

2024 -- S 2389 AS AMENDED

LC004305

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: Senators Miller, Pearson, DiMario, DiPalma, Valverde, and Lauria

Date Introduced: February 12, 2024

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 **27-18-95. Emergency medical services transport to alternate facilities.**

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

5 (1) "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 (2) "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 (3) "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

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 that 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 within their
9 service area as provided by department of health regulations. Pursuant to an EMS agency's
10 approved plan, emergency medical services practitioners shall assess individuals who are in need
11 of emergency medical services and apply the correct level of care thereafter, which may include
12 transport to an alternative facility deemed appropriate by the emergency medical services
13 practitioner. An alternative facility shall include, but not be limited to:

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

15 (2) A community health clinic;

16 (3) An urgent care facility;

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

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

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

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

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

34 (g) The office of the health insurance commissioner may promulgate such rules and

1 regulations as are necessary and proper to effectuate the purpose and for the efficient administration
2 and enforcement of this section.

3 **27-18-96. Coverage of emergency medical services mental health and substance use**
4 **disorder treatment.**

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

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

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

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

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

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

24 (e) 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 transportation and described
27 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
28 rate as for transport to an emergency department.

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

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

34 (h) The office of the health insurance commissioner may promulgate such rules and

1 regulations as are necessary and proper to effectuate the purpose and for the efficient administration
2 and enforcement of this section.

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

5 **27-19-87. Emergency medical services transport to alternate facilities.**

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

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

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

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

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

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

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

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

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 transport to an alternative
16 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such
17 services at the same rate as for a transport to an emergency department.

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

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

24 **27-19-88. Coverage of emergency medical services mental health and substance use**
25 **disorder treatment.**

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

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

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

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

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

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

11 (e) Commencing January 1, 2025, 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 transportation and described
14 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same
15 rate as for transport to an emergency department.

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

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

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

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

26 **27-20-83. Emergency medical services transport to alternate facilities.**

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

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

33 (3) "Mobile integrated healthcare/community paramedicine" means the provision of
34 healthcare using patient-centered, mobile resources in the out-of-hospital environment pursuant to

1 an EMS agency's plan approved by the department of health utilizing licensed paramedic and
2 advanced emergency medical technician-cardiac practitioners working in collaboration with
3 physicians, nurses, mid-level practitioners, community health teams and social, behavioral and
4 substance use disorder specialists to address the unmet needs of individuals experiencing
5 intermittent health care issues.

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

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

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

18 (2) A community health clinic;

19 (3) An urgent care facility;

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

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

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

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 transport to an alternative
32 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such
33 services at the same rate as for a transport to an emergency department.

34 (f) If treatment at an alternative facility is deemed appropriate by the EMS practitioner, the

1 emergency medical service shall bill at the rate described in subsection (e) of this section, even if
2 an advanced life support assessment was provided.

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

6 **27-20-84. Coverage of emergency medical services mental health and substance use**
7 **disorder treatment.**

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

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

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

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

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

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

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

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

34 (g) The department of health with the collaboration of the ambulance service coordinating

1 advisory board shall promulgate any rules, regulations, standing orders, protocols, and procedures
2 necessary and proper for the efficient administration and enforcement of this section.

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

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

8 **27-41-100. Emergency medical services transport to alternate facilities.**

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

10 (1) "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 (2) "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 (3) "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) An individual's primary care provider;

5 (2) A community health clinic;

6 (3) An urgent care facility;

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

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

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

16 (e) 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 transport to an alternative
19 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such
20 services at the same rate as for a transport to an emergency department.

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

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

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

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

34 (b) Emergency medical services shall be permitted to allow licensed providers who

1 evaluate and treat mental health disorders, including substance use disorders, to accompany EMS.
2 Such providers shall be permitted to evaluate and treat EMS patients when medically necessary
3 and appropriate. Such evaluation and treatment shall be permitted to occur in the community.

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

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

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

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

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

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

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

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

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

29 **42-7.2-21. Emergency medical services transport to alternate facilities.**

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

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

1 under chapter 21.1 of title 39.

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

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

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

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

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

26 (2) A community health clinic;

27 (3) An urgent care facility;

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

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

31 (d) The department of health with the collaboration of the ambulance service coordinating
32 advisory board shall administer the mobile integrated healthcare/community paramedicine program
33 and shall promulgate any rules, regulations, standing orders, protocols, and procedures necessary
34 and proper for the efficient administration and enforcement of this section. The requirements of

1 this chapter shall only apply to EMS agencies who apply for and receive approval from the
2 department of health to provide such services.

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

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

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

11 **42-7.2-22. Coverage for emergency medical services mental health and substance use**
12 **disorder.**

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

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

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

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

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

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

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

33 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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