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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO HEALTH AND SAFETY -- EMERGENCY MEDICAL TRANSPORTATION SERVICES

Introduced By: Senators Gu, Murray, DiMario, Ujifusa, Bell, Valverde, Lauria, Thompson, and Appollonio

Date Introduced: February 27, 2026

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 23-4.1 of the General Laws entitled "Emergency Medical
2 Transportation Services" is hereby amended by adding thereto the following section:

3 **23-4.1-3.1. Mobile integrated healthcare community paramedicine program.**

4 (a) The department of health, in collaboration of the ambulance service coordinating
5 advisory board, shall administer a mobile integrated healthcare community paramedicine program
6 (the" program"), as defined in § 27-18-1.1, § 27-19-1, § 27-20-1, and § 27-41-2, and shall
7 promulgate any rules, regulations, standing orders, protocols, and procedures necessary and proper
8 for the efficient administration and enforcement of this section. The requirements of this section
9 shall only apply to emergency medical services agencies as defined in chapters 18, 19, 20, and 41
10 of title 27, who apply for and receive approval from the department of health to provide such
11 services. The scope of the program shall address and incorporate ambulance services which are in-
12 network ("INN") ground ambulance services, out-of-network ("OON") ground ambulance
13 services, INN and OON community-based healthcare services, and INN and OON mobile
14 integrated health community paramedicine programs approved by the department of health.

15 (b) Provided, an OON ground ambulance service participating in the program shall be
16 subject to all state and federal prohibitions on surprise medical billing for their services.

17 SECTION 2. Sections 27-18-1.1 and 27-18-69 of the General Laws in Chapter 27-18
18 entitled "Accident and Sickness Insurance Policies" are hereby amended to read as follows:

1 **27-18-1.1. Definitions.**

2 As used in this chapter:

3 (1) “Adverse benefit determination” means any of the following: a denial, reduction, or
4 termination of, or a failure to provide or make payment (in whole or in part) for, a benefit, including
5 any such denial, reduction, termination, or failure to provide or make payment that is based on a
6 determination of an individual’s eligibility to participate in a plan or to receive coverage under a
7 plan, and including, with respect to group health plans, a denial, reduction, or termination of, or a
8 failure to provide or make payment (in whole or in part) for, a benefit resulting from the application
9 of any utilization review, as well as a failure to cover an item or service for which benefits are
10 otherwise provided because it is determined to be experimental or investigational or not medically
11 necessary or appropriate. The term also includes a rescission of coverage determination.

12 (2) “Affordable Care Act” means the federal Patient Protection and Affordable Care Act
13 of 2010, as amended by the federal Health Care and Education Reconciliation Act of 2010, and
14 federal regulations adopted thereunder.

15 (3) "Ambulance" means any publicly or privately owned vehicle, designed, constructed,
16 equipped, and operated for emergency medical treatment and/or transportation of persons who are
17 sick or injured.

18 ~~(3)~~(4) “Commissioner” or “health insurance commissioner” means that individual
19 appointed pursuant to § 42-14.5-1.

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

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

30 ~~(4)~~(7) “Essential health benefits” shall have the meaning set forth in section 1302(b) of the
31 federal Affordable Care Act [42 U.S.C. § 18022].

32 ~~(5)~~(8) “Grandfathered health plan” means any group health plan or health insurance
33 coverage subject to 42 U.S.C. § 18011.

34 (9) "Ground ambulance services" means those services provided by an ambulance service

1 [licensed to operate in Rhode Island in accordance with § 23-4.1-6. The term excludes air and water](#)
2 [ambulance services and ambulance services provided outside of Rhode Island.](#)

3 ~~(6)~~(10) “Group health insurance coverage” means, in connection with a group health plan,
4 health insurance coverage offered in connection with such plan.

5 (7)(11) “Group health plan” means an employee welfare benefit plan, as defined in 29
6 U.S.C. § 1002(1), to the extent that the plan provides health benefits to employees or their
7 dependents directly or through insurance, reimbursement, or otherwise.

