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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Kislak, Ajello, Morales, Vella-Wilkinson, Sanchez, Hull,
Biah, McGaw, Slater, and Tanzi

Date Introduced: March 01, 2023

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance
2 Policies" is hereby amended by adding thereto the following section:

3 **27-18-91. Emergency medical services transport to alternate facilities.**

4 (a) As used in this section, the following terms shall have the following meanings:

5 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and
6 medically necessary supplies and services, plus the provision of BLS ambulance services. The
7 ambulance must be staffed by at least three (3) people who meet the requirements of state laws and
8 regulations where the services are being furnished. Also, at least two (2) of the staff members must
9 be licensed, at a minimum, as an emergency medical technician by the state or local authority where
10 the services are furnished and be legally authorized to operate all lifesaving and life-sustaining
11 equipment on board the vehicle.

12 (2) "Emergency medical services" or "EMS" means the practitioners, ambulance vehicles,
13 and ambulance service entities licensed in accordance with chapter 4.1 of title 23 to provide
14 emergency medical care, transportation, and preventive care to mitigate loss of life or exacerbation
15 of illness or injury, including, but not limited to, EMS responding to the 911 system established
16 under chapter 21.1 of title 39.

17 (3) "Emergency medical services practitioner" means an individual who is licensed in
18 accordance with state laws and regulations to perform emergency medical care and preventive care
19 to mitigate loss of life or exacerbation of illness or injury, including emergency medical

1 technicians, advanced emergency medical technicians, advanced emergency medical technicians
2 cardiac, and paramedics.

3 (4) “Mobile integrated healthcare community paramedicine” means the provision of
4 healthcare using patient-centered, mobile resources in the out-of-hospital environment pursuant to
5 an EMS agency’s plan approved by the department of health utilizing licensed paramedic and
6 advanced emergency medical technician-cardiac practitioners working in collaboration with
7 physicians, nurses, mid-level practitioners, community health teams and social, behavioral and
8 substance use disorder specialists to address the unmet needs of individuals experiencing
9 intermittent health care issues.

10 (b) Only those emergency medical services (EMS) agencies who submit plans that meet
11 the minimum requirements for participation set and approved by the department of health shall be
12 eligible to participate in a mobile integrated healthcare/community paramedicine program.

13 (c) This section authorizes emergency medical services in the state that are approved by
14 the department of health to participate in a mobile integrated healthcare/community paramedicine
15 program to divert non-emergency basic life service calls from emergency departments. Pursuant to
16 an EMS agency’s approved plan, emergency medical services practitioners shall assess individuals
17 who are in need of emergency medical services and apply the correct level of care thereafter, which
18 may include transport to an alternative facility deemed appropriate by the emergency medical
19 services practitioner. An alternative facility shall include, but not be limited to:

20 (1) An individual’s primary care provider;

21 (2) A community health clinic;

22 (3) An urgent care facility;

23 (4) An emergency room diversion facility, as defined in § 23-17.26-2; and

24 (5) A community-based behavioral health facility designed to provide immediate
25 assistance to a person in crisis.

26 (d) The department of health with the collaboration of the ambulance service coordinating
27 advisory board shall administer the mobile integrated healthcare/community paramedicine program
28 and shall promulgate any rules, regulations, standing orders, protocols, and procedures necessary
29 and proper for the efficient administration and enforcement of this section. The requirements of
30 this section shall only apply to EMS agencies who apply for and receive approval from the
31 department of health to provide such services.

32 (e) Commencing January 1, 2024, every individual or group health insurance contract, plan
33 or policy issued for delivery or renewed in this state that provides medical coverage that includes
34 coverage for emergency medical services shall provide coverage for transport to an alternative

1 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such
2 services at the same rate as for a basic life support transport to an emergency department.

3 (f) If treatment at an alternative facility is deemed appropriate by the EMS practitioner, the
4 emergency medical service shall bill at the rate described in subsection (e) of this section, even if
5 an advanced life support assessment was provided.

