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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Donovan, Speakman, Place, Fogarty, McGaw, and Kislak

Date Introduced: April 25, 2024

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 sections:

3 **27-18-95. 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 shall 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 shall 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) A community health clinic;

21 (2) An urgent care facility;

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

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

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

31 (e) Commencing January 1, 2025, every individual or group health insurance contract, plan
32 or policy issued for delivery or renewed in this state that provides medical coverage that includes
33 coverage for emergency medical services shall provide coverage for transport to an alternative
34 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such

1 services at the same rate as for a basic life support transport to an emergency department.

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

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

8 **27-18-96. Coverage of emergency medical services mental health and substance use**
9 **disorder treatment.**

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

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

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

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

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

24 (d) Commencing January 1, 2025, every individual or group health insurance contract, plan
25 or policy issued for delivery or renewed in this state that provides medical coverage that includes
26 coverage for emergency medical services, shall provide coverage for evaluation and treatment
27 described in subsection (b) of this section and shall reimburse such services at a rate not lower than
28 the same service would have been had that service been delivered in a traditional office setting.

29 (e) Commencing January 1, 2025, every individual or group health insurance contract, plan
30 or policy issued for delivery or renewed in this state that provides medical coverage that includes
31 coverage for emergency medical services, shall provide coverage for transportation and described
32 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
33 rate as for basic life support transport to an emergency department.

34 (f) Treatment and coverage for mental health disorders, including substance use disorders,

1 as described in this section shall be provided in accordance with chapter 38.2 of title 27.

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

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

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

10 **27-19-87. Emergency medical services transport to alternate facilities.**

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

12 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and
13 medically necessary supplies and services, plus the provision of BLS ambulance services. The
14 ambulance shall be staffed by individuals who meet the requirements of state laws and regulations
15 where the services are being furnished. Additionally, the number of emergency medical technicians
16 shall be equal to the number established in regulations by the department of health to be legally
17 authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

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

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

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

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

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

12 **(1) A community health clinic;**

13 **(2) An urgent care facility;**

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

15 **(4) A community-based behavioral health facility designed to provide immediate**
16 **assistance to a person in crisis.**

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

23 **(e) Commencing January 1, 2025, 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 transport to an alternative**
26 **location facility as identified in subsection (c) of this section and shall reimburse the EMS for such**
27 **services at the same rate as for a basic life support transport to an emergency department.**

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

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

34 **27-19-88. Coverage of emergency medical services mental health and substance use**

1 **disorder treatment.**

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

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

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

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

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

16 (d) Commencing January 1, 2025, 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 evaluation and treatment
19 described in subsection (b) of this section and shall reimburse such services at a rate not lower than
20 the same service would have been had that service been delivered in a traditional office setting.

21 (e) Commencing January 1, 2025, every individual or group health insurance contract, plan
22 or policy issued for delivery or renewed in this state that provides medical coverage that includes
23 coverage for emergency medical services, shall provide coverage for transportation and described
24 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
25 rate as for basic life support transport to an emergency department.

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

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

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

34 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service

1 Corporations" is hereby amended by adding thereto the following sections:

2 **27-20-83. Emergency medical services transport to alternate facilities.**

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

4 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and
5 medically necessary supplies and services, plus the provision of BLS ambulance services. The
6 ambulance shall be staffed by individuals who meet the requirements of state laws and regulations
7 where the services are being furnished. Additionally, the number of emergency medical technicians
8 shall be equal to the number established in regulations by the department of health to be legally
9 authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

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

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

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

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

30 (c) This section authorizes emergency medical services in the state who are approved by
31 the department of health to participate in a mobile integrated healthcare/community paramedicine
32 program to divert non-emergency basic life service calls from emergency departments within their
33 service area as provided by department of health regulations. Pursuant to an EMS agency's
34 approved plan, emergency medical services practitioners shall assess individuals who are in need

1 of emergency medical services and apply the correct level of care thereafter, which may include
2 transport to an alternative facility deemed appropriate by the emergency medical services
3 practitioner. An alternative facility shall include, but not be limited to:

4 (1) A community health clinic;

5 (2) An urgent care facility;

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

7 (4) A community-based behavioral health facility designed to provide immediate
8 assistance to a person in crisis.

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

15 (e) Commencing January 1, 2025, every individual or group health insurance contract, plan
16 or policy issued for delivery or renewed in this state that provides medical coverage that includes
17 coverage for emergency medical services shall provide coverage for transport to an alternative
18 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such
19 services at the same rate as for a basic life support transport to an emergency department.