8 ~~(8)~~(12) “Health benefits” or “covered benefits” means coverage or benefits for the
9 diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of
10 affecting any structure or function of the body including coverage or benefits for transportation
11 primarily for and essential thereto, and including medical services as defined in § 27-19-17.

12 ~~(9)~~(13) “Healthcare facility” means an institution providing healthcare services or a
13 healthcare setting, including, but not limited to, hospitals and other licensed inpatient centers,
14 ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers,
15 diagnostic, laboratory, and imaging centers, and rehabilitation and other therapeutic health settings.

16 ~~(10)~~(14) “Healthcare professional” means a physician or other healthcare practitioner
17 licensed, accredited, or certified to perform specified healthcare services consistent with state law.

18 ~~(11)~~(15) “Healthcare provider” or “provider” means a healthcare professional or a
19 healthcare facility.

20 ~~(12)~~(16) “Healthcare services” means services for the diagnosis, prevention, treatment,
21 cure, or relief of a health condition, illness, injury, or disease.

22 ~~(13)~~(17) “Health insurance carrier” means a person, firm, corporation, or other entity
23 subject to the jurisdiction of the commissioner under this chapter. Such term does not include a
24 group health plan.

25 ~~(14)~~(18) “Health plan” or “health benefit plan” means health insurance coverage and a
26 group health plan, including coverage provided through an association plan if it covers Rhode
27 Island residents. Except to the extent specifically provided by the federal Affordable Care Act, the
28 term “health plan” shall not include a group health plan to the extent state regulation of the health
29 plan is preempted under section 514 [29 U.S.C. § 1144] of the federal Employee Retirement Income
30 Security Act of 1974. The term also shall not include:

31 (A)(i) Coverage only for accident, or disability income insurance, or any combination
32 thereof.

33 (ii) Coverage issued as a supplement to liability insurance.

34 (iii) Liability insurance, including general liability insurance and automobile liability

1 insurance.

2 (iv) Workers' compensation or similar insurance.

3 (v) Automobile medical payment insurance.

4 (vi) Credit-only insurance.

5 (vii) Coverage for on-site medical clinics.

6 (viii) Other similar insurance coverage, specified in federal regulations issued pursuant to
7 Pub. L. No. 104-191, the federal Health Insurance Portability and Accountability Act of 1996
8 ("HIPAA"), under which benefits for medical care are secondary or incidental to other insurance
9 benefits.

10 (B) The following benefits if they are provided under a separate policy, certificate, or
11 contract of insurance or are otherwise not an integral part of the plan:

12 (i) Limited scope dental or vision benefits.

13 (ii) Benefits for long-term care, nursing home care, home health care, community-based
14 care, or any combination thereof.

15 (iii) Other excepted benefits specified in federal regulations issued pursuant to federal Pub.
16 L. No. 104-191 ("HIPAA").

17 (C) The following benefits if the benefits are provided under a separate policy, certificate,
18 or contract of insurance, there is no coordination between the provision of the benefits and any
19 exclusion of benefits under any group health plan maintained by the same plan sponsor, and the
20 benefits are paid with respect to an event without regard to whether benefits are provided with
21 respect to such an event under any group health plan maintained by the same plan sponsor:

22 (i) Coverage only for a specified disease or illness.

23 (ii) Hospital indemnity or other fixed indemnity insurance.

24 (D) The following if offered as a separate policy, certificate, or contract of insurance:

25 (i) Medicare supplement health insurance as defined under section 1882(g)(1) [42 U.S.C.
26 § 1395ss] of the federal Social Security Act.

27 (ii) Coverage supplemental to the coverage provided under chapter 55 of title 10, United
28 States Code (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)).

29 (iii) Similar supplemental coverage provided to coverage under a group health plan.

30 (19) "Mobile integrated healthcare community paramedicine program" means the
31 provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment
32 pursuant to an EMS agency's plan approved by the department of health utilizing licensed
33 emergency medical service practitioners working in collaboration with physicians, nurses, mid-
34 level practitioners, community health teams and social, behavioral and substance use disorder

1 specialists to address the unmet needs of individuals experiencing intermittent health care issues;
2 provided that, only those emergency medical services (EMS) agencies who submit plans that meet
3 the minimum requirements for participation set and approved by the department of health shall be
4 eligible to participate in a mobile integrated healthcare/community paramedicine program.

