

# Emergency Ground Ambulance Costs: Trends and Policy Implications

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## Key Takeaways

- The No Surprises Act, which went into effect in 2022, does not cover ground ambulances due to the complicated nature of how these services are provided.
- This study found that charges for emergency ground ambulance services, which are used in some state surprise billing laws to determine out-of-network ambulance payments, have risen by 30 percent above medical inflation since 2012.
- As states work toward protecting patients from out-of-network balance bills for emergency ground ambulance rides, they may look to in-network allowed cost benchmarks—as described in this paper—when determining fair ground ambulance payments.

# Overview

**Ground ambulance services, which are frequently out-of-network, are not covered by the No Surprises Act, a law which protects patients nationally from surprise billing for hospital-based emergency care, non-emergency care at in-network facilities, and air ambulance services. When ground ambulance services are out-of-network and not subject to state surprise billing laws, patients may be balance billed for these services.**

As federal and state lawmakers have considered how to protect patients from surprise ground ambulance bills, particularly for emergency ground ambulance services, questions have arisen regarding the appropriate payment for out-of-network ambulance services. To provide context around the cost of both in- and out-of-network emergency ambulance services, this paper describes the trends in the cost of emergency ground ambulance services for commercially insured individuals since 2012.

## Background

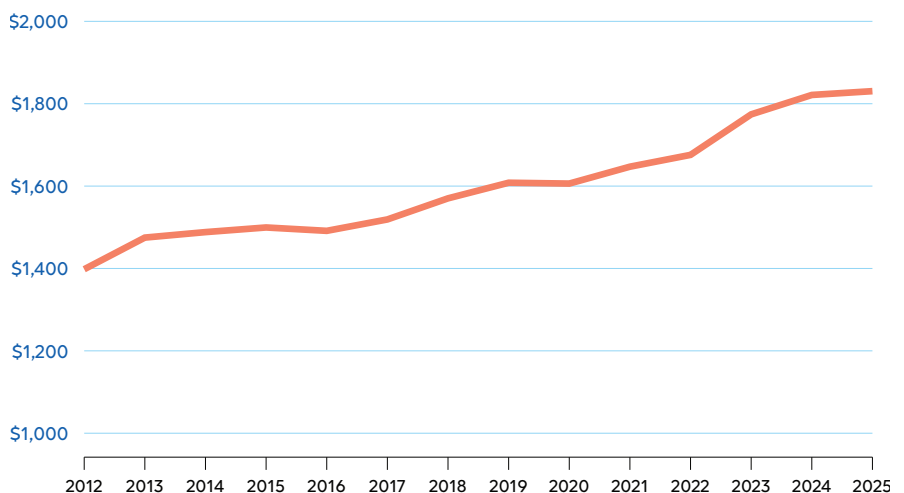
**Ambulances have historically been one of the largest sources of surprise bills in the United States; a 2020 study found that in 2013-2017, 71 percent of all ambulance rides involved potential surprise bills.<sup>1</sup>**

The No Surprises Act, which went into effect in 2022, does not cover ground ambulances due to the complicated nature of how these services are provided; instead, the law called for an advisory committee to propose solutions. The committee provided recommendations in 2024, including having a payment standard for reimbursement, though the recommendations did not offer guidance on what the standard for payment rates should be.<sup>2</sup> Furthermore, as Congress has not yet enacted legislative changes, there are presently no federal protections for ground ambulance surprise billing. Meanwhile, ambulance costs have been rising; charges for emergency ground ambulance services have risen by 30 percent above medical inflation since 2012 and by 9 percent since 2022 (Figure 1).