6 (g) The office of the health insurance commissioner may promulgate such rules and
7 regulations as are necessary and proper to effectuate the purpose and for the efficient administration
8 and enforcement of this section.

9 **27-18-92. Coverage of emergency medical services mental health and substance use**
10 **disorder treatment.**

11 (a) As used in this section, "emergency medical services" or "EMS" means the
12 practitioners, ambulance vehicles, and ambulance service entities licensed in accordance with
13 chapter 4.1 of title 23 to provide emergency medical care, transportation, and preventive care to
14 mitigate loss of life or exacerbation of illness or injury, including, but not limited to, EMS
15 responding to the 911 system established under chapter 21.1 of title 39.

16 (b) Emergency medical services shall be permitted to allow licensed providers who
17 evaluate and treat mental health disorders, including substance use disorders, to accompany EMS.
18 Such providers shall be permitted to evaluate and treat EMS patients when medically necessary
19 and appropriate. Such evaluation and treatment shall be permitted to occur in the community.

20 (c) Emergency medical services shall be permitted to transport to the following facilities
21 designated by the director of the department of health:

22 (1) Emergency room diversion facilities, as defined in § 23-17.26-2; and

23 (2) Community-based behavioral health facilities designed to provide immediate assistance
24 to a person in crisis.

25 (d) Commencing January 1, 2024, every individual or group health insurance contract, plan
26 or policy issued for delivery or renewed in this state that provides medical coverage that includes
27 coverage for emergency medical services, shall provide coverage for evaluation and treatment
28 described in subsection (b) of this section and shall reimburse such services at a rate not lower than
29 the same service would have been had that service been delivered in a traditional office setting.

30 (e) Commencing January 1, 2024, every individual or group health insurance contract, plan
31 or policy issued for delivery or renewed in this state that provides medical coverage that includes
32 coverage for emergency medical services, shall provide coverage for transportation and described
33 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
34 rate as for basic life support transport to an emergency department.

1 (f) Treatment and coverage for mental health disorders, including substance use disorders,
2 as described in this section shall be provided in accordance with chapter 38.2 of title 27.

3 (g) The department of health with the collaboration of the ambulance service coordinating
4 advisory board shall promulgate any rules, regulations, standing orders, protocols, and procedures
5 necessary and proper for the efficient administration and enforcement of this section.

6 (h) The office of the health insurance commissioner may promulgate such rules and
7 regulations as are necessary and proper to effectuate the purpose and for the efficient administration
8 and enforcement of this section.

9 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
10 Corporations" is hereby amended by adding thereto the following sections:

11 **27-19-83. Emergency medical services transport to alternate facilities.**

12 (a) As used in this section, the following terms shall have the following meaning:

13 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and
14 medically necessary supplies and services, plus the provision of BLS ambulance services. The
15 ambulance must be staffed by at least three (3) people who meet the requirements of state laws and
16 regulations where the services are being furnished. Also, at least two (2) of the staff members must
17 be at a minimum, as an emergency medical technician by the state or local authority where the
18 services are furnished and be legally authorized to operate all lifesaving and life-sustaining
19 equipment on board the vehicle.

20 (2) "Emergency medical services" or "EMS" means the practitioners, ambulance vehicles,
21 and ambulance service entities licensed in accordance with chapter 4.1 of title 23 to provide
22 emergency medical care, transportation, and preventive care to mitigate loss of life or exacerbation
23 of illness or injury, including, but not limited to, EMS responding to the 911 system established
24 under chapter 21.1 of title 39.

25 (3) "Emergency medical services practitioner" means an individual who is licensed in
26 accordance with state laws and regulations to perform emergency medical care and preventive care
27 to mitigate loss of life or exacerbation of illness or injury, including emergency medical
28 technicians, advanced emergency medical technicians, advanced emergency medical technicians-
29 cardiac, and paramedics.

