

Mass. EMS bills a first step to speed up ambulances and save lives

By [Angela Mathew](#) Globe Correspondent, Updated June 25, 2025, 7:38 p.m.

Andrea Feeley will never forget the day in January 2024 when her 2-year-old daughter, Yuna, stopped breathing in her Winthrop home.

She frantically dialed 911. When no ambulance arrived in 15 minutes, the town's fire chief raced Yuna to the hospital in his SUV.

It was too late. The toddler died from cardiac arrest. Feeley, a nurse, now is alerting state legislators to the urgent need to increase funding for emergency medical services in Massachusetts.

"The EMS system in our state is broken," Feeley testified Wednesday at a hearing on the Legislature's Joint Committee on Public Health. "Unfortunately, I witnessed its failures firsthand."

An EMT at the hearing teared up listening to Feeley's testimony during the hearing that addressed several pending bills related to local public health and emergency services.

Some municipalities, such as Boston, are large enough that they operate their own EMS services. However, around 80 percent of the state's licensed ambulances are operated by private companies that bid for the right to serve each town's population, the Globe [previously reported](#).

Those private companies have not been able to hire and maintain adequate staff, which has led to ambulance delays, according to the Globe's coverage. The state also doesn't

have a centralized system to coordinate ambulances and send them to another town in case of a shortage.

A slate of bills intends to address the delays, most notably by designating EMS as an [essential service](#) in the state, and would create a fund to pay for its operation, according to the bill posted online.

Other legislation would set up a [committee to oversee EMS](#) and to pilot a program for EMS workers to [treat patients “in place,”](#) instead of driving them to the hospital, when appropriate.

Other bills discussed at the hearing propose requiring that all 911 dispatchers in the state be trained to instruct people how to do CPR over the phone and creating a database that lists defibrillators across the state.

The bill to make EMS an essential service proposes creating a fund to support EMS agencies and pay for things such as training, equipment, vehicles, and personnel salaries.

Representative Leigh Davis, a Democrat of Great Barrington, who sponsored the bill said that for too long, EMS has been underfunded and is not always covered by patients' insurance.

“In 1973, the federal EMS Act left it up to the states to fund EMS, never recognizing it as an essential service,” Davis said. “Unlike police and fire, there’s no guaranteed funding, just donations, inconsistent local budgets, and low insurance reimbursement rates.”

Mike Woronka, chief executive officer of Action Ambulance, a private company, said that as baby boomers retire, his company has found it difficult to fill EMS positions, making existing employees' jobs harder.

“We are beyond the crisis stage, it is affecting our staff, and it’s affecting the residents of this Commonwealth,” Woronka said.

Tina Dixon, an advanced EMT who has worked for 27 years in the Central Massachusetts towns of Hubbardston and Holden said she supports the bill to create a special commission on EMS.

“If you pictured an EMT in a neatly pressed uniform, working ... with the calmness and precision of a NASCAR pit crew, but with the bedside manner of Mr. Rogers, that isn’t always the case,” Dixon said, “We need a lot of assistance with some of the things in these bills.”

Dixon also spoke in favor of bills creating a database for defibrillators so that people can locate one close to them in cases of emergency.

Matt Zavadsky, a past president of the National Association of EMTs, said he supports the designation of EMS as an essential service, but noted the bill does not identify a funding source.

Zavadsky said that it would be better for the state to designate EMS an essential service, and require localities to fund operations based on their own needs.

“Should the state set a standard that in rural areas in the Berkshires the response time should be 12 minutes?” Zavadsky said. “And do they pick the provider they’re going to contract with to provide that service? ... It [should be] up to the local community to decide that.”

For the bill proposing a pilot program for EMS workers to treat people “in place,” Zavadsky said there needs to be an emphasis requiring insurers pay for treatment in place as opposed to only covering transportation to a hospital.

“Treatment in place is already proven, there’s enough data out there to show that it’s safe and it saves money,” he said. “Payment models drive clinical practice, so we need the bill to require that insurers pay for treatment in place.”
