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**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2024**

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A N A C T

RELATING TO PUBLIC UTILITIES AND CARRIERS -- MOTOR PASSENGER CARRIERS  
-- NON-EMERGENCY MEDICAL TRANSPORTATION

Introduced By: Senators Britto, Ciccone, DiMario, Sosnowski, F. Lombardi, and Lawson

Date Introduced: June 03, 2024

Referred To: Senate Health & Human Services

(Governor)

It is enacted by the General Assembly as follows:

1           SECTION 1. Section 39-13-1 of the General Laws in Chapter 39-13 entitled "Motor  
2 Passenger Carriers" is hereby amended to read as follows:

3           **39-13-1. Definitions.**

4           (a) "Coordinated paratransit services" means paratransit services coordinated by the  
5 department of transportation, to be provided under a brokerage or other contractual model to  
6 provide, promote, and coordinate new or existing paratransit operations to enable all state,  
7 municipal, and private agencies access to appropriate paratransit services. [For the purpose of this](#)  
8 [chapter, non-emergency medical transportation as defined in § 39-14.3-1 shall not be considered to](#)  
9 [be coordinated paratransit services.](#)

10          (b) "Jitney" means and includes any motor bus or other public-service motor vehicle  
11 operated in whole or in part upon any street or highway in such manner as to afford a means of  
12 transportation similar to that afforded by a street railway company, by indiscriminately receiving  
13 or discharging passengers; or running on a regular route or over any portion thereof; or between  
14 fixed termini.

15          (c) "Paratransit services" means flexible transportation services provided on a demand-  
16 responsive and advance-reservation basis, for any destination within the scope of a service program  
17 provided by a state or municipal agency, the fee for which is determined pursuant to a contract  
18 between the service provider and the state or municipal agency. Paratransit includes single or group

1 trips or trips made on a recurring basis such as for work, school, medical, nutrition, and sheltered  
2 workshops.

3 (d) "Public-service motor vehicle" shall include all motor vehicles as defined in § 31-1-3,  
4 used for the transportation of passengers for hire.

5 (e) "Transportation operator(s)" means an entity(ies) providing flexible transportation  
6 services that are operated publicly or privately, and are distinct from conventional fixed-route,  
7 fixed-schedule transit, and are generally operated with low-capacity vehicles that provide curb-to-  
8 curb or door-to-door service that typically involves transportation of elderly, disabled, low-income,  
9 or the otherwise transportation-dependent population.

10 SECTION 2. Title 39 of the General Laws entitled "PUBLIC UTILITIES AND  
11 CARRIERS" is hereby amended by adding thereto the following chapter:

12 CHAPTER 14.3

13 NON-EMERGENCY MEDICAL TRANSPORTATION

14 **39-14.3-1. Definitions.**

15 Terms used in this chapter shall be construed as follows, unless another meaning is  
16 expressed or is clearly apparent from the language or context:

17 (1) "Certificate" means a certificate of operating authority issued to a non-emergency  
18 medical transportation service provider.

19 (2) "Common carrier" means any person engaging in the business of providing for-hire  
20 non-emergency medical transportation services as defined in this chapter.

21 (3) "Division" means the division of public utilities and carriers.

22 (4) "Driver" means any person operating a motor vehicle used to provide non-emergency  
23 medical transportation services that the person owns or is operating with the expressed or implied  
24 consent of the vehicle owner.

25 (5) "EOHHS" means the Rhode Island executive office of health and human services.

26 (6) "Non-emergency medical transportation" or "NEMT" means the transportation  
27 program established to provide cost effective NEMT services for individuals eligible for medical  
28 assistance under the Medicaid State Plan who need access to health care services and have no other  
29 means of transportation. The program is inclusive of the Elderly Transportation Program (ETP)  
30 and monthly bus pass distribution for the TANF ("RI Works") program. It is a key benefit of  
31 Medicaid defined under 42 C.F.R. 457.1206 and is frequently coordinated by state agencies,  
32 departments, and authorities, including the executive office of health and human services and the  
33 Ride program administered by the Rhode Island public transit authority, and may be coordinated  
34 by a third-party scheduler contracted by such state agency, department or authority. For the

1 purposes of this chapter, the coordination of transportation by medical facilities when discharging  
2 patients/clients shall not be deemed NEMT.

3 (7) "Non-emergency medical vehicle" ("NEMT vehicle") means a vehicle operated under  
4 the authority of a NEMT certificate holder in vehicles bearing "Public Service" registration plates  
5 issued by the department of motor vehicles.

6 (8) "Passenger" means an individual being transported by a certificated carrier in  
7 conformance with the provisions of this chapter.