30 (4) "Mobile integrated healthcare/community paramedicine" means the provision of
31 healthcare using patient-centered, mobile resources in the out-of-hospital environment pursuant to
32 an EMS agency's plan approved by the department of health utilizing licensed paramedic and
33 advanced emergency medical technician-cardiac practitioners working in collaboration with
34 physicians, nurses, mid-level practitioners, community health teams and social, behavioral and

1 substance use disorder specialists to address the unmet needs of individuals experiencing
2 intermittent health care issues.

3 (b) Only those emergency medical services (EMS) agencies who submit plans that meet
4 the minimum requirements for participation set and approved by the department of health shall be
5 eligible to participate in a mobile integrated healthcare/community paramedicine program.

6 (c) This section authorizes emergency medical services in the state who are approved by
7 the department of health to participate in a mobile integrated healthcare/community paramedicine
8 program to divert non-emergency basic life service calls from emergency departments. Pursuant to
9 an EMS agency's approved plan, emergency medical services practitioners shall assess individuals
10 who are in need of emergency medical services and apply the correct level of care thereafter, which
11 may include transport to an alternative facility deemed appropriate by the emergency medical
12 services practitioner. An alternative facility shall include, but not be limited to:

13 (1) An individual's primary care provider;

14 (2) A community health clinic;

15 (3) An urgent care facility;

16 (4) An emergency room diversion facility, as defined in § 23-17.26-2; and

17 (5) A community-based behavioral health facility designed to provide immediate
18 assistance to a person in crisis.

19 (d) The department of health with the collaboration of the ambulance service coordinating
20 advisory board shall administer the mobile integrated healthcare/community paramedicine program
21 and shall promulgate any rules, regulations, standing orders, protocols, and procedures necessary
22 and proper for the efficient administration and enforcement of this section. The requirements of
23 this section shall only apply to EMS agencies that apply for and receive approval from the
24 department of health to provide such services.

25 (e) Commencing January 1, 2024, every individual or group health insurance contract, plan
26 or policy issued for delivery or renewed in this state that provides medical coverage that includes
27 coverage for emergency medical services shall provide coverage for transport to an alternative
28 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such
29 services at the same rate as for a basic life support transport to an emergency department.

30 (f) If treatment at an alternative facility is deemed appropriate by the EMS practitioner, the
31 emergency medical service shall bill at the rate described in subsection (e) of this section, even if
32 an advanced life support assessment was provided.

33 (g) The office of the health insurance commissioner may promulgate such rules and
34 regulations as are necessary and proper to effectuate the purpose and for the efficient administration

1 and enforcement of this section.

2 **27-19-84. Coverage of emergency medical services mental health and substance use**
3 **disorder treatment.**

4 (a) As used in this section, "emergency medical services" or "EMS" means the
5 practitioners, ambulance vehicles, and ambulance service entities licensed in accordance with
6 chapter 4.1 of title 23 to provide emergency medical care, transportation, and preventive care to
7 mitigate loss of life or exacerbation of illness or injury, including, but not limited to, EMS
8 responding to the 911 system established under chapter 21.1 of title 39.

9 (b) Emergency medical services shall be permitted to allow licensed providers who
10 evaluate and treat mental health disorders, including substance use disorders, to accompany EMS.
11 Such providers shall be permitted to evaluate and treat EMS patients when medically necessary
12 and appropriate. Such evaluation and treatment shall be permitted to occur in the community.

13 (c) Emergency medical services shall be permitted to transport to the following facilities
14 designated by the director of the department of health:

15 (1) Emergency room diversion facilities, as defined in § 23-17.26-2; and

16 (2) Community-based behavioral health facilities designed to provide immediate assistance
17 to a person in crisis.

18 (d) Commencing January 1, 2024, every individual or group health insurance contract, plan
19 or policy issued for delivery or renewed in this state that provides medical coverage that includes
20 coverage for emergency medical services, shall provide coverage for evaluation and treatment
21 described in subsection (b) of this section and shall reimburse such services at a rate not lower than
22 the same service would have been had that service been delivered in a traditional office setting.

