HOUSE BILL REPORT HB 1187

As Reported by House Committee On:

Health Care & Wellness

Title: An act relating to protecting patients involved in motor vehicle accidents from delayed ambulance bills.

Brief Description: Protecting patients involved in motor vehicle accidents from delayed ambulance bills.

Sponsors: Representatives Ryu, Thai, Obras, Macri, Paul, Callan, Pollet, Fey and Kloba.

Brief History:

Committee Activity:

Health Care & Wellness: 1/28/25, 2/19/25 [DPS].

Brief Summary of Substitute Bill

• Prohibits ambulance services from selling or assigning debt to collection agencies until 120 days after an initial billing statement is sent to a patient or other responsible party for ambulance services following a motor vehicle accident.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 19 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Davis, Engell, Low, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe, Thai and Tharinger.

Staff: Kim Weidenaar (786-7120).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Ambulance Service.

The Department of Health (DOH) is responsible for licensing emergency medical services agencies, including ambulance services that operate both ground and air ambulance services. Ground ambulance services are provided by many different types of public, private, and tribal entities.

Collection Agencies.

Collection agencies are regulated by both state and federal law. Collection agencies are licensed by the Department of Licensing under the state Collection Agency Act (CAA) and are also subject to the federal Fair Debt Collection Practices Act (FDCPA) when collecting consumer debt. The CAA and FDCPA define collection agencies as persons or entities directly or indirectly engaged in soliciting claims for collection, or collecting or attempting to collect claims owed or due or asserted to be owed or due to another person. Also included are those collecting on their own behalf under another name, which would indicate to the debtor that a third person is attempting to collect the claim.

Health care facilities and health care providers are prohibited from selling or assigning medical debt to a collection agency until 120 days after a patient or other responsible person was sent an initial billing statement.

Automotive Insurance.

Every person in this state who operates a private passenger motor vehicle must be insured under an insurance liability policy, a liability bond, a certificate of deposit, or be selfinsured. Automobile insurers must offer personal injury protection coverage and underinsured automobile coverage. Insurers also may offer any type of coverage in any amount that is filed with and approved by the Insurance Commissioner (Commissioner).

Summary of Substitute Bill:

An ambulance service may not sell or assign medical debt related to ambulance services following a motor vehicle accident to a collection agency until 120 days after a patient or other responsible party was sent an initial billing statement. Motor vehicle accidents include incidents where a pedestrian or bicyclist is struck or otherwise injured by a motor vehicle.

If the Commissioner has cause to believe that any ambulance service has engaged in a pattern of unresolved violations of the billing and notice provisions, the Commissioner may submit information to the DOH for action. Prior to submitting information to the DOH, the Commissioner may provide the ambulance service with an opportunity to cure the alleged violations. If any ambulance service has engaged in a pattern of unresolved violations, the DOH may levy fines or take other actions as authorized. Upon completion of its review of any potential violation, the DOH must notify the Commissioner of the results of the review.

Substitute Bill Compared to Original Bill:

The substitute bill:

- removes the requirement for the DOH to create the consumer notice;
- removes the requirement that the ambulance service must attempt to collect insurance information during transportation or within 60 days of transportation following a motor vehicle accident and provide the DOH-created consumer notice;
- prohibits ambulance services from selling or assigning medical debt to collection agencies for ambulance transports following motor vehicle accidents for at least 120 days after the initial billing statement was provided to the patient or other responsible party; and
- authorizes the Commissioner to submit information to the DOH if the Commissioner has cause to believe that an ambulance service has engaged in a pattern of unresolved violations of the billing requirement and authorizes the DOH to take authorized actions against the ambulance service.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill contains multiple effective dates. Please see the bill.

Staff Summary of Public Testimony:

(In support) Individuals have been turned over to collections following ambulance services without ever receiving a bill from the ambulance service provider. While individuals with experience in insurance would know how to handle this situation, many Washingtonians do not. Ambulance company's billing systems need to be improved so that others do not face this situation. There are currently no laws or rules regarding this situation that apply to ambulances.

The consumer protection and education elements of the bill are supported, and it is important that consumers know their rights and insurance coverage options when they are involved in a motor vehicle accident. There are some concerns from the Ground Ambulance Advisory Group, and others have suggested amendments regarding the development of the notice and the enforcement mechanisms.

(Opposed) The primary task for ambulance services is taking care of patients. Billing has always taken a back seat. At the time of an incident, particularly following a motor vehicle accident, is not the best time to collect billing and insurance information. There is also a lot of nuance following motor vehicle accidents since what insurance applies depends on who is at fault. Ambulance services already need to provide two other notices to patients. A third notice would be difficult, and people are not really paying attention to them during transportation. Ambulance services want to protect patients from undue billing and want to get paid in a timely manner.

Persons Testifying: (In support) Representative Cindy Ryu, prime sponsor; and Sydney Rogalla, Office of the Insurance Commissioner.

(Opposed) Shaun Ford, Washington Fire Chief's Association; and Mike Battis, WA Ambulance Association.

Persons Signed In To Testify But Not Testifying: None.