5 ~~(15)~~(20) “Office of the health insurance commissioner” means the agency established
6 under § 42-14.5-1.

7 ~~(16)~~(21) “Rescission” means a cancellation or discontinuance of coverage that has
8 retroactive effect for reasons unrelated to timely payment of required premiums or contribution to
9 costs of coverage.

10 **27-18-69. Licensed ambulance service.**

11 (a) No individual or group health insurance contract, plan, or policy delivered, issued for
12 delivery, or renewed in this state on or after January 1, 2009, shall provide for a copayment for
13 ground ambulance services in excess of fifty dollars (\$50.00).

14 (b) ~~As used in this section, the term “ground ambulance services” shall mean those services~~
15 ~~provided by an ambulance service licensed to operate in Rhode Island in accordance with § 23-4.1-~~
16 ~~6. The term excludes air and water ambulance services and ambulance services provided outside~~
17 ~~of Rhode Island.~~

18 (c) ~~This section~~ Subsections (a) and (d) of this section shall not apply to insurance coverage
19 providing benefits for: (1) Hospital confinement indemnity; (2) Disability income; (3) Accident
20 only; (4) Long-term care; (5) Medicare supplement; (6) Limited benefit health; (7) Specified
21 disease indemnity; (8) Sickness or bodily injury or death by accident or both; and (9) Other limited
22 benefit policies.

23 (d) Individual and group health insurance contracts, plans, and policies issued for delivery,
24 or renewed in this state on or after January 1, 2027, shall provide coverage and reimbursement for
25 ground ambulance services, as defined in § 27-18-1.1, equal to coverage and reimbursement rates
26 provided by Medicare for the same medical services, and shall reimburse the emergency medical
27 services provider staffed by emergency medical services practitioners, as defined in § 27-18-1.1, at
28 the level of care provided, regardless of whether the patient is transported, such coverage and
29 reimbursement shall be inclusive of the community-based healthcare services, to include mobile
30 integrated health community paramedicine programs approved by the department of health;
31 provided that, mobile integrated health community paramedicine programs services shall be
32 performed by emergency medical services staffed by emergency medical practitioners. If the
33 ground ambulance service provider participates in the carrier's network, the carrier shall cover and
34 reimburse the ambulance service provider at the ambulance service provider's rate for the level of

1 [care provided, regardless of whether the patient is transported. This coverage and reimbursement](#)
2 [shall also extend to ambulance services which are in-network \(“INN”\) ground ambulance services,](#)
3 [out-of-network \(“OON”\) ground ambulance services, INN and OON community-based healthcare](#)
4 [services, and INN and OON mobile integrated health community paramedicine programs approved](#)
5 [by the department of health.](#)

6 SECTION 3. Sections 27-19-1 and 27-19-60 of the General Laws in Chapter 27-19 entitled
7 "Nonprofit Hospital Service Corporations" are hereby amended to read as follows:

8 **27-19-1. Definitions.**

9 As used in this chapter:

10 (1) “Adverse benefit determination” means any of the following: a denial, reduction, or
11 termination of, or a failure to provide or make payment (in whole or in part) for, a benefit, including
12 any such denial, reduction, termination, or failure to provide or make payment that is based on a
13 determination of an individual’s eligibility to participate in a plan or to receive coverage under a
14 plan, and including, with respect to group health plans, a denial, reduction, or termination of, or a
15 failure to provide or make payment (in whole or in part) for, a benefit resulting from the application
16 of any utilization review, as well as a failure to cover an item or service for which benefits are
17 otherwise provided because it is determined to be experimental or investigational or not medically
18 necessary or appropriate. The term also includes a rescission of coverage determination.

19 (2) “Affordable Care Act” means the federal Patient Protection and Affordable Care Act,
20 Pub. L. No. 111-148, 124 Stat. 119, as amended by the federal Health Care and Education
21 Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029, and federal regulations adopted
22 thereunder.

