

**HOUSE . . . . . No. 1198**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Daniel J. Hunt*

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to improve patient access to non-emergency medical transportation.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Daniel J. Hunt</i>	<i>13th Suffolk</i>	<i>1/14/2025</i>
<i>Chynah Tyler</i>	<i>7th Suffolk</i>	<i>6/16/2025</i>

**HOUSE . . . . . No. 1198**

By Representative Hunt of Boston, a petition (accompanied by bill, House, No. 1198) of Daniel J. Hunt relative to payment of patient access to non-emergency medical transportation. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 1050 OF 2023-2024.]

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
\_\_\_\_\_

An Act to improve patient access to non-emergency medical transportation.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Chapter 32A of the General Laws, as appearing in the 2020 Official  
2 Edition, is hereby amended by adding the following new section:-

3 Section xx. If required by the commission, any prior authorization for nonemergency  
4 ambulance and wheelchair van transportation to inpatient and outpatient dialysis treatment,  
5 inpatient and outpatient behavioral health services, and inpatient and outpatient post-acute care,  
6 shall be valid for a minimum of 3 business days.

7 SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting the  
8 following new section:-

9           Section XX. (a) The division and its contracted health insurers, health plans, health  
10 maintenance organizations, behavioral health management firms and third-party administrators  
11 under contract to a Medicaid managed care organization or primary care clinician plan shall issue  
12 payments to eligible providers, as defined by regulation 101 CMR 327.00, and nonpublic  
13 ambulance service providers, as defined by regulation 101 CMR 327.00, in an amount no less  
14 than 2 and one half times the determined rates for authorized ambulance and wheelchair van  
15 services for: ambulance service, advanced life support, nonemergency transport (101 CMR  
16 327.00 Code A0426); ambulance service, basic life support, nonemergency transport (101 CMR  
17 327.00 Code A0428); nonemergency wheelchair van transportation (101 CMR 327.00 Code  
18 A0130); nonemergency wheelchair transportation with loaded mileage (101 CMR 327.00 Code  
19 S0215) and; nonemergency wheelchair transportation with patient attendant or escort (101 CMR  
20 327.00 Code T2001) when transporting covered members to inpatient and outpatient dialysis  
21 treatment, inpatient and outpatient behavioral health services, and inpatient and outpatient post-  
22 acute care, inclusive. Any required prior authorization for these services shall be valid for a  
23 minimum of 3 business days.

24           (b) The executive office shall promulgate regulations as necessary to carry out this  
25 section.

26           SECTION 3. Chapter 175 of the General Laws, as so appearing, is hereby amended by  
27 adding the following new section:-

28           Section XX. If required by a policy, contract, agreement, plan or certificate of insurance  
29 issued, delivered or renewed within or without the commonwealth, which is considered  
30 creditable coverage under section 1 of chapter 111M, any prior authorization for nonemergency

31 ambulance and wheelchair van transportation to inpatient and outpatient dialysis treatment,  
32 inpatient and outpatient behavioral health services, and inpatient and outpatient post-acute care,  
33 shall be valid for a minimum of 3 business days.

34 SECTION 4. Chapter 176A of the General Laws, as so appearing, is hereby amended by  
35 adding the following new section:-

36 Section XX. If required by a contract between a subscriber and the corporation under an  
37 individual or group hospital service plan that is delivered, issued or renewed within the  
38 commonwealth, any prior authorization for nonemergency ambulance and wheelchair van  
39 transportation to inpatient and outpatient dialysis treatment, inpatient and outpatient behavioral  
40 health services, and inpatient and outpatient post-acute care, shall be valid for a minimum of 3  
41 business days.

42 SECTION 5. Chapter 176B of the General Laws, as so appearing, is hereby amended by  
43 adding the following new section:-

44 Section XX. If required by a subscription certificate under an individual or group medical  
45 service agreement delivered, issued or renewed within the commonwealth, any prior  
46 authorization for nonemergency ambulance and wheelchair van transportation to inpatient and  
47 outpatient dialysis treatment, inpatient and outpatient behavioral health services, and inpatient  
48 and outpatient post-acute care, shall be valid for a minimum of 3 business days.

49 SECTION 6. Chapter 176G of the General Laws, as so appearing, is hereby amended by  
50 adding the following new section:-

51           Section xx. If required by an individual or group health maintenance contract that is  
52 issued or renewed within or without the commonwealth, any prior authorization for  
53 nonemergency ambulance and wheelchair van transportation to inpatient and outpatient dialysis  
54 treatment, inpatient and outpatient behavioral health services, and inpatient and outpatient post-  
55 acute care, shall be valid for a minimum of 3 business days.

56

57           SECTION 7.

58           Section XX. a) Notwithstanding the provisions of any general or special law to the  
59 contrary, the health policy commission, in collaboration with center for information and analysis,  
60 shall study the adequacy of reimbursement rates of MassHealth and commercial carriers for  
61 nonemergency medical transportation, including but not limited to, the role of external economic  
62 factors on the development, sustainability, and retention of the emergency medical service  
63 workforce, such as the increases in the minimum wage and competition from for-profit  
64 industries.