8 (9) "Person" means and includes any individual, partnership, corporation, or other  
9 association of individuals.

10 (10) "Public motor vehicle" and "PMV" and "public motor vehicle certificate of operating  
11 authority" means the type of vehicle and operating certification process as defined in § 39-14.1-1.

12 (11) "RIPTA" means the Rhode Island public transit authority.

13 (12) "Special license" means a license, commonly referred to as a "hackney operator's  
14 license," issued by the division of public utilities and carriers authorizing drivers to transport  
15 passengers for compensation.

16 (13) "Taxicab" means every motor vehicle identified as such in § 39-14-1.

17 (14) "Third-party scheduler" means a vendor engaged by a state agency, department or  
18 authority to schedule and coordinate transportation services for clients of the agency, department  
19 or authority.

20 (15) "Vehicle" means a motor vehicle used to provide non-emergency medical  
21 transportation services as defined in this chapter.

22 (16) "Vehicle markings" means markings required to be affixed to the outside of vehicles  
23 identifying the vehicle as providing NEMT service.

24 (17) "Wheelchair-accessible vehicle" means a vehicle designed and equipped to allow the  
25 transportation of a passenger who uses a wheelchair without requiring that passenger to be removed  
26 from the wheelchair.

27 **39-14.3-2. Powers of division.**

28 Every person owning or operating a motor vehicle engaged in providing non-emergency  
29 medical transportation is declared a common carrier and subject to the jurisdiction of the division.  
30 The division may prescribe any rules and regulations that it deems proper to ensure adequate,  
31 economical, safe, and efficient service regulated under this chapter. Moreover, the executive office  
32 of health and human services shall determine reasonable vehicle standards to ensure NEMT  
33 vehicles are of satisfactory condition, age, and mileage to be used to transport NEMT passengers  
34 in a safe, sanitary, and acceptable manner.

1           **39-14.3-3. Certificate required for NEMT operations.**

2           (a) No person shall operate a vehicle in the provision of non-emergency medical  
3 transportation in this state until the person shall have obtained an NEMT certificate of operating  
4 authority from the division certifying that the applicant is fit, willing, and able to provide such  
5 service to passengers. The certificate shall be issued only after submission to the division of a  
6 written application for it, accompanied by a fee of one hundred twenty-five dollars (\$125), and  
7 after a public hearing has been conducted on the application. Certificates issued under this chapter  
8 shall be renewed before the close of business on December 31 of each calendar year. The renewal  
9 fee shall be one hundred dollars (\$100) and shall be submitted with the renewal form. All revenues  
10 received under this section shall be deposited as general revenues.

11           (b) Notwithstanding the provisions of subsection (a) of this section, the division shall have  
12 the authority to automatically grant such a certificate to any applicant who has previously held a  
13 public motor vehicle certificate, issued under § 39-14.1-3 ("PMV certificate"), and has utilized that  
14 certificate solely to provide non-emergency medical transportation prior to the establishment of  
15 this chapter. In such instances, the division may administratively convert such a PMV certificate to  
16 an NEMT certificate without the need for an additional application fee to be paid or an application  
17 hearing to be held. The division shall establish a mechanism for all such certificate conversion  
18 requests to be made no later than August 1, 2024. Nothing in this subsection shall be construed to  
19 mean that such converted certificates are exempt from the annual renewal process listed in  
20 subsection (a) of this section.

21           (c) Non-emergency medical transportation services provided by RIPTA and by licensed  
22 ambulance companies shall be exempt from this chapter.

23           (d) Taxicab companies certificated and authorized by the division under chapter 14 of title  
24 39 shall be permitted to provide non-emergency medical transportation services without the need  
25 to apply for an NEMT certificate as required in subsection (a) of this section; provided, however,  
26 that taxicabs shall not provide services beyond the authority conferred through its division-issued  
27 certificate of public convenience and the requirements set forth in chapter 14 of title 39.

28           (e) Transportation network companies authorized by the division under chapter 14.2 of title  
29 39 shall be exempt from this chapter, provided, that non-emergency medical transportation  
30 conducted by such companies shall be provided in accordance with policies established by EOHHS.

31           (f) No for-hire transportation services authorized by the division under chapters 13 or 14.1  
32 of title 39 shall be authorized to provide non-emergency medical transportation services, without  
33 first having obtained an NEMT certificate as required in subsection (a) of this section.

34           **39-14.3-4. Hearing on application.**

1 Upon receipt of an application for new authority, the division shall, within a reasonable  
2 time, set the time and place for the required hearing. Notice of the hearing shall be given by first-  
3 class mail to the applicant and shall be published on the division's agency website. Following the  
4 hearing, the administrator of the division shall issue a decision granting or denying the application  
5 as soon as practicable.