23 (e) Commencing January 1, 2024, every individual or group health insurance contract, plan
24 or policy issued for delivery or renewed in this state that provides medical coverage that includes
25 coverage for emergency medical services, shall provide coverage for transportation and described
26 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
27 rate as for basic life support transport to an emergency department.

28 (f) Treatment and coverage for mental health disorders, including substance use disorders,
29 as described in this section shall be provided in accordance with chapter 38.2 of title 27.

30 (g) The department of health with the collaboration of the ambulance service coordinating
31 advisory board shall promulgate any rules, regulations, standing orders, protocols, and procedures
32 necessary and proper for the efficient administration and enforcement of this section.

33 (h) The office of the health insurance commissioner may promulgate such rules and
34 regulations as are necessary and proper to effectuate the purpose and for the efficient administration

1 and enforcement of this section.

2 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
3 Corporations" is hereby amended by adding thereto the following sections:

4 **27-20-79. Emergency medical services transport to alternate facilities.**

5 (a) As used in this section, the following terms shall have the following meaning:

6 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and
7 medically necessary supplies and services, plus the provision of BLS ambulance services. The
8 ambulance must be staffed by at least three (3) people who meet the requirements of state laws and
9 regulations where the services are being furnished. Also, at least two (2) of the staff members must
10 be at a minimum, as an emergency medical technician by the state or local authority where the
11 services are furnished and be legally authorized to operate all lifesaving and life-sustaining
12 equipment on board the vehicle.

13 (2) "Emergency medical services" or "EMS" means the practitioners, ambulance vehicles,
14 and ambulance service entities licensed in accordance with chapter 4.1 of title 23 to provide
15 emergency medical care, transportation, and preventive care to mitigate loss of life or exacerbation
16 of illness or injury, including, but not limited to, EMS responding to the 911 system established
17 under chapter 21.1 of title 39.

18 (3) "Emergency medical services practitioner" means an individual who is licensed in
19 accordance with state laws and regulations to perform emergency medical care and preventive care
20 to mitigate loss of life or exacerbation of illness or injury, including emergency medical
21 technicians, advanced emergency medical technicians, advanced emergency medical technicians-
22 cardiac, and paramedics.

23 (4) "Mobile integrated healthcare/community paramedicine" means the provision of
24 healthcare using patient-centered, mobile resources in the out-of-hospital environment pursuant to
25 an EMS agency's plan approved by the department of health utilizing licensed paramedic and
26 advanced emergency medical technician-cardiac practitioners working in collaboration with
27 physicians, nurses, mid-level practitioners, community health teams and social, behavioral and
28 substance use disorder specialists to address the unmet needs of individuals experiencing
29 intermittent health care issues.

30 (b) Only those emergency medical services (EMS) agencies who submit plans that meet
31 the minimum requirements for participation set and approved by the department of health shall be
32 eligible to participate in a mobile integrated healthcare/community paramedicine program.

33 (c) This section authorizes emergency medical services in the state who are approved by
34 the department of health to participate in a mobile integrated healthcare/community paramedicine

1 program to divert non-emergency basic life service calls from emergency departments. Pursuant to
2 an EMS agency's approved plan, emergency medical services practitioners shall assess individuals
3 who are in need of emergency medical services and apply the correct level of care thereafter, which
4 may include transport to an alternative facility deemed appropriate by the emergency medical
5 services practitioner. An alternative facility shall include, but not be limited to:

6 (1) An individual's primary care provider;

7 (2) A community health clinic;

8 (3) An urgent care facility;

9 (4) An emergency room diversion facility, as defined in § 23-17.26-2; and

10 (5) A community-based behavioral health facility designed to provide immediate
11 assistance to a person in crisis.