23 [\(3\) "Ambulance" means any publicly or privately owned vehicle, designed, constructed,](#)
24 [equipped, and operated for emergency medical treatment and/or transportation of persons who are](#)
25 [sick or injured.](#)

26 ~~(3)~~(4) “Commissioner” or “health insurance commissioner” means that individual
27 appointed pursuant to § 42-14.5-1.

28 ~~(4)~~(5) “Contracting hospital” means an eligible hospital that has contracted with a nonprofit
29 hospital service corporation to render hospital care to subscribers to the nonprofit hospital service
30 plan operated by the corporation.

31 ~~(5)~~(6) “Eligible hospital” is one that is maintained either by the state or by any of its
32 political subdivisions or by a corporation organized for hospital purposes under the laws of this
33 state or of any other state or of the United States, that is designated as an eligible hospital by a
34 majority of the directors of the nonprofit hospital service corporation.

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

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

11 ~~(6)~~(9) "Essential health benefits" shall have the meaning set forth in section 1302(b) of the
12 federal Patient Protection and Affordable Care Act [42 U.S.C. § 18022(b)].

13 ~~(7)~~(10) "Grandfathered health plan" means any group health plan or health insurance
14 coverage subject to 42 U.S.C. § 18011.

15 (11) "Ground ambulances services" means those services provided by an ambulance
16 service licensed to operate in Rhode Island in accordance with § 23-4.1-6. The term excludes air
17 and water ambulance services and ambulance services provided outside of Rhode Island.

18 ~~(8)~~(12) "Group health insurance coverage" means, in connection with a group health plan,
19 health insurance coverage offered in connection with the plan.

20 ~~(9)~~(13) "Group health plan" means an employee welfare benefit plan, as defined in 29
21 U.S.C. § 1002(1), to the extent that the plan provides health benefits to employees or their
22 dependents directly or through insurance, reimbursement, or otherwise.

23 ~~(10)~~(14) "Health benefits" or "covered benefits" means coverage or benefits for the
24 diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of
25 affecting any structure or function of the body including coverage or benefits for transportation
26 primarily for and essential thereto, and including medical services as defined in § 27-19-17.

27 ~~(11)~~(15) "Healthcare facility" means an institution providing healthcare services or a
28 healthcare setting, including but not limited to: hospitals and other licensed inpatient centers;
29 ambulatory surgical or treatment centers; skilled nursing centers; residential treatment centers;
30 diagnostic, laboratory, and imaging centers; and rehabilitation and other therapeutic health settings.

31 ~~(12)~~(16) "Healthcare professional" means a physician or other healthcare practitioner
32 licensed, accredited, or certified to perform specified healthcare services consistent with state law.

33 ~~(13)~~(17) "Healthcare provider" or "provider" means a healthcare professional or a
34 healthcare facility.

1 ~~(14)~~(18) “Healthcare services” means services for the diagnosis, prevention, treatment,
2 cure, or relief of a health condition, illness, injury, or disease.

3 ~~(15)~~(19) “Health insurance carrier” means a person, firm, corporation, or other entity
4 subject to the jurisdiction of the commissioner under this chapter, and includes nonprofit hospital
5 service corporations. Such term does not include a group health plan. The use of this term shall not
6 be construed to subject a nonprofit hospital service corporation to the insurance laws of this state
7 other than as set forth in § 27-19-2.

8 ~~(16)~~(20) “Health plan” or “health benefit plan” means health insurance coverage and a
9 group health plan, including coverage provided through an association plan if it covers Rhode
10 Island residents. Except to the extent specifically provided by the federal Patient Protection and
11 Affordable Care Act, the term “health plan” shall not include a group health plan to the extent state
12 regulation of the health plan is preempted under section 514 of the federal Employee Retirement
13 Income Security Act of 1974 [29 U.S.C. § 1144]. The term also shall not include:

14 (A)(i) Coverage only for accident, or disability income insurance, or any combination
15 thereof.

16 (ii) Coverage issued as a supplement to liability insurance.

