, (as reported without written report with an amendment in the nature of a substitute by S. Comm. on Health, Education, Labor, and Pensions, July 8, 2019).

⁵⁰ 49 U.S.C. §41713 (2019).

⁵¹ Office of the Ins. Consumer Advocate, Emergency Medical Transportation Costs in Florida (June 2018), www.myfloridacfo.com/Division/ICA/EMTWhitePaper.pdf (last visited August 27, 2019).

⁵² U.S. Gov't Accountability Office, GAO-19-292, Air Ambulance Available Data Show Privately-Insured Patients Are at Financial Risk, (March 2019), gao.gov/assets/700/697683.pdf.

⁵³ Mich. Comp. Laws §§333.20921b(1)-(2), 333.20932a(1)-(2)(2019).

⁵⁴ Mich. Comp. Laws §§333.20921b(4)-(5), 333.20932a(4)-(5)(2019).

⁵⁵ Mich. Comp. Laws §§333.20921c, 333.20932b, 333.21542(2019).

⁵⁶ SB 337, 54th Leg., First Sess. (N.M. 2019).

⁵⁷ Health Benefit Plan Network Access and Adequacy Model Act No. I-74, (Nat'l Ass'n of Ins. Comm'rs 2015).

⁵⁸ Nat'l Ass'n of Ins. Comm'rs, Center for Ins. Policy and Research, Network Adequacy (last updated April 18, 2019), www.naic.org/cipr_topics/topic_network_adequacy.htm.

⁵⁹ Nat'l Ass'n of Ins. Comm'rs, Center for Ins. Policy and Research, State Legislative Brief, The NAIC Network Adequacy Model Act (December 2018), www.naic.org/documents/cmte_legislative_liaison_brief_network_adequacy.pdf.