

# HOUSE . . . . . No. 5038

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, February 5, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1198) of Daniel J. Hunt relative to payment of patient access to non-emergency medical transportation, reports recommending that the accompanying bill (House, No. 5038) ought to pass.

For the committee,

JAMES M. MURPHY.

## 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 is hereby amended by inserting the  
2 following new section:-

3                   Section 35. 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 87. (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 is hereby amended by adding the  
27 following new section:-

28 Section 231. 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 is hereby amended by adding the  
35 following new section:-

36                   Section 39. 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 is hereby amended by adding the  
43                   following new section:-

44                   Section 26. 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 is hereby amended by adding the  
50                   following new section:-

51                   Section 34. 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                   SECTION 7. Notwithstanding the provisions of any general or special law to the  
57                   contrary, the health policy commission, in collaboration with center for information and analysis,

58 shall study the adequacy of reimbursement rates of MassHealth and commercial carriers for  
59 nonemergency medical transportation, including but not limited to, the role of external economic  
60 factors on the development, sustainability, and retention of the emergency medical service  
61 workforce, such as the increases in the minimum wage and competition from for-profit  
62 industries.