**Figure 1**

### **Average Emergency Ground Ambulance Charges per Ride (Adjusted for Medical Inflation)**

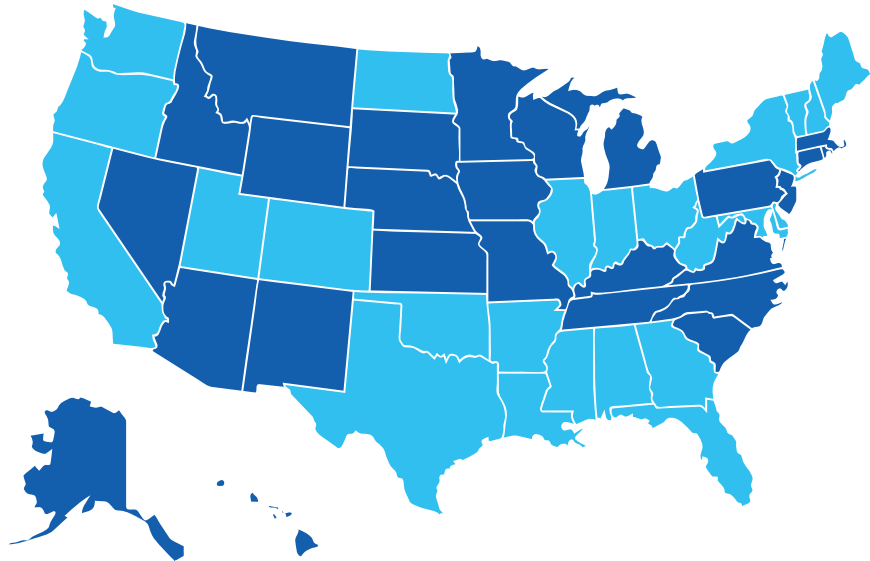
**Note.** Data from Elevance Health claims in all 50 states and DC. Charges were inflation-adjusted to 2025 dollars using the Consumer Price Index for medical care.



In the absence of federal protections, 24 states (as of June 2026) have enacted surprise billing laws that include provisions for emergency ground ambulance services<sup>3</sup> (Figure 2). These state laws—which only cover fully insured health plan members (i.e., they do not cover members with employers who self-insure)—provide protections aimed at limiting patients’ financial exposure for out-of-network ground ambulance services, either by directly prohibiting balance billing for ground ambulance services or by establishing transparent methodologies for determining out-of-network reimbursement levels.

**Figure 2**  
**Emergency Ground Ambulance Surprise Billing Laws by State, as of June 2026**

■ Has Ground Ambulance Protections  
 ■ Does Not Have Ground Ambulance Protections



**Source.** The Commonwealth Fund. (2026, June 16). Expanding the No Surprises Act to Protect Consumers from Surprise Ambulance Bills: Map of State Laws. Retrieved June 26, 2026, from <https://www.commonwealthfund.org/publications/maps-and-interactives/expanding-no-surprises-act-protect-consumers-surprise-ambulance>.

While these legislative efforts are designed to protect consumers from unexpected financial burdens and resolve payment disputes between ambulance providers and insurers, certain state laws may inadvertently lead to increased costs for ambulance services. For example, a study of New York’s 2015 surprise billing law, which was one of the first state laws to protect patients from surprise bills for ambulance services, found that the law was associated with a 13 percent increase in ground ambulance prices.<sup>4</sup> Furthermore, since 2023, at least seven states have passed laws that include provisions for out-of-network commercial payments for ambulance services to be paid up to 325 percent or even 400 percent of the Medicare fee schedule.<sup>5</sup> These rates are much higher than average payment-to-Medicare ratios for emergency ground ambulance services in most states currently (presented later in this paper).

Additionally, these rates contrast with a 2025 report commissioned by New Hampshire that suggested a price of approximately 200 percent of the Medicare rate as fair payment for both emergency and non-emergency transport procedure codes;<sup>6</sup> this estimate is consistent with average commercial prices relative to Medicare prices for hospital services nationwide.<sup>7</sup> These developments underscore the need for a balanced approach that safeguards patients from surprise bills while also considering the implications for the affordability of the healthcare system.

To inform ongoing policy debates on appropriate reimbursement for out-of-network emergency ground ambulance services, this paper examines trends in emergency ground ambulance billed charges and allowed costs (i.e., total in-network payments and covered out-of-network payments) for both in- and out-of-network ambulance services. Furthermore, it compares commercial ground ambulance charges to Medicare payment benchmarks as these two metrics are commonly used in state laws to determine out-of-network ambulance payments.

