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.

FILED ON: 1/23/2026

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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:

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

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

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

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

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

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

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

"Insured", an individual entitled to emergency ambulance services benefits pursuant to an insurance policy or insurance contract.

"Patient", a person who received emergency ambulance services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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