Committee on Public Health
Bill Summary

Bill No.	H4118
Title:	*An Act to establish an emergency medical services treatment-in-place (TIP) pilot program*
Sponsor:	Representative Leigh Davis
Committee:	Public Health
Hearing Date:	June 25, 2025
Similar Matters:	None
Prior History:	New file
Reporting Deadline:	August 24, 2025

Current Law:

- **M.G.L. Chapter 111C** pertains to the statewide emergency medical services system.
- **M.G.L. Chapter 111C § 13** pertains to the EMS system advisory board.

Summary:

This bill establishes a 3-year pilot program testing, evaluating and advancing treatment-in-place (TIP) models for EMS throughout the state, focusing on improving access to EMS, enhancing patient care, reducing unnecessary emergency department visits and creating innovative financial models to support EMS systems in the commonwealth.

(a) defines "board," "department," "emergent medical condition," "emergency medical services," "EMS," "emergency medical service providers," "non-emergent medical condition," "program," and "treat-in-place" for the purposes of this bill.

(b) requires DPH, in collaboration with the EMS system advisory board, to establish a 3-year pilot program testing, evaluating and advancing treatment-in-place (TIP) models for EMS throughout the state. The program must:

- Improve access to EMS for aging residents;
- Enhance patient care;
- Reduce unnecessary emergency department visits; and
- Create innovative financial models to support EMS systems in the commonwealth.

(c) permits EMS providers in Massachusetts to participate in the pilot program at no additional cost. The program must prioritize EMS providers serving populations with high percentages of Medicare and Medicaid beneficiaries or communities with limited access to emergency departments.

(d) permits EMS providers participating in the pilot program to:

- Administer medical care at the scene of an emergency or through telehealth consultations for non-emergent conditions;
- Coordinate follow-up care with primary care providers or urgent care clinics; or
- Refer patients to community health resources or other appropriate services.

(e) requires DPH to develop and test alternative payment models for EMS providers that incorporate reimbursement for TIP services, instead of payment solely based on patient transport to an emergency department in a hospital.

(f) requires DPH to collaborate with the federal Centers for Medicare and Medicaid Services to ensure the pilot program's reimbursement structures are in alignment with existing federal programs.

(g) requires that EMS providers participating in the pilot program receive financial incentives to implement and evaluate TIP services effectively.

(h) requires EMS provider participants to collect data on patient outcomes, cost savings, patient satisfaction and other metrics as determined by DPH.

(i) requires DPH to communicate with EMS organizations, health systems, health insurers and patient advocacy groups to ensure the pilot program addresses the needs of patients, providers and communities in the state.

(j) requires DPH to allocate the funding necessary to implement and evaluate the pilot program, subject to appropriation.

(k) requires DPH to prepare an annual report using the data collected by EMS provider participants. The report must be submitted annually, no later than December 31 of each year, to the governor, the chairs of the Joint Committee on Public Health, the chairs of the Joint Committee on Health Care Financing, and the Clerks of the House of Representatives and Senate. The report must include:

- An evaluation of the program's effectiveness in improving access to EMS care;
- Analysis of cost savings and financial sustainability;
- Collected data by emergency medical service providers under (h); and
- Any recommendations for expansion of the treat-in-place model or the program.