6 **39-14.3-5. Safety and sanitary condition of vehicles - Inspection and suitability.**

7 The division of motor vehicles shall have jurisdiction over the lighting, equipment, safety  
8 and sanitary condition of all vehicles utilized to provide non-emergency medical transportation and  
9 shall cause an inspection of it to be made before registering it, and from time to time thereafter, as  
10 it shall deem necessary for the convenience, protection, and safety of passengers and of the public.  
11 The division of motor vehicles shall establish a reasonable fee to be paid for each annual inspection.  
12 Moreover, the executive office of health and human services shall ensure that the vehicles are of  
13 satisfactory condition, age, and mileage to be used to transport NEMT passengers in a safe, sanitary,  
14 and acceptable manner.

15 **39-14.3-6. Registration and vehicle markings.**

16 (a) Every vehicle engaged in non-emergency medical transportation shall be appropriately  
17 registered with the division of motor vehicles to be operated on the roadways of the state. Moreover,  
18 before being used to transport passengers, certificate holders shall register each vehicle with the  
19 division on a form that lists vehicle year, make, model, and license plate number.

20 (b) Every vehicle used to provide non-emergency medical transportation services shall bear  
21 markings on the outside of the vehicle identifying it as authorized to provide such services. Such  
22 markings shall make it clearly identifiable as an NEMT vehicle and shall list the NEMT certificate  
23 number issued by the division. The division shall, in conjunction with EOHHS and all other state  
24 agencies that contract for NEMT services on behalf of passengers, establish reasonable guidelines  
25 for such vehicle markings.

26 **39-14.3-7. Drivers - General requirements.**

27 No person shall operate an NEMT vehicle for compensation upon the public highways  
28 until the person shall have first obtained an operator's license as provided for in chapter 10 of title  
29 31. Provided, further, no person shall operate an NEMT vehicle upon the highways until the person  
30 shall have first obtained a special license from the division under any rules and regulations that the  
31 division shall have established in accordance with § 3-14-20 and § 39-14.1-8. Nothing in this  
32 section shall prohibit the executive office of health and human services from requiring additional  
33 vetting and/or training of NEMT drivers.

34 **39-14.3-8. Proof of financial responsibility.**

1           The owner of any NEMT vehicle operating under this chapter shall file with the division a  
2 certificate of insurance issued by an insurance company authorized to transact business in this state,  
3 showing that the owner has a policy insuring the NEMT certificate holder against liability for injury  
4 to person and damage to property that may be caused by the operation of the NEMT vehicle, which  
5 policy shall provide for the indemnity in the sum of not less than one million five hundred thousand  
6 dollars (\$1,500,000) for personal injury and indemnity of not less than one hundred thousand  
7 dollars (\$100,000) for damage to property. Such proof of financial responsibility shall be  
8 resubmitted annually when the NEMT certificate is renewed in accordance with § 39-14.3-3 (a).

9           **39-14.3-9. Penalty for violations - General.**

10           (a) Any person, firm, or corporation, subject to the provisions of this chapter and/or any  
11 rules and regulations promulgated under it, who shall knowingly or willfully cause to be done any  
12 act prohibited by this chapter, or who shall be guilty of any violation of this chapter or the rules  
13 and regulations shall be deemed guilty of a misdemeanor and shall, upon conviction, be subject to  
14 a fine not to exceed one thousand dollars (\$1,000) or imprisonment for a term not exceeding one  
15 year, or both for each offense.

16           (b) The administrator of the division may, in their discretion, in lieu of seeking criminal  
17 sanctions, and/or in lieu of revoking or suspending the carrier's operating authority as conferred  
18 under this chapter, impose upon its regulated common carriers an administrative civil penalty  
19 ("fine"). This fine shall not exceed one thousand dollars (\$1,000) per violation under this chapter  
20 or the division's rules and regulations promulgated under this chapter.

21           SECTION 4. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance  
22 Policies" is hereby amended by adding thereto the following section:

23           **27-18-95. Emergency medical services transport to alternate facilities.**

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

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

31           (2) "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 (3) "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 (4) "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 calls from emergency departments within their service area as  
20 provided by department of health regulations. Pursuant to an EMS agency's approved plan,  
21 emergency medical services practitioners shall assess individuals who are in need of emergency  
22 medical services and apply the correct level of care thereafter, which may include transport to an  
23 alternative facility deemed appropriate by the emergency medical services practitioner. An  
24 alternative facility shall include, but not be limited to:

25 (1) A community health clinic;

26 (2) An urgent care facility;

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

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

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

1 department of health to provide such services.

