

**Department of Planning and Budget
2026 General Assembly Session
State Fiscal Impact Statement**

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ORIGINAL

Bill Number: SB593 **Patron:** Perry
Bill Title: Health insurance; balance billing protection, emergency medical services vehicle transportation.

Bill Summary: Prohibits an out-of-network health insurance provider from balance billing any enrollee for transportation provided by an emergency medical services vehicle, defined in the bill as any vehicle, vessel, or aircraft that holds a valid permit issued by the Office of Emergency Medical Services and that is equipped, maintained, or operated to provide emergency medical care or transportation of patients who are sick, injured, wounded, or otherwise incapacitated or helpless.

Budget Amendment Necessary: Potentially **Items Impacted:** 469

Explanation: Additional general fund amounts would be needed to fund additional costs to the Health Insurance Fund. The amount required is currently unknown and would depend on the actual costs incurred as a result of this legislation.

Fiscal Summary: Preliminary - This legislation will likely result in additional costs to the Health Insurance Fund, which pays health insurance claims for state employees. The Health Insurance Fund is funded through a mix of premiums charged to state employees, the general fund, and nongeneral fund sources.

Fiscal Analysis: This legislation prohibits out-of-network providers from balance billing transportation provided by an emergency medical services vehicle. The Department of Human Resource Management (DHRM) indicates that this bill will create a fiscal impact to the state employee health plan. Under existing law governing balance billing practices, enrollees are only obligated to pay the in-network cost-sharing requirement of the enrollee's health plan. DHRM provides that adding transportation provided by an emergency medical services vehicle to the prohibited balance billing services would result in costs that would have been paid by enrollees shifting to the state employee health plan. Using recent available claim data, DHRM estimates a cost impact in a typical year of approximately \$131,000. This amount could be higher or lower, depending on actual utilization.

Additional costs for such claims will be paid out of the Health Insurance Fund (HIF), which is funded through premiums charged to state employees and their employing agencies. Agencies use general fund, nongeneral fund, or some combination of the two to make these premiums, depending on the fund sources available to the agency and from which source the employee is regularly paid. A portion of these costs, approximately 15 percent, would be paid by members of the state employee health plan, either through co-pays, co-insurance, or increased premiums. The remaining 85 percent would be charged to state agencies through higher premiums, which are currently paid 50 percent from the general fund and 50 percent from nongeneral fund

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sources. Increased health insurance premiums would require additional general fund appropriation be provided to state agencies.

Other: None.