

HOUSE No. 5042

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, February 5, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1261) of Paul McMurtry and Sally P. Kerans relative to payment for ambulance services, reports recommending that the accompanying bill (House, No. 5042) 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 protecting patients from surprise bills related to emergency ambulance service.

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 3. Chapter 176O of the General Laws is hereby amended by inserting after
2 section 30 the following section:-

3 Section 31. Protection from Surprise Billing for Emergency Ambulance Services.

4 (a) As used in this section, the following words shall have the following meanings, unless
5 the context clearly requires otherwise:

6 “Ambulance service provider”, a person or entity licensed by the department of public
7 health pursuant to section 6 of chapter 111C to establish or maintain an ambulance service with
8 the exception of non-profit corporations licensed to operate critical care ambulance services that
9 perform both ground and air transports.

10 “Emergency ambulance service”, ground ambulance medical or transport services
11 furnished by an ambulance service provider to an individual for whom an immediate response
12 was required to assess and/or treat an emergency medical condition. The determination as to

13 whether an emergency medical condition exists shall not be based solely upon a retrospective
14 analysis of the level of care eventually provided to, or a final discharge of, the person who
15 received emergency assistance.

16 “Insurance policy” and “insurance contract”, any policy, contract, agreement, plan,
17 evidence of coverage, or certificate of insurance issued, delivered or renewed within the
18 commonwealth that provides coverage for expenses incurred by an insured for emergency
19 ambulance services. .

20 “Insured”, an individual entitled to emergency ambulance services benefits pursuant to an
21 insurance policy or insurance contract.

22 “Patient”, a person who received emergency ambulance services.

23 (b) A carrier shall pay ambulance service providers who are not part of the carrier’s
24 network directly and promptly for the emergency ambulance service rendered to the insured. The
25 carrier shall make such payment to the ambulance service provider notwithstanding that the
26 insured’s insurance policy or insurance contract contains a prohibition against the insured
27 assigning benefits thereunder. Payment by the carrier directly to the insured shall not extinguish
28 the carrier’s obligation to pay the emergency ambulance provider directly. An ambulance service
29 provider shall have a right of action under chapter 176D against a carrier that fails to make a
30 payment pursuant to this subsection.

31 (c) payment to an ambulance service provider under subsection (b) shall be at a rate equal
32 to the emergency ambulance service rates established by the municipality from where the insured
33 was transported. The emergency ambulance service rates established by the municipality shall
34 meet at least

35 one of the following requirements: (1) take into account ambulance service provider's
36 operational model and cost; (2) Take into account ambulance service provider's payer mix
37 revenue; (3) be adopted through a public process such as public hearings after public notice; or
38 (4) include a public process for the evaluation of ground ambulance rate so long as the process
39 includes procedures to take into account public input.

40 (d) Municipalities shall report their municipally established ambulance rates to center for
41 health information and analysis established under Chapter 12C of the General Laws annually in a
42 manner established by such center. All reported rates shall be public records and the center shall
43 publish such rates annually.

44 (e) In the absence of a municipally established rate in accordance with subsection (c) the
45 minimum allowable rate of reimbursement under any health benefit plan issued by a carrier shall
46 be three hundred twenty five percent of the then-current published rate for ambulance services as
47 established by the Centers for Medicare and Medicaid Services under Title XVIII of the Social
48 Security Act for the same service provided in the same geographic area; or the ambulance
49 service provider's billed charges, whichever is less

50 (f) An ambulance service provider receiving payment for an emergency ambulance
51 service in accordance with subsections (b) and (c) or in accordance with subsection (e) shall be
52 deemed to have been paid in full for the emergency ambulance service provided to the insured,
53 and shall have no further right or recourse to further bill the insured for said emergency
54 ambulance service with the exception of the cost-sharing requirement established by the carrier,
55 which shall not exceed one hundred dollars.

56 (g) A carrier shall credit cost-sharing payments made by the participant, beneficiary, or
57 enrollee with respect to emergency ambulance service toward any in-network deductible and out-
58 of-pocket maximum in the same manner if the services were provided by an in-network provider
59 or supplier.

60 (i) No term or provision of this section 30 shall limit or adversely affecting an insured's
61 right to receive benefits under any insurance policy or insurance contract providing insurance
62 coverage for ambulance services. No term or provision of this section 30 shall create an
63 entitlement on behalf of an insured to coverage for ambulance services if the insured's insurance
64 policy or insurance contract provides no coverage for ambulance services. This section 30 shall
65 not apply to any contract between a carrier and the group insurance commission, or any contract
66 between a carrier and MassHealth.

67 SECTION 2. Chapter 111C of the General Laws, is hereby amended by inserting after
68 section 25 the following section:-

69 Section 26. Limitation on Emergency Ambulance Charges for Uninsured Persons.

70 (a) A ground ambulance service provider shall not require an uninsured patient or self-
71 pay patient who receives emergency ambulance service to pay an amount more than the current
72 published rate for ambulance services as established by the Centers for Medicare and Medicaid
73 Services under Title XVIII of the Social Security Act for the same service provided in the same
74 geographic area.

75 (b) An ambulance service provider, or an entity acting on its behalf, including a debt
76 buyer or assignee of the debt, shall not use wage garnishments, liens on primary residences,

77 report adverse information to a consumer credit reporting agency, or commence civil action
78 against the individual as a means of collecting unpaid bills for emergency ambulance services.

79 SECTION 1. Chapter 111 of the General Laws, is hereby amended by inserting after
80 section 53H the following section:-

81 Section 53I. Sharing of Information by Hospitals and Nursing Homes.

82 A hospital or nursing home licensed by the department of public health shall share patient
83 insurance and demographic information with ambulance service providers that treated a mutual
84 patient upon request by the ambulance service provider.