

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

William J. Driscoll

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:

William J. Driscoll

DISTRICT/ADDRESS:

Norfolk, Plymouth and Bristol

SENATE No.

[Pin Slip]

The Commonwealth of Massachusetts

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; Fire Chiefs Association of Massachusetts; the Massachusetts Association of
17 Behavioral Health Systems; the Association for Behavioral Health Care; the Massachusetts
18 College of Emergency Physicians, the Massachusetts Emergency Nurses Association, and; the
19 Massachusetts Senior Care Association.

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

37 coverage and reimbursement methodology for emerging models, including but not limited to
38 mobile integrated health and alternative behavioral health transportation.

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