

**HOUSE . . . . . No. 4118**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Leigh Davis*

*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 establish an emergency medical services treatment-in-place (TIP) pilot program.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Leigh Davis</i>	<i>3rd Berkshire</i>	<i>1/15/2025</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>12/1/2025</i>
<i>John R. Gaskey</i>	<i>2nd Plymouth</i>	<i>7/10/2025</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>	<i>6/30/2025</i>
<i>Patrick Joseph Kearney</i>	<i>4th Plymouth</i>	<i>6/10/2025</i>
<i>David Allen Robertson</i>	<i>19th Middlesex</i>	<i>6/30/2025</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>7/1/2025</i>
<i>Justin Thurber</i>	<i>5th Bristol</i>	<i>7/23/2025</i>

**HOUSE . . . . . No. 4118**

By Representative Davis of Great Barrington, a petition (accompanied by bill, House, No. 4118) of Leigh Davis for legislation to establish an emergency medical services treatment-in-place pilot program. Public Health.

**The Commonwealth of Massachusetts**

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

An Act to establish an emergency medical services treatment-in-place (TIP) pilot program.

*Whereas*, The deferred operation of this act would tend to defeat its purpose, which is to establish a pilot program to improve emergency medical services in the commonwealth, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

*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) For the purpose of this act, the following terms shall, unless the context clearly  
2 requires otherwise, have the following meanings:

3 “Board”, the EMS system advisory board established in section 13 of chapter 111C of the  
4 General Laws.

5 “Department”, the department of public health.

6 “Emergent medical condition”, a medical condition manifesting itself by acute symptoms  
7 of sufficient severity, including severe pain that a prudent layperson, who possesses an average  
8 knowledge of health and medicine, could reasonably expect the absence of immediate medical  
9 attention to result in: (i) placing the health of the individual or, with respect to a pregnant

10 woman, the health of the woman or her unborn child in serious jeopardy; (ii) serious impairment  
11 to bodily functions; or (iii) serious dysfunction of any bodily organ or part. With respect to a  
12 pregnant woman who is having contractions that: (A) there is inadequate time to effect a safe  
13 transfer to another hospital before delivery; (B) transfer may pose a threat to the health or safety  
14 of the woman or the unborn child; or (C) an urgent, unexpected and usually dangerous situation  
15 that poses an immediate risk to health, life, property or environment and requires immediate  
16 action.

17 “Emergency medical services”, the pre-hospital assessment and treatment and other  
18 services utilized in responding to an emergency or provided during the transport of patients to  
19 appropriate health care facilities as defined in regulations promulgated by the department.

20 “EMS”, emergency medical services.

21 “Emergency medical service providers”, licensed emergency medical service  
22 organizations, including municipal fire departments and private ambulance services, delivering  
23 pre-hospital care.

24 “Non-emergent medical condition”, a medical issue identified by emergency medical  
25 service providers that does not require immediate treatment at an emergency department to  
26 stabilize the patient.

27 “Program”, the emergency medical services treat-in-place pilot program established in  
28 this act.

29 “Treat-in-place”, a model of emergency medical care that allows emergency medical  
30 technicians and paramedics to treat patients at the scene or through telehealth services without  
31 requiring transport to an emergency department for non-emergent medical conditions.

32 (b) The department, in collaboration with the board, shall establish a 3-year pilot program  
33 to test, evaluate and advance treat-in-place models for EMS in the commonwealth. The program  
34 shall: (i) improve access to EMS for aging residents; (ii) enhance patient care; (iii) reduce  
35 unnecessary emergency department visits; and (iv) create innovative financial models to support  
36 EMS systems in the commonwealth.

37 (c) Emergency medical services providers within the commonwealth shall be allowed to  
38 participate in the program at no additional cost. The program shall prioritize emergency medical  
39 service providers serving populations with high percentages of Medicare and Medicaid  
40 beneficiaries or communities with limited access to emergency departments in hospitals.

41 (d) Emergency medical service providers participating in the program may: (i) administer  
42 medical care at the scene of an emergency or through telehealth consultations for non-emergent  
43 conditions; (ii) coordinate follow-up care with primary care providers or urgent care clinics; or  
44 (iii) refer patients to community health resources or other appropriate services.

45 (e) The department shall develop and test alternative payment models for emergency  
46 medical service providers that incorporate reimbursement for treat-in-place services, in lieu of  
47 payment solely based on patient transport to an emergency department in a hospital.

48 (f) The department shall collaborate with the federal Centers for Medicare and Medicaid  
49 Services to align the program’s reimbursement structures with existing federal programs.

50 (g) Emergency medical service providers participating in the program shall receive  
51 financial incentives to implement and evaluate treat-in-place services effectively.

52 (h) Emergency medical service providers participating in the program shall collect data  
53 on patient outcomes, cost savings, patient satisfaction and other metrics as determined by the  
54 department for the annual report pursuant to subsection (k).

55 (i) The department shall engage with EMS organizations, health systems, health insurers  
56 and patient advocacy groups to ensure the program addresses the needs of patients, providers and  
57 communities in the commonwealth.

58 (j) Subject to appropriation, the department shall allocate funding necessary to support  
59 the implementation and evaluation of the program.

60 (k) The department shall prepare an annual report that shall include: (i) an evaluation of  
61 the program's effectiveness in improving access to EMS care; (ii) analysis of cost savings and  
62 financial sustainability; (iii) collected data by emergency medical service providers pursuant to  
63 subsection (h); and (iv) any recommendations for expansion of the treat-in-place model or the  
64 program. The annual report shall be submitted, not later than December 31 of each year, to the  
65 governor, the chairs of the joint committee on public health, the chairs of the joint committee on  
66 health care financing and the clerks of the house of representatives and senate.