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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: Senators Miller, Lawson, Lauria, DiMario, DiPalma, Valverde, and Murray

Date Introduced: March 07, 2023

Referred To: Senate 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 individuals who meet the requirements of state laws and regulations
8 where the services are being furnished. Additionally, the number of emergency medical technicians
9 will be equal to the number established in regulations by the department of health to be legally
10 authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

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

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

1 cardiac, and paramedics.

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

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

12 (c) This section authorizes emergency medical services in the state that are approved by
13 the department of health to participate in a mobile integrated healthcare/community paramedicine
14 program to divert non-emergency basic life service calls from emergency departments within their
15 service area as provided by department of health regulations. Pursuant to an EMS agency’s
16 approved plan, emergency medical services practitioners shall assess individuals who are in need
17 of emergency medical services and apply the correct level of care thereafter, which may include
18 transport to an alternative facility deemed appropriate by the emergency medical services
19 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 individuals who meet the requirements of state laws and regulations
16 where the services are being furnished. Additionally, the number of emergency medical technicians
17 will be equal to the number established in regulations by the department of health to be legally
18 authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

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

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

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

1 intermittent health care issues.

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

5 (c) This section authorizes emergency medical services in the state who are approved by
6 the department of health to participate in a mobile integrated healthcare/community paramedicine
7 program to divert non-emergency basic life service calls from emergency departments within their
8 service area as provided by department of health regulations. Pursuant to an EMS agency's
9 approved plan, emergency medical services practitioners shall assess individuals who are in need
10 of emergency medical services and apply the correct level of care thereafter, which may include
11 transport to an alternative facility deemed appropriate by the emergency medical services
12 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 individuals who meet the requirements of state laws and regulations
9 where the services are being furnished. Additionally, the number of emergency medical technicians
10 will be equal to the number established in regulations by the department of health to be legally
11 authorized to operate all lifesaving and life-sustaining 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
20 technicians, advanced emergency medical technicians, advanced emergency medical technicians-
21 cardiac, and paramedics.

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

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

32 (c) This section authorizes emergency medical services in the state who are approved by
33 the department of health to participate in a mobile integrated healthcare/community paramedicine
34 program to divert non-emergency basic life service calls from emergency departments within their

1 service area as provided by department of health regulations. Pursuant to an EMS agency's
2 approved plan, emergency medical services practitioners shall assess individuals who are in need
3 of emergency medical services and apply the correct level of care thereafter, which may include
4 transport to an alternative facility deemed appropriate by the emergency medical services
5 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 individuals who meet the requirements of state laws and regulations
2 where the services are being furnished. Additionally, the number of emergency medical technicians
3 will be equal to the number established in regulations by the department of health to be legally
4 authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

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

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

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

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

25 (c) This section authorizes emergency medical services in the state who are approved by
26 the department of health to participate in a mobile integrated healthcare/community paramedicine
27 program to divert non-emergency basic life service calls from emergency departments within their
28 service area as provided by department of health regulations. Pursuant to an EMS agency's
29 approved plan, emergency medical services practitioners shall assess individuals who are in need
30 of emergency medical services and apply the correct level of care thereafter, which may include
31 transport to an alternative facility deemed appropriate by the emergency medical services
32 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 individuals who meet the requirements of state laws and regulations
29 where the services are being furnished. Additionally, the number of emergency medical technicians
30 will be equal to the number established in regulations by the department of health to be legally
31 authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

32 (2) "Emergency medical services" or "EMS" means the practitioners, ambulance vehicles,
33 and ambulance service entities licensed in accordance with chapter 4.1 of title 23 to provide
34 emergency medical care, transportation, and preventive care to mitigate loss of life or exacerbation

1 of illness or injury, including, but not limited to, EMS responding to the 911 system established
2 under chapter 21.1 of title 39.

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

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

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

18 (c) This section authorizes emergency medical services in the state that are approved by
19 the department of health to participate in a mobile integrated healthcare/community paramedicine
20 program to divert non-emergency basic life service calls from emergency departments within their
21 service area as provided by department of health regulations. Pursuant to an EMS agency's
22 approved plan, emergency medical services practitioners shall assess individuals who are in need
23 of emergency medical services and apply the correct level of care thereafter, which may include
24 transport to an alternative facility deemed appropriate by the emergency medical services
25 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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LC001384/SUB A/3
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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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LC001384/SUB A/3
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