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

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

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

13 **27-18-96. Coverage of emergency medical services mental health and substance use**  
14 **disorder treatment.**

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) 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 evaluation and treatment  
32 described in subsection (b) of this section and shall reimburse such services at a rate not lower than  
33 the same service would have been had that service been delivered in a traditional office setting.

34 (e) 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 transportation and described  
3 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same  
4 rate as for basic life support transport to an emergency department.

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

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

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

13 SECTION 5. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service  
14 Corporations" is hereby amended by adding thereto the following sections:

15 **27-19-87. Emergency medical services transport to alternate facilities.**

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

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

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

28 (3) "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 (4) "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 calls from emergency departments within their service area as  
12 provided by department of health regulations. Pursuant to an EMS agency's approved plan,  
13 emergency medical services practitioners shall assess individuals who are in need of emergency  
14 medical services and apply the correct level of care thereafter, which may include transport to an  
15 alternative facility deemed appropriate by the emergency medical services practitioner. An  
16 alternative facility shall include, but not be limited to:

17 (1) A community health clinic;

18 (2) An urgent care facility;

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

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

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

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

33 (f) If treatment at an alternative facility is deemed appropriate by the EMS practitioner, the  
34 emergency medical service shall bill at the rate described in subsection (e) of this section, even if

1 an advanced life support assessment was provided.

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

5 **27-19-88. Coverage of emergency medical services mental health and substance use**  
6 **disorder treatment.**

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

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

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

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

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

21 (d) 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 evaluation and treatment  
24 described in subsection (b) of this section and shall reimburse such services at a rate not lower than  
25 the same service would have been had that service been delivered in a traditional office setting.

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 transportation and described  
29 in subsection (c) of this section and shall reimburse such services at a rate not lower than the same  
30 rate as for basic life support transport to an emergency department.

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

33 (g) The department of health with the collaboration of the ambulance service coordinating  
34 advisory board shall promulgate any rules, regulations, standing orders, protocols, and procedures

1 necessary and proper for the efficient administration and enforcement of this section.

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

5 SECTION 6. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service  
6 Corporations" is hereby amended by adding thereto the following sections:

7 **27-20-83. Emergency medical services transport to alternate facilities.**

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

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

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

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

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

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

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

9           (1) A community health clinic;

10          (2) An urgent care facility;

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

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

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

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

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

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

31           **27-20-84. Coverage of emergency medical services mental health and substance use**  
32 **disorder treatment.**

33          (a) As used in this section, "emergency medical services" or "EMS" means the  
34 practitioners, ambulance vehicles, and ambulance service entities licensed in accordance with

1 chapter 4.1 of title 23 to provide emergency medical care, transportation, and preventive care to  
2 mitigate loss of life or exacerbation of illness or injury, including, but not limited to, EMS  
3 responding to the 911 system established under chapter 21.1 of title 39.

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

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

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

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

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

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

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

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

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

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

33 **27-41-100. Emergency medical services transport to alternate facilities.**

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

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

7           (2) "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           (3) "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           (4) "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 calls from emergency departments within their service area as  
30 provided by department of health regulations. Pursuant to an EMS agency's approved plan,  
31 emergency medical services practitioners shall assess individuals who are in need of emergency  
32 medical services and apply the correct level of care thereafter, which may include transport to an  
33 alternative facility deemed appropriate by the emergency medical services practitioner. An  
34 alternative facility shall include, but not be limited to:

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

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

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

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

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

23           **27-41-101. Coverage of emergency medical services mental health and substance use**  
24 **disorder treatment.**

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

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

34           (c) Emergency medical services shall be permitted to transport to the following facilities



1 designated by the director of the department of health:

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

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

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

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

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

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

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

23 SECTION 8. Chapter 42-7.2 of the General Laws entitled "Office of Health and Human  
24 Services" is hereby amended by adding thereto the following sections:

25 **42-7.2-21. Emergency medical services transport to alternate facilities.**

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

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

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

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

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

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

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

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

27 (1) A community health clinic;

28 (2) An urgent care facility;

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

30 (4) 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 9. This act shall take effect on August 1, 2024.

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LC006205/SUB A  
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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO PUBLIC UTILITIES AND CARRIERS -- MOTOR PASSENGER CARRIERS  
-- NON-EMERGENCY MEDICAL TRANSPORTATION

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1           This act would establish a safe and reasonable regulatory framework for companies and  
2 drivers providing non-emergency medical transportation services to a population of vulnerable  
3 passengers through coordination with the state's health and human service agencies.

4           This act would take effect on August 1, 2024.

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LC006205/SUB A  
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