17 (iii) Liability insurance, including general liability insurance and automobile liability
18 insurance.

19 (iv) Workers’ compensation or similar insurance.

20 (v) Automobile medical payment insurance.

21 (vi) Credit-only insurance.

22 (vii) Coverage for on-site medical clinics.

23 (viii) Other similar insurance coverage, specified in federal regulations issued pursuant to
24 the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110
25 Stat. 1936 (“HIPAA”), under which benefits for medical care are secondary or incidental to other
26 insurance benefits.

27 (B) The following benefits if they are provided under a separate policy, certificate, or
28 contract of insurance or are otherwise not an integral part of the plan:

29 (i) Limited scope dental or vision benefits.

30 (ii) Benefits for long-term care, nursing home care, home health care, community-based
31 care, or any combination thereof.

32 (iii) Other excepted benefits specified in federal regulations issued pursuant to the federal
33 Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936
34 (“HIPAA”).

1 (C) The following benefits if the benefits are provided under a separate policy, certificate,
2 or contract of insurance, there is no coordination between the provision of the benefits and any
3 exclusion of benefits under any group health plan maintained by the same plan sponsor, and the
4 benefits are paid with respect to an event without regard to whether benefits are provided with
5 respect to such an event under any group health plan maintained by the same plan sponsor:

6 (i) Coverage only for a specified disease or illness.

7 (ii) Hospital indemnity or other fixed indemnity insurance.

8 (D) The following if offered as a separate policy, certificate, or contract of insurance:

9 (i) Medicare supplement health insurance as defined under section 1882(g)(1) of the federal
10 Social Security Act [42 U.S.C. § 1395ss].

11 (ii) Coverage supplemental to the coverage provided under chapter 55 of title 10, United
12 States Code (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)).

13 (iii) Similar supplemental coverage provided to coverage under a group health plan.

14 (21) "Mobile integrated healthcare community paramedicine program" means the
15 provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment
16 pursuant to an EMS agency's plan approved by the department of health utilizing licensed
17 emergency medical service practitioners working in collaboration with physicians, nurses, mid-
18 level practitioners, community health teams and social, behavioral and substance use disorder
19 specialists to address the unmet needs of individuals experiencing intermittent health care issues;
20 provided that, only those emergency medical services (EMS) agencies who submit plans that meet
21 the minimum requirements for participation set and approved by the department of health shall be
22 eligible to participate in a mobile integrated healthcare/community paramedicine program.

23 ~~(17)~~(22) "Nonprofit hospital service corporation" means any corporation organized
24 pursuant to this chapter for the purpose of establishing, maintaining, and operating a nonprofit
25 hospital service plan.

26 ~~(18)~~(23) "Nonprofit hospital service plan" means a plan by which specified hospital care
27 is to be provided to subscribers to the plan by a contracting hospital.

28 ~~(19)~~(24) "Office of the health insurance commissioner" means the agency established
29 under § 42-14.5-1.

30 ~~(20)~~(25) "Rescission" means a cancellation or discontinuance of coverage that has
31 retroactive effect for reasons unrelated to timely payment of required premiums or contribution to
32 costs of coverage.

33 ~~(21)~~(26) "Subscribers" mean those persons, whether or not residents of this state, who have
34 contracted with a nonprofit hospital service corporation for hospital care pursuant to a nonprofit

1 hospital service plan operated by the corporation.

2 **27-19-60. Licensed ambulance service.**

3 (a) No individual or group health insurance contract, plan, or policy delivered, issued for
4 delivery, or renewed in this state on or after January 1, 2009, shall provide for a copayment for
5 ground ambulance services in excess of fifty dollars (\$50.00).

6 (b) ~~As used in this section, the term “ground ambulance services” shall mean those services
7 provided by an ambulance service licensed to operate in Rhode Island in accordance with § 23-4.1-
8 6. The term excludes air and water ambulance services and ambulance services provided outside
9 of Rhode Island.~~

10 (c) ~~This section~~ Subsections (a) and (d) of this section shall not apply to insurance coverage
11 providing benefits for: (1) Hospital confinement indemnity; (2) Disability income; (3) Accident
12 only; (4) Long-term care; (5) Medicare supplement; (6) Limited benefit health; (7) Specified
13 disease indemnity; (8) Sickness or bodily injury or death by accident, or both; and (9) Other limited
14 benefit policies.

