

2025 -- S 0794

LC001167

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators DiMario, Murray, Lauria, Valverde, Ujifusa, Thompson, Urso,  
Appollonio, and Bissaillon

Date Introduced: March 14, 2025

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 sections:

3 **27-18-95. Emergency medical services transport to alternate facilities.**

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

5 (1) "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, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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 (1) "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 (2) "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, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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, 2026, 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.

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

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LC001167  
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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

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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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