## Methods

**This retrospective study used medical claims data for emergency ground ambulance services from Elevance Health-affiliated commercial health plans in all 50 states and DC between January 1, 2012, and September 30, 2025. Emergency ground ambulance claims (containing one claim line with HCPCS code A0427, A0429, or A0433) were identified among commercially insured members, aged 0-64.**

For each ambulance claim, we determined the following characteristics: network status (in- versus out-of-network), services provided (e.g., mileage, basic life support), geographic location of the ride at the ZIP code level, pickup and drop off location of the ride (e.g., from home to hospital), urbanicity, billed charges, and allowed cost. The following types of rides were included: home to hospital; residential, domiciliary, or custodial facility to hospital; scene of accident to hospital; or rides originating from a hospital. The services provided, geographic location, and urbanicity of the ride were matched to Medicare Fee-for-Service (FFS) ambulance pricing data from the Centers for Medicare & Medicaid Services to determine what the price of the same ambulance service would have been for a Medicare FFS beneficiary.<sup>8</sup>

The analysis displays trends in mean charges and allowed costs, in addition to trends in these costs compared with Medicare prices, from 2012 through 2025. All costs were adjusted based on Consumer Price Index medical inflation<sup>9</sup> (i.e., an increase in cost over time would indicate costs rising faster than for other healthcare), and costs were capped at the 5<sup>th</sup> and 95<sup>th</sup> percentiles to reduce the influence of outliers. For some trends, we included stratifications by network status, state of the ambulance ride, and urbanicity as defined under Medicare payment rules for ambulance rides.<sup>10</sup>

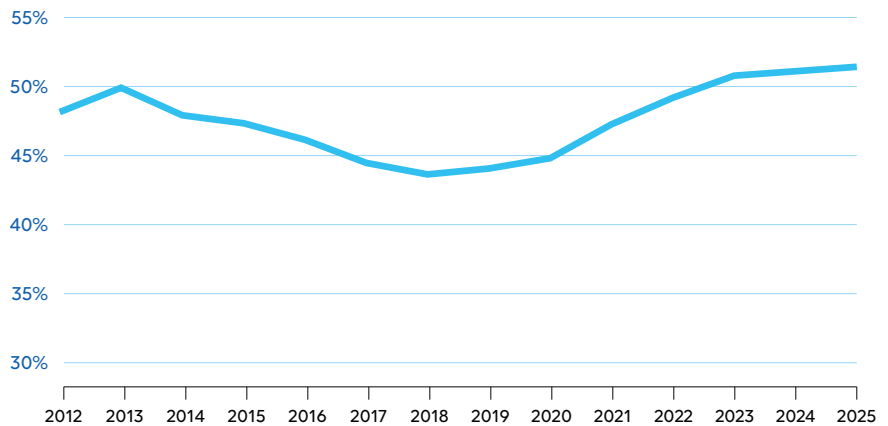
# Results

The percentage of emergency ground ambulance rides that were out-of-network remained relatively stable between 2012 and 2025, ranging from 44 percent to 51 percent (Figure 3). By state, though, the percentage of out-of-network rides varied substantially. For instance, nearly 90 percent of rides in California and Hawaii were out-of-network compared to less than 10 percent of rides in North Dakota, Nebraska, Mississippi, and West Virginia (Figure 4).

In-network charges and out-of-network charges each rose approximately 30 percent from 2012 to 2025, after accounting for medical inflation. Meanwhile, in- and out-of-network allowed costs remained relatively stable, each increasing between 3 and 6 percent from 2012 to 2025, after accounting for medical inflation (Figure 5). While the out-of-network allowed costs and charges are higher than in-network ones, some of this is due to geography; for example, California, which has very high costs for ambulances compared with other states, is almost all out-of-network.