15 (d) Individual and group health insurance contracts, plans, and policies issued for delivery,
16 or renewed in this state on or after January 1, 2027, shall provide coverage and reimbursement for
17 ground ambulance services, as defined in § 27-19-1, equal to coverage and reimbursement rates
18 provided by Medicare for the same medical services, and shall reimburse the emergency medical
19 services provider staffed by emergency medical services practitioners, as defined in § 27-19-1, at
20 the level of care provided, regardless of whether the patient is transported, such coverage and
21 reimbursement shall be inclusive of the community-based healthcare services, to include mobile
22 integrated health community paramedicine programs approved by the department of health;
23 provided that, mobile integrated health community paramedicine programs services shall be
24 performed by emergency medical services staffed by emergency medical practitioners. If the
25 ground ambulance service provider participates in the carrier's network, the carrier shall cover and
26 reimburse the ambulance service provider at the ambulance service provider's rate for the level of
27 care provided, regardless of whether the patient is transported.

28 This coverage and reimbursement shall also extend to ambulance services which are in-
29 network (“INN”) ground ambulance services, out-of-network (“OON”) ground ambulance
30 services, INN and OON community-based healthcare services, and INN and OON mobile
31 integrated health community paramedicine programs approved by the department of health.

32 SECTION 4. Sections 27-20-1 and 27-20-55 of the General Laws in Chapter 27-20 entitled
33 "Nonprofit Medical Service Corporations" are hereby amended to read as follows:

34 **27-20-1. Definitions.**

1 As used in this chapter:

2 (1) “Adverse benefit determination” means any of the following: a denial, reduction, or
3 termination of, or a failure to provide or make payment (in whole or in part) for, a benefit, including
4 any such denial, reduction, termination, or failure to provide or make payment that is based on a
5 determination of an individual’s eligibility to participate in a plan or to receive coverage under a
6 plan, and including, with respect to group health plans, a denial, reduction, or termination of, or a
7 failure to provide or make payment (in whole or in part) for, a benefit resulting from the application
8 of any utilization review, as well as a failure to cover an item or service for which benefits are
9 otherwise provided because it is determined to be experimental or investigational or not medically
10 necessary or appropriate. The term also includes a rescission of coverage determination.

11 (2) “Affordable Care Act” means the federal Patient Protection and Affordable Care Act,
12 as amended by the federal Health Care and Education Reconciliation Act of 2010, and federal
13 regulations adopted thereunder.

14 (3) "Ambulance" means any publicly or privately owned vehicle, designed, constructed,
15 equipped, and operated for emergency medical treatment and/or transportation of persons who are
16 sick or injured.

17 ~~(3)~~(4) “Certified registered nurse practitioners” is an expanded role utilizing independent
18 knowledge of physical assessment and management of health care and illnesses. The practice
19 includes collaboration with other licensed healthcare professionals including, but not limited to,
20 physicians, pharmacists, podiatrists, dentists, and nurses.

21 ~~(4)~~(5) “Commissioner” or “health insurance commissioner” means that individual
22 appointed pursuant to § 42-14.5-1.

23 ~~(5)~~(6) “Counselor in mental health” means a person who has been licensed pursuant to §
24 5-63.2-9.

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

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

1 ~~(9)~~(9) “Essential health benefits” shall have the meaning set forth in section 1302(b) of the
2 federal Affordable Care Act [42 U.S.C. § 18022(b)].

3 ~~(7)~~(10) “Grandfathered health plan” means any group health plan or health insurance
4 coverage subject to 42 U.S.C. § 18011.

5 (11) “Ground ambulances services” means those services provided by an ambulance
6 service licensed to operate in Rhode Island in accordance with § 23-4.1-6. The term excludes air
7 and water ambulance services and ambulance services provided outside of Rhode Island.