12 (d) The department of health with the collaboration of the ambulance service coordinating
13 advisory board shall administer the mobile integrated healthcare/community paramedicine program
14 and shall promulgate any rules, regulations, standing orders, protocols, and procedures necessary
15 and proper for the efficient administration and enforcement of this section. The requirements of
16 this section shall only apply to EMS agencies that apply for and receive approval from the
17 department of health to provide such services.

18 (e) Commencing January 1, 2024, every individual or group health insurance contract, plan
19 or policy issued for delivery or renewed in this state that provides medical coverage that includes
20 coverage for emergency medical services shall provide coverage for transport to an alternative
21 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such
22 services at the same rate as for a basic life support transport to an emergency department.

23 (f) If treatment at an alternative facility is deemed appropriate by the EMS practitioner, the
24 emergency medical service shall bill at the rate described in subsection (e) of this section, even if
25 an advanced life support assessment was provided.

26 (g) The office of the health insurance commissioner may promulgate such rules and
27 regulations as are necessary and proper to effectuate the purpose and for the efficient administration
28 and enforcement of this section.

29 **27-20-80. Coverage of emergency medical services mental health and substance use**
30 **disorder treatment.**

31 (a) As used in this section, "emergency medical services" or "EMS" means the
32 practitioners, ambulance vehicles, and ambulance service entities licensed in accordance with
33 chapter 4.1 of title 23 to provide emergency medical care, transportation, and preventive care to
34 mitigate loss of life or exacerbation of illness or injury, including, but not limited to, EMS

1 responding to the 911 system established under chapter 21.1 of title 39.

2 (b) Emergency medical services shall be permitted to allow licensed providers who
3 evaluate and treat mental health disorders, including substance use disorders, to accompany EMS.
4 Such providers shall be permitted to evaluate and treat EMS patients when medically necessary
5 and appropriate. Such evaluation and treatment shall be permitted to occur in the community.

6 (c) Emergency medical services shall be permitted to transport to the following facilities
7 designated by the director of the department of health:

8 (1) Emergency room diversion facilities, as defined in § 23-17.26-2; and

9 (2) Community-based behavioral health facilities designed to provide immediate assistance
10 to a person in crisis.

11 (d) Commencing January 1, 2024, every individual or group health insurance contract, plan
12 or policy issued for delivery or renewed in this state that provides medical coverage that includes
13 coverage for emergency medical services, shall provide coverage for evaluation and treatment
14 described in subsection (b) of this section and shall reimburse such services at a rate not lower than
15 the same service would have been had that service been delivered in a traditional office setting.

16 (e) Commencing January 1, 2024, every individual or group health insurance contract, plan
17 or policy issued for delivery or renewed in this state that provides medical coverage that includes
18 coverage for emergency medical services, shall provide coverage for transportation and described
19 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
20 rate as for basic life support transport to an emergency department.

21 (f) Treatment and coverage for mental health disorders, including substance use disorders,
22 as described in this section shall be provided in accordance with chapter 38.2 of title 27.

23 (g) The department of health with the collaboration of the ambulance service coordinating
24 advisory board shall promulgate any rules, regulations, standing orders, protocols, and procedures
25 necessary and proper for the efficient administration and enforcement of this section.

26 (h) The office of the health insurance commissioner may promulgate such rules and
27 regulations as are necessary and proper to effectuate the purpose and for the efficient administration
28 and enforcement of this section.

29 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance
30 Organizations" is hereby amended by adding thereto the following sections:

31 **27-41-96. Emergency medical services transport to alternate facilities.**

32 (a) As used in this section, the following terms shall have the following meaning:

33 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and
34 medically necessary supplies and services, plus the provision of BLS ambulance services. The

1 ambulance must be staffed by at least three (3) people who meet the requirements of state laws and
2 regulations where the services are being furnished. Also, at least two (2) of the staff members must
3 be at a minimum, as an emergency medical technician by the state or local authority where the
4 services are furnished and be legally authorized to operate all lifesaving and life-sustaining
5 equipment on board the vehicle.