**Figure 3**  
**Percentage of Emergency Ground Ambulance Rides that Were Out-of-Network, 2012–2025**

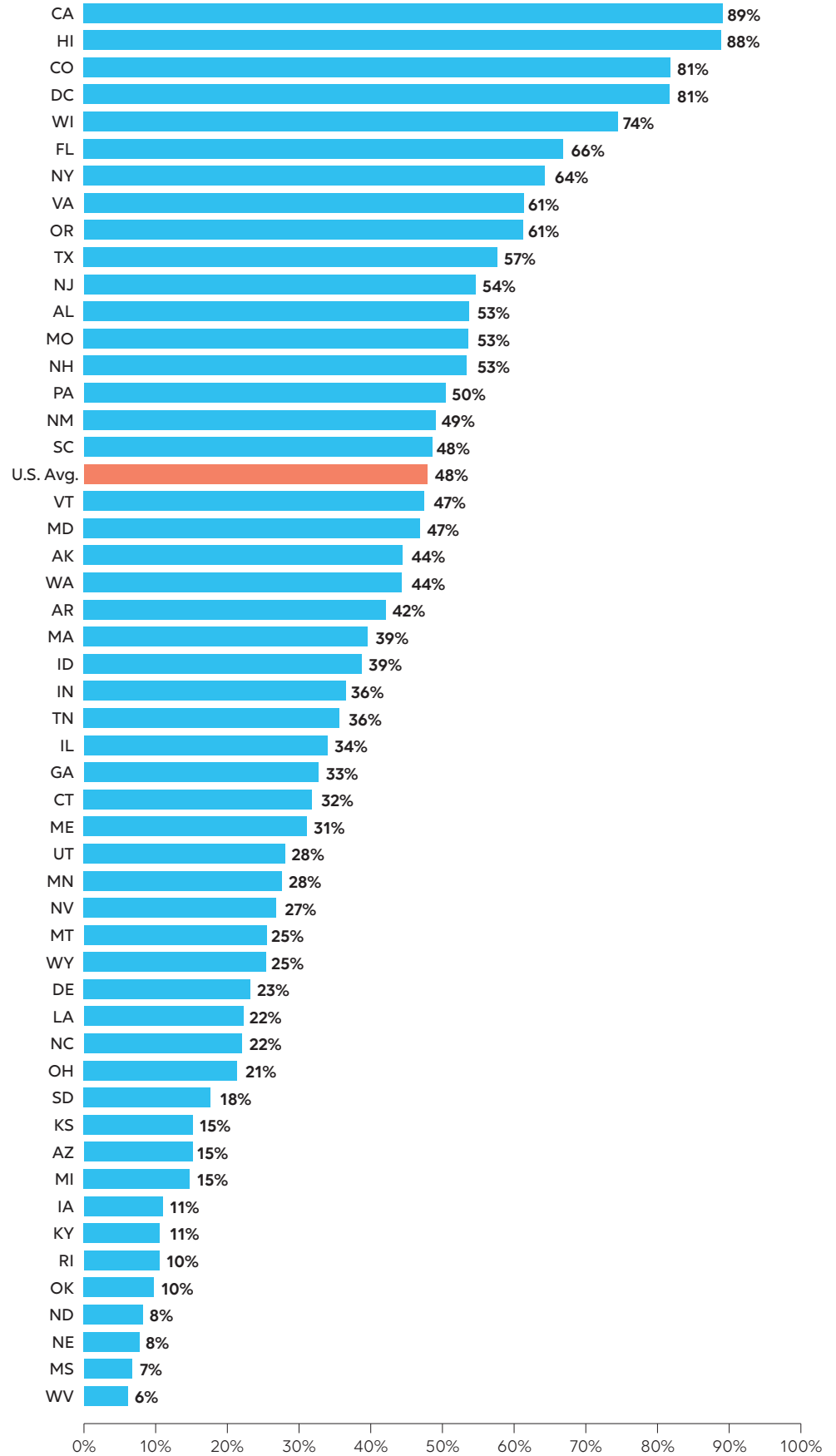
**Note.** Data from Elevance Health claims in all 50 states and DC for the years 2012–2025.



