

**HOUSE . . . . . No. 2491**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***John J. Mahoney***

*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 establishing a task force to study the sustainability of emergency medical services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>John J. Mahoney</i>	<i>13th Worcester</i>	<i>1/17/2025</i>
<i>Chynah Tyler</i>	<i>7th Suffolk</i>	<i>6/3/2025</i>

**HOUSE . . . . . No. 2491**

By Representative Mahoney of Worcester, a petition (accompanied by bill, House, No. 2491) of John J. Mahoney relative to establishing a task force to study the sustainability of emergency medical services. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 2154 OF 2023-2024.]

**The Commonwealth of Massachusetts**

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

An Act establishing a task force to study the sustainability of emergency medical services.

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

1           (a) Notwithstanding the provisions of any general or special law to the contrary, the  
2 executive office of health and human services, in collaboration with the department of public  
3 health and the emergency medical care advisory board, shall establish a special task force to  
4 issue a report and make recommendations on the structure, support and delivery of emergency  
5 medical services in the commonwealth. The commission shall look at all aspects of emergency  
6 medical services and impact on patient quality of care, including but not limited to: the ability to  
7 designate emergency medical services as an essential service in the commonwealth; workforce  
8 development initiatives; training; compensation; retention; costs versus expenses of care;  
9 reimbursement rates; organization of EMS services; the feasibility of reorganizing the  
10 emergency medical care advisory board within the executive office of public safety and security,

11 and; local and state support. The task force shall consist of the following members: the secretary  
12 of health and human services or their designee, who shall serve as co-chair; the commissioner of  
13 the department of public health or their designee, who shall service as co-chair; and one  
14 representative from each of the following organizations: the Massachusetts Health & Hospital  
15 Association; the Massachusetts Ambulance Association; the Professional Fire Fighters of  
16 Massachusetts; the Massachusetts Association of Behavioral Health Systems; the Association for  
17 Behavioral Health Care; the Massachusetts College of Emergency Physicians, the Massachusetts  
18 Emergency Nurses Association, and; the Massachusetts Senior Care Association.

19 (b) The task force shall conduct an analysis and issue a report which shall include but not  
20 be limited to: (i) a review of the methodologies used for determining reimbursement rates  
21 affecting the availability of emergency and non-emergency ambulance transport, including a  
22 review of a cost-based method for rate determination, and the potential need to reimburse certain  
23 transports requiring longer transport-times or further geographical distances at a higher rate,  
24 including but not limited to transports to and within the behavioral health system; (ii) an  
25 assessment on the efficacy of the MassHealth non-emergency wheelchair van brokerage  
26 program; (iii) industry-wide workforce initiatives including, but not limited to, strategies to  
27 improve recruitment, training, including but not limited to, transitional training opportunities for  
28 emergency medical services, and cost of training, certification, and licensure ; (iv) impact of  
29 municipal ambulance service contracts being exempt from public bidding requirements; (v)  
30 impact of administrative barriers on access and utilization of non-emergency ambulance  
31 transport; (vi) the role of external economic factors on the development, sustainability, and  
32 retention of the emergency medical service workforce such as the increases in the minimum  
33 wage and competition from other industries; and (vii) recommendations on coverage and

34 reimbursement methodology for emerging models, including but not limited to mobile integrated  
35 health and alternative behavioral health transportation.

36 (c) The task force shall convene its first meeting within 30 days of the effective date of  
37 this act. The task force shall submit its report, including recommendations to address any  
38 statutory, regulatory, budgetary, or other barriers to implementing said recommendations, with  
39 the clerks of the house of representatives and senate, the joint committee on health care  
40 financing, the joint committee on labor and workforce development, joint committee on public  
41 safety and homeland security, and the house and senate committees on ways and means within  
42 six months of the effective date of this act.