6 (2) "Emergency medical services" or "EMS" means the practitioners, ambulance vehicles,
7 and ambulance service entities licensed in accordance with chapter 4.1 of title 23 to provide
8 emergency medical care, transportation, and preventive care to mitigate loss of life or exacerbation
9 of illness or injury, including, but not limited to, EMS responding to the 911 system established
10 under chapter 21.1 of title 39.

11 (3) "Emergency medical services practitioner" means an individual who is licensed in
12 accordance with state laws and regulations to perform emergency medical care and preventive care
13 to mitigate loss of life or exacerbation of illness or injury, including emergency medical
14 technicians, advanced emergency medical technicians, advanced emergency medical technicians -
15 cardiac, and paramedics.

16 (4) "Mobile integrated healthcare/community paramedicine" means the provision of
17 healthcare using patient-centered, mobile resources in the out-of-hospital environment pursuant to
18 an EMS agency's plan approved by the department of health utilizing licensed paramedic and
19 advanced emergency medical technician-cardiac practitioners working in collaboration with
20 physicians, nurses, mid-level practitioners, community health teams and social, behavioral and
21 substance use disorder specialists to address the unmet needs of individuals experiencing
22 intermittent health care issues.

23 (b) Only those emergency medical services (EMS) agencies who submit plans that meet
24 the minimum requirements for participation set and approved by the department of health shall be
25 eligible to participate in a mobile integrated healthcare/community paramedicine program.

26 (c) This section authorizes emergency medical services in the state who are approved by
27 the department of health to participate in a mobile integrated healthcare/community paramedicine
28 program to divert non-emergency basic life service calls from emergency departments. Pursuant to
29 an EMS agency's approved plan, emergency medical services practitioners shall assess individuals
30 who are in need of emergency medical services and apply the correct level of care thereafter, which
31 may include transport to an alternative facility deemed appropriate by the emergency medical
32 services practitioner. An alternative facility shall include, but not be limited to:

33 (1) An individual's primary care provider;

34 (2) A community health clinic;

- 1 (3) An urgent care facility;
2 (4) An emergency room diversion facility, as defined in § 23-17.26-2; and
3 (5) A community-based behavioral health facility designed to provide immediate
4 assistance to a person in crisis.

5 (d) The department of health with the collaboration of the ambulance service coordinating
6 advisory board shall administer the mobile integrated healthcare/community paramedicine program
7 and shall promulgate any rules, regulations, standing orders, protocols, and procedures necessary
8 and proper for the efficient administration and enforcement of this section. The requirements of
9 this section shall only apply to EMS agencies that apply for and receive approval from the
10 department of health to provide such services.

11 (e) Commencing January 1, 2024, every individual or group health insurance contract, plan
12 or policy issued for delivery or renewed in this state that provides medical coverage that includes
13 coverage for emergency medical services shall provide coverage for transport to an alternative
14 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such
15 services at the same rate as for a basic life support transport to an emergency department.

16 (f) If treatment at an alternative facility is deemed appropriate by the EMS practitioner, the
17 emergency medical service shall bill at the rate described in subsection (e) of this section, even if
18 an advanced life support assessment was provided.

19 (g) The office of the health insurance commissioner may promulgate such rules and
20 regulations as are necessary and proper to effectuate the purpose and for the efficient administration
21 and enforcement of this section.

22 **27-41-97. Coverage of emergency medical services mental health and substance use**
23 **disorder treatment.**

24 (a) As used in this section, "emergency medical services" or "EMS" means the
25 practitioners, ambulance vehicles, and ambulance service entities licensed in accordance with
26 chapter 4.1 of title 23 to provide emergency medical care, transportation, and preventive care to
27 mitigate loss of life or exacerbation of illness or injury, including, but not limited to, EMS
28 responding to the 911 system established under chapter 21.1 of title 39.