**Figure 4**

**Percentage of Emergency Ground Ambulance Rides that Were Out-of-Network, by State**

**Note.** Data from Elevance Health claims in all 50 states and DC for the years 2012–2025.

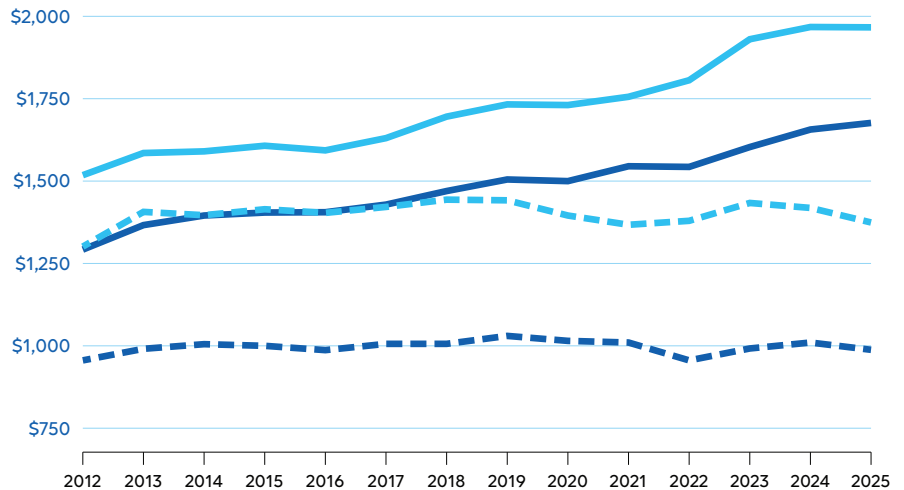


**Figure 5**  
**Charges and Allowed Costs**  
**for Emergency Ground**  
**Ambulance Rides**

**In-Network**  
 ■ Charges  
 ■ Allowed Costs

**Out-of-Network**  
 ■ Charges  
 ■ Allowed Costs

**Note.** Data from Elevance Health claims in all 50 states and DC. Charges and allowed costs were inflation-adjusted to 2025 dollars using the Consumer Price Index for medical care.



Between 2012 and 2025, charges-to-Medicare ratios grew from 207 percent to 263 percent (a 27 percent relative increase) for in-network services and from 238 percent to 314 percent (a 32 percent relative increase) for out-of-network services, after accounting for medical inflation (Figure 6). Allowed-to-Medicare ratios were relatively flat over the same period. Ratios of charges-to-Medicare and allowed-to-Medicare were higher for out-of-network than in-network ambulance rides.

**Figure 6**  
**Charges-to-Medicare and**  
**Allowed-to-Medicare Ratios**  
**for Emergency Ground**  
**Ambulance Rides**

**In-Network**  
 ■ Charges-to-Medicare Ratio  
 ■ Allowed-to-Medicare Ratio

**Out-of-Network**  
 ■ Charges-to-Medicare Ratio  
 ■ Allowed-to-Medicare Ratio

**Note.** Data from Elevance Health claims in all 50 states and DC. Charges and allowed costs were inflation-adjusted to 2025 dollars using the Consumer Price Index for medical care. Medicare prices were based on the 2025 Medicare ambulance fee schedule.

