

HOUSE No. 2154

The Commonwealth of Massachusetts

PRESENTED BY:

William J. Driscoll, Jr.

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:	DISTRICT/ADDRESS:	DATE ADDED:
<i>William J. Driscoll, Jr.</i>	<i>7th Norfolk</i>	<i>1/20/2023</i>

HOUSE No. 2154

By Representative Driscoll of Milton, a petition (accompanied by bill, House, No. 2154) of William J. Driscoll, Jr. relative to establishing a task force to study the sustainability of emergency medical services. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

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 SECTION XX. (a) Notwithstanding the provisions of any general or special law to the
2 contrary, the executive office of health and human services, in collaboration with the department
3 of public health and the emergency medical care advisory board, shall establish a special task
4 force to issue a report and make recommendations on the structure, support and delivery of
5 emergency medical services in the commonwealth. The commission shall look at all aspects of
6 emergency medical services and impact on patient quality of care, including but not limited to:
7 the ability to designate emergency medical services as an essential service in the commonwealth;
8 workforce development initiatives; training; compensation; retention; costs versus expenses of
9 care; 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; the Massachusetts Association of Behavioral Health Systems; the Association for
17 Behavioral Health Care; the Massachusetts College of Emergency Physicians, the Massachusetts
18 Emergency Nurses Association, and; the Massachusetts Senior Care Association.

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

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