29 (b) Emergency medical services shall be permitted to allow licensed providers who
30 evaluate and treat mental health disorders, including substance use disorders, to accompany EMS.
31 Such providers shall be permitted to evaluate and treat EMS patients when medically necessary
32 and appropriate. Such evaluation and treatment shall be permitted to occur in the community.

33 (c) Emergency medical services shall be permitted to transport to the following facilities
34 designated by the director of the department of health:

1 (1) Emergency room diversion facilities, as defined in § 23-17.26-2; and
2 (2) Community-based behavioral health facilities designed to provide immediate assistance
3 to a person in crisis.

4 (d) Commencing January 1, 2024, every individual or group health insurance contract, plan
5 or policy issued for delivery or renewed in this state that provides medical coverage that includes
6 coverage for emergency medical services, shall provide coverage for evaluation and treatment
7 described in subsection (b) of this section and shall reimburse such services at a rate not lower than
8 the same service would have been had that service been delivered in a traditional office setting.

9 (e) Commencing January 1, 2024, every individual or group health insurance contract, plan
10 or policy issued for delivery or renewed in this state that provides medical coverage that includes
11 coverage for emergency medical services, shall provide coverage for transportation and described
12 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
13 rate as for basic life support transport to an emergency department.

14 (f) Treatment and coverage for mental health disorders, including substance use disorders,
15 as described in this section shall be provided in accordance with chapter 38.2 of title 27.

16 (g) The department of health with the collaboration of the ambulance service coordinating
17 advisory board shall promulgate any rules, regulations, standing orders, protocols, and procedures
18 necessary and proper for the efficient administration and enforcement of this section.

19 (h) The office of the health insurance commissioner may promulgate such rules and
20 regulations as are necessary and proper to effectuate the purpose and for the efficient administration
21 and enforcement of this section.

22 SECTION 5. Chapter 42-7.2 of the General Laws entitled "Office of Health and Human
23 Services" is hereby amended by adding thereto the following sections:

24 **42-7.2-21. Emergency medical services transport to alternate facilities.**

25 (a) As used in this section, the following terms shall have the following meaning:

26 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and
27 medically necessary supplies and services, plus the provision of BLS ambulance services. The
28 ambulance must be staffed by at least three (3) people who meet the requirements of state laws and
29 regulations where the services are being furnished. Also, at least two (2) of the staff members must
30 be licensed, at a minimum, as an emergency medical technician by the state or local authority where
31 the services are furnished and be legally authorized to operate all lifesaving and life-sustaining
32 equipment on board the vehicle.

33 (2) "Emergency medical services" or "EMS" means the practitioners, ambulance vehicles,
34 and ambulance service entities licensed in accordance with chapter 4.1 of title 23 to provide

1 emergency medical care, transportation, and preventive care to mitigate loss of life or exacerbation
2 of illness or injury, including, but not limited to, EMS responding to the 911 system established
3 under chapter 21.1 of title 39.

4 (3) "Emergency medical services practitioner" means an individual who is licensed in
5 accordance with state laws and regulations to perform emergency medical care and preventive care
6 to mitigate loss of life or exacerbation of illness or injury, including emergency medical
7 technicians, advanced emergency medical technicians, advanced emergency medical technicians-
8 cardiac, and paramedics.

9 (4) "Mobile integrated healthcare community paramedicine" means the provision of
10 healthcare using patient-centered, mobile resources in the out-of-hospital environment pursuant to
11 an EMS agency's plan approved by the department of health utilizing licensed paramedic and
12 advanced emergency medical technician-cardiac practitioners working in collaboration with
13 physicians, nurses, mid-level practitioners, community health teams and social, behavioral and
14 substance use disorder specialists to address the unmet needs of individuals experiencing
15 intermittent health care issues.

16 (b) Only those emergency medical services (EMS) agencies who submit plans that meet
17 the minimum requirements for participation set and approved by the department of health shall be
18 eligible to participate in a mobile integrated healthcare/community paramedicine program.