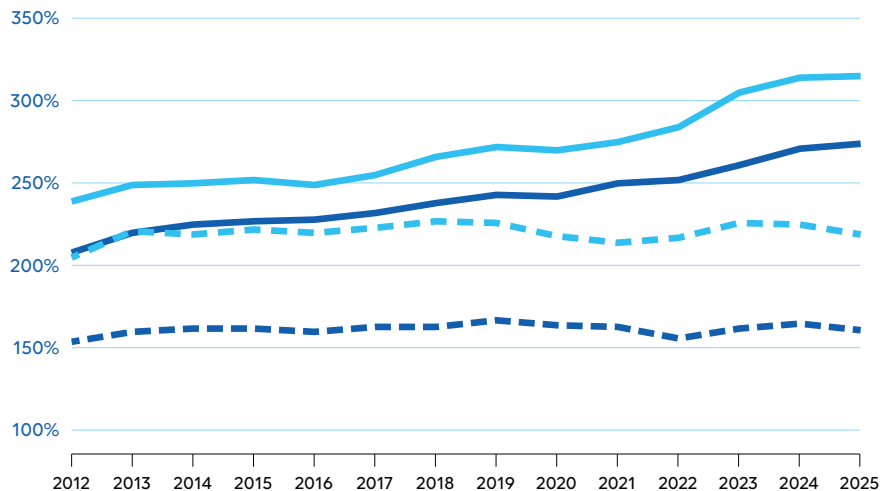
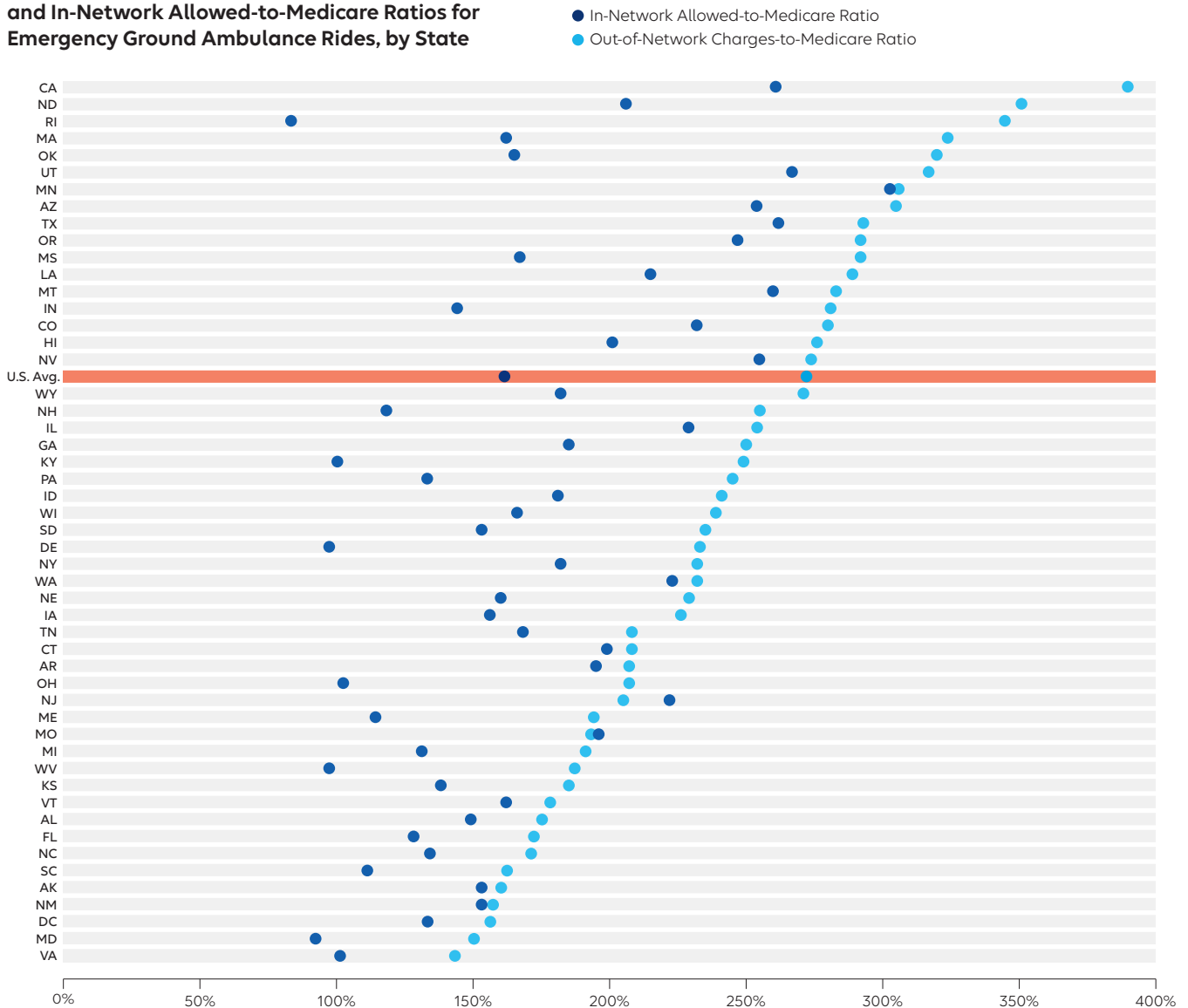