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

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

26 **27-20-84. Coverage of emergency medical services mental health and substance use**
27 **disorder treatment.**

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

33 (b) Emergency medical services shall be permitted to allow licensed providers who
34 evaluate and treat mental health disorders, including substance use disorders, to accompany EMS.

1 Such providers shall be permitted to evaluate and treat EMS patients when medically necessary
2 and appropriate. Such evaluation and treatment shall be permitted to occur in the community.

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

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

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

8 (d) Commencing January 1, 2025, every individual or group health insurance contract, plan
9 or policy issued for delivery or renewed in this state that provides medical coverage that includes
10 coverage for emergency medical services, shall provide coverage for evaluation and treatment
11 described in subsection (b) of this section and shall reimburse such services at a rate not lower than
12 the same service would have been had that service been delivered in a traditional office setting.

13 (e) Commencing January 1, 2025, every individual or group health insurance contract, plan
14 or policy issued for delivery or renewed in this state that provides medical coverage that includes
15 coverage for emergency medical services, shall provide coverage for transportation and described
16 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
17 rate as for basic life support transport to an emergency department.

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

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

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

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

28 **27-41-100. Emergency medical services transport to alternate facilities.**

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

30 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and
31 medically necessary supplies and services, plus the provision of BLS ambulance services. The
32 ambulance shall be staffed by individuals who meet the requirements of state laws and regulations
33 where the services are being furnished. Additionally, the number of emergency medical technicians
34 shall be equal to the number established in regulations by the department of health to be legally

1 authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

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

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

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

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

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

30 (1) A community health clinic;

31 (2) An urgent care facility;

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

33 (4) A community-based behavioral health facility designed to provide immediate
34 assistance to a person in crisis.

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

7 (e) Commencing January 1, 2025, every individual or group health insurance contract, plan
8 or policy issued for delivery or renewed in this state that provides medical coverage that includes
9 coverage for emergency medical services shall provide coverage for transport to an alternative
10 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such
11 services at the same rate as for a basic life support transport to an emergency department.

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

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

18 **27-41-101. Coverage of emergency medical services mental health and substance use**
19 **disorder treatment.**

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

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

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

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

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

34 (d) Commencing January 1, 2025, every individual or group health insurance contract, plan

1 or policy issued for delivery or renewed in this state that provides medical coverage that includes
2 coverage for emergency medical services, shall provide coverage for evaluation and treatment
3 described in subsection (b) of this section and shall reimburse such services at a rate not lower than
4 the same service would have been had that service been delivered in a traditional office setting.

5 (e) Commencing January 1, 2025, every individual or group health insurance contract, plan
6 or policy issued for delivery or renewed in this state that provides medical coverage that includes
7 coverage for emergency medical services, shall provide coverage for transportation and described
8 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
9 rate as for basic life support transport to an emergency department.

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

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

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

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

20 **42-7.2-21. Emergency medical services transport to alternate facilities.**

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

22 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and
23 medically necessary supplies and services, plus the provision of BLS ambulance services. The
24 ambulance shall be staffed by individuals who meet the requirements of state laws and regulations
25 where the services are being furnished. Additionally, the number of emergency medical technicians
26 shall be equal to the number established in regulations by the department of health to be legally
27 authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

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

33 (3) "Emergency medical services practitioner" means an individual who is licensed in
34 accordance with state laws and regulations to perform emergency medical care and preventive care

1 to mitigate loss of life or exacerbation of illness or injury, including emergency medical
2 technicians, advanced emergency medical technicians, advanced emergency medical technicians-
3 cardiac, and paramedics.

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

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

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

22 (1) A community health clinic;

23 (2) An urgent care facility;

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

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

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

33 (e) Rhode Island Medicaid and its contracted managed care entities shall provide coverage
34 for transport to an alternative facility as identified in subsection (c) of this section and shall

1 reimburse the EMS for such services at the same rate as for a basic life support transport to an
2 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 executive office of health and human services shall set the reimbursement rates for
7 the services described in this section.

8 **42-7.2-22. Coverage for emergency medical services mental health and substance use**
9 **disorder.**

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

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

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

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

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

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

29 (e) The executive office of health and human services shall set the reimbursement rates for
30 the services described in this section.

31 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 a community health
4 clinic, urgent care facility, emergency room diversion facility, or a community-based behavioral
5 health facility, based on the individual's need of emergency medical services. This act would
6 further permit licensed providers to accompany emergency medical services and treat patients
7 within the community for mental health disorders, including substance use disorders. This act
8 would further require the health insurance contract, plan or policy to provide coverage for transport
9 to an alternative location facility and treatment by a licensed provider for mental health disorders
10 and substance use disorders within the community.

11 This act would take effect upon passage.

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LC005931
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