19 (c) This section authorizes emergency medical services in the state that are approved by
20 the department of health to participate in a mobile integrated healthcare/community paramedicine
21 program to divert non-emergency basic life service calls from emergency departments. Pursuant to
22 an EMS agency's approved plan, emergency medical services practitioners shall assess individuals
23 who are in need of emergency medical services and apply the correct level of care thereafter, which
24 may include transport to an alternative facility deemed appropriate by the emergency medical
25 services practitioner. An alternative facility shall include, but not be limited to:

26 (1) An individual's primary care provider;

27 (2) A community health clinic;

28 (3) An urgent care facility;

29 (4) An emergency room diversion facility, as defined in § 23-17.26-2; and

30 (5) A community-based behavioral health facility designed to provide immediate
31 assistance to a person in crisis.

32 (d) The department of health with the collaboration of the ambulance service coordinating
33 advisory board shall administer the mobile integrated healthcare/community paramedicine program
34 and shall promulgate any rules, regulations, standing orders, protocols, and procedures necessary

1 and proper for the efficient administration and enforcement of this section. The requirements of
2 this chapter shall only apply to EMS agencies who apply for and receive approval from the
3 department of health to provide such services.

4 (e) Rhode Island Medicaid and its contracted managed care entities shall provide coverage
5 for transport to an alternative facility as identified in subsection (c) of this section and shall
6 reimburse the EMS for such services at the same rate as for a basic life support transport to an
7 emergency department.

8 (f) If treatment at an alternative facility is deemed appropriate by the EMS practitioner, the
9 emergency medical service shall bill at the rate described in subsection (e) of this section, even if
10 an advanced life support assessment was provided.

11 (g) The executive office of health and human services shall set the reimbursement rates for
12 the services described in this section.

13 **42-7.2-22. Coverage for emergency medical services mental health and substance use**
14 **disorder.**

15 (a) As used in this section, "emergency medical services" or "EMS" means the
16 practitioners, ambulance vehicles, and ambulance service entities licensed in accordance with
17 chapter 4.1 of title 23 to provide emergency medical care, transportation, and preventive care to
18 mitigate loss of life or exacerbation of illness or injury, including, but not limited to, EMS
19 responding to the 911 system established under chapter 21.1 of title 39.

20 (b) Emergency medical services shall be permitted to allow licensed providers who
21 evaluate and treat mental health disorders, including substance use disorders, to accompany EMS.
22 Such providers shall be permitted to evaluate and treat EMS patients when medically necessary
23 and appropriate. Such evaluation and treatment shall be permitted to occur in the community.

24 (c) Emergency medical services shall be permitted to transport to the following facilities
25 designated by the director of the department of health:

26 (1) Emergency room diversion facilities, as defined in § 23-17.26-2; and

27 (2) Community-based behavioral health facilities designed to provide immediate assistance
28 to a person in crisis.

29 (d) Rhode Island Medicaid and its contracted managed care entities shall provide coverage
30 for transportation, evaluation, and treatment described in subsections (c) and (d) of this section and
31 shall reimburse such services at a rate not lower than the same service would have been had that
32 service been delivered in a traditional office setting or for basic life support transport to an
33 emergency department.

34 (e) The executive office of health and human services shall set the reimbursement rates for

1 [the services described in this section.](#)

2 SECTION 6. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would authorize emergency medical service agencies approved by the department
2 of health to participate in a mobile integrated healthcare/community paramedicine program,
3 allowing the agencies to transport individuals to alternative facilities such as an individual's
4 primary care provider, community health clinic, urgent care facility, emergency room diversion
5 facility, or a community-based behavioral health facility, based on the individual's need of
6 emergency medical services. This act would further permit licensed providers to accompany
7 emergency medical services and treat patients within the community for mental health disorders,
8 including substance use disorders. This act would further require the health insurance contract, plan
9 or policy to provide coverage for transport to an alternative location facility and treatment by a
10 licensed provider for mental health disorders and substance use disorders within the community.

11 This act would take effect upon passage.

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