Figure 7 shows the out-of-network charges-to-Medicare and the in-network allowed-to-Medicare ratios by state, which varied considerably. The out-of-network charges-to-Medicare ratio is relevant to what some state laws consider for out-of-network ground ambulance reimbursement, and the in-network allowed-to-Medicare ratio is indicative of how commercial negotiated (market) rates compare with Medicare prices. In-network allowed costs averaged between 100 and 250 percent of Medicare prices in most states (with a national average of 161 percent), and out-of-network charges averaged between 175 and 325 percent of Medicare prices in most states (with a national average of 272 percent). Out-of-network charges-to-Medicare ratios were higher than in-network allowed-to-Medicare ratios in all states but two (NJ and MO), and were more than 100 percentage points higher than in-network allowed-to-Medicare ratios in 12 states.

**Figure 7**

**Out-of-Network Charges-to-Medicare Ratios and In-Network Allowed-to-Medicare Ratios for Emergency Ground Ambulance Rides, by State**



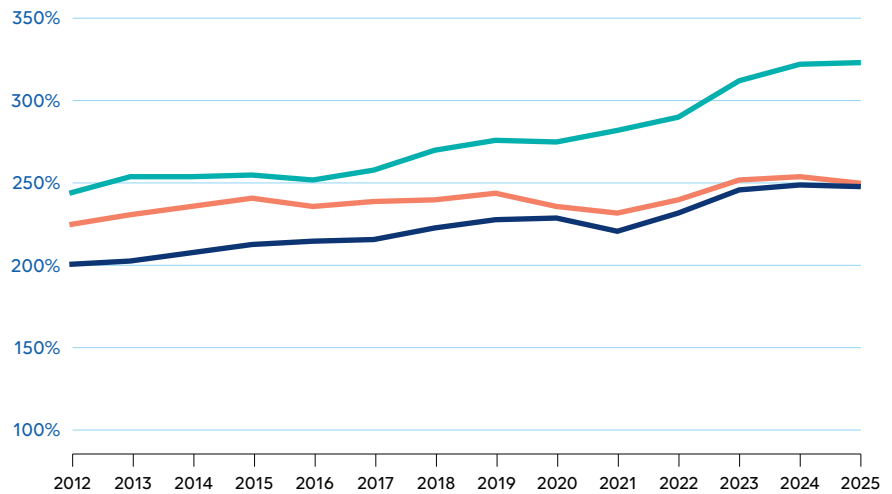
**Note.** Data from Elevance Health claims in all 50 states and DC for the years 2012-2025. Charges and allowed costs were inflation-adjusted to 2025 dollars using the Consumer Price Index for medical care. Medicare prices were based on the 2025 Medicare ambulance fee schedule.

**Figure 8**

**Out-of-Network Charges-to-Medicare Ratios for Emergency Ground Ambulance Rides, by Urbanicity**

Urban  
Rural  
Super Rural

**Note.** Data from Elevance Health claims in all 50 states and DC. Charges were inflation-adjusted to 2025 dollars using the Consumer Price Index for medical care. Medicare prices were based on the 2025 Medicare ambulance fee schedule. Super rural areas are defined by CMS as ZIP codes located in rural counties that are among the lowest quartile of all rural counties by population density.



## Policy Considerations

**This study found that negotiated (in-network) rates for ground ambulances, after adjusting for medical inflation, have been stable over time, as have allowed costs for out-of-network ground ambulance services.**

However, over this same period billed charges have increased for both in- and out-of-network emergency ground ambulance services. For consumers who are in health insurance plans or states without surprise billing protections, this likely means that their out-of-pocket costs (including balance billing) for out-of-network emergency ground ambulance rides have also risen during the study period. Nevertheless, as these findings illustrate, there is also wide variation in both the possibility of having an out-of-network ambulance ride and the magnitude of the charges relative to Medicare prices by state.

Though Congress has not yet enacted any protections for surprise billing for ground ambulance services, more states are considering the issue. The costs presented in this paper, and particularly the ratio of allowed costs to Medicare prices for in-network ambulance services—which have been relatively stable and were approximately 160% in 2025—provide context to policymakers regarding potentially appropriate payment levels for emergency ground ambulance services.

Conversely, as charges have increased and the ratio of charges-to-Medicare prices has increased over time, caution is warranted to state policymakers considering legislation linking out-of-network ground ambulance payments to charges or setting them at large percentages of Medicare rates so as not to unintentionally increase the cost of care.

# Conclusion

**Emergency ground ambulance charges have increased faster than medical inflation since 2012 for both in- and out-of-network ground ambulance services.**

Meanwhile, as states work toward protecting patients from out-of-network balance bills for emergency ground ambulance rides, they may look to in-network allowed cost benchmarks when determining fair ground ambulance payments.

## Endnotes

- <sup>1</sup> Chhabra, K.R., et al. (2020, April 15). Most Patients Undergoing Ground and Air Ambulance Transportation Receive Sizable Out-of-Network Bills. *Health Affairs* 39(5), 777-782. Retrieved April 21, 2026, from <https://doi.org/10.1377/hlthaff.2019.01484>.
- <sup>2</sup> Centers for Medicare & Medicaid Services. (2024, March 29). Report of the Advisory Committee on Ground Ambulance and Patient Billing: Prevention of Out-Of-Network Ground Ambulance Emergency Service Balance Billing. Retrieved April 21, 2026, from <https://www.cms.gov/files/document/report-advisory-committee-ground-ambulance-and-patient-billing.pdf>.
- <sup>3</sup> Harden-Stein, M. (2026, June 16). Expanding the No Surprises Act to Protect Consumers from Surprise Ambulance Bills: Map of State Laws. The Commonwealth Fund. Retrieved June 26, 2026, from <https://www.commonwealthfund.org/publications/maps-and-interactives/expanding-no-surprises-act-protect-consumers-surprise-ambulance>.
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- <sup>5</sup> Harden-Stein, M. (2026, June 9).
- <sup>6</sup> Public Consulting Group. (2025, January 6). New Hampshire Ground Ambulance Cost Study: Final Report. Retrieved April 21, 2026, from <https://nhhp.org/wp-content/uploads/2025/01/New-Hampshire-Ground-Ambulance-Cost-Study-Final-Report-1.725.pdf>.
- <sup>7</sup> Lopez, E., et al. (2020, April 15). How Much More Than Medicare Do Private Insurers Pay? A Review of the Literature. Kaiser Family Foundation. Retrieved June 10, 2026, from <https://www.kff.org/medicare/how-much-more-than-medicare-do-private-insurers-pay-a-review-of-the-literature/>.
- <sup>8</sup> Centers for Medicare & Medicaid Services. (2024). Ambulance Fee Schedule Public Use Files, CY 2025 File. Retrieved April 8, 2026, from <https://www.cms.gov/medicare/payment/fee-schedules/ambulance/ambulance-fee-schedule-public-use-files>.
- <sup>9</sup> U.S. Bureau of Labor Statistics. Consumer Price Index for All Urban Consumers: Medical Care in U.S. City Average, retrieved from FRED, Federal Reserve Bank of St. Louis. Retrieved January 29, 2026, from <https://fred.stlouisfed.org/series/CPIMEDSL>.
- <sup>10</sup> Medicare Payment Advisory Commission. (2022, October). MedPAC Payment Basics: Ambulance Services Payment System. Retrieved May 13, 2026, from [https://www.medpac.gov/wp-content/uploads/2021/11/MedPAC\\_Payment\\_Basics\\_22\\_ambulance\\_FINAL\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2021/11/MedPAC_Payment_Basics_22_ambulance_FINAL_SEC.pdf).

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