8 ~~(8)~~(12) “Group health insurance coverage” means, in connection with a group health plan,
9 health insurance coverage offered in connection with such plan.

10 ~~(9)~~(13) “Group health plan” means an employee welfare benefit plan as defined in 29
11 U.S.C. § 1002(1) to the extent that the plan provides health benefits to employees or their
12 dependents directly or through insurance, reimbursement, or otherwise.

13 ~~(10)~~(14) “Health benefits” or “covered benefits” means coverage or benefits for the
14 diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of
15 affecting any structure or function of the body including coverage or benefits for transportation
16 primarily for and essential thereto, and including medical services as defined in § 27-19-17.

17 ~~(11)~~(15) “Healthcare facility” means an institution providing healthcare services or a
18 healthcare setting, including but not limited to: hospitals and other licensed inpatient centers;
19 ambulatory surgical or treatment centers; skilled nursing centers; residential treatment centers;
20 diagnostic, laboratory, and imaging centers; and rehabilitation and other therapeutic health settings.

21 ~~(12)~~(16) “Healthcare professional” means a physician or other healthcare practitioner
22 licensed, accredited, or certified to perform specified healthcare services consistent with state law.

23 ~~(13)~~(17) “Healthcare provider” or “provider” means a healthcare professional or a
24 healthcare facility.

25 ~~(14)~~(18) “Healthcare services” means services for the diagnosis, prevention, treatment,
26 cure, or relief of a health condition, illness, injury, or disease.

27 ~~(15)~~(19) “Health insurance carrier” means a person, firm, corporation, or other entity
28 subject to the jurisdiction of the commissioner under this chapter, and includes a nonprofit medical
29 service corporation. Such term does not include a group health plan.

30 ~~(16)~~(20) “Health plan” or “health benefit plan” means health insurance coverage and a
31 group health plan, including coverage provided through an association plan if it covers Rhode
32 Island residents. Except to the extent specifically provided by the federal Affordable Care Act, the
33 term “health plan” shall not include a group health plan to the extent state regulation of the health
34 plan is preempted under section 514 of the federal Employee Retirement Income Security Act of

1 1974 [29 U.S.C. § 1144]. The term also shall not include:

2 (A)(i) Coverage only for accident, or disability income insurance, or any combination
3 thereof;

4 (ii) Coverage issued as a supplement to liability insurance;

5 (iii) Liability insurance, including general liability insurance and automobile liability
6 insurance;

7 (iv) Workers' compensation or similar insurance;

8 (v) Automobile medical payment insurance;

9 (vi) Credit-only insurance;

10 (vii) Coverage for on-site medical clinics; and

11 (viii) Other similar insurance coverage, specified in federal regulations issued pursuant to
12 federal Pub. L. No. 104-191, the federal Health Insurance Portability and Accountability Act of
13 1996 ("HIPAA"), under which benefits for medical care are secondary or incidental to other
14 insurance benefits.

15 (B) The following benefits if they are provided under a separate policy, certificate, or
16 contract of insurance or are otherwise not an integral part of the plan:

17 (i) Limited scope dental or vision benefits;

18 (ii) Benefits for long-term care, nursing home care, home health care, community-based
19 care, or any combination thereof; and

20 (iii) Other excepted benefits specified in federal regulations issued pursuant to federal Pub.
21 L. No. 104-191 ("HIPAA").

22 (C) The following benefits if the benefits are provided under a separate policy, certificate,
23 or contract of insurance; there is no coordination between the provision of the benefits and any
24 exclusion of benefits under any group health plan maintained by the same plan sponsor; and the
25 benefits are paid with respect to an event without regard to whether benefits are provided with
26 respect to such an event under any group health plan maintained by the same plan sponsor:

27 (i) Coverage only for a specified disease or illness; and

28 (ii) Hospital indemnity or other fixed indemnity insurance.

29 (D) The following if offered as a separate policy, certificate, or contract of insurance:

30 (i) Medicare supplement health insurance as defined under section 1882(g)(1) of the federal
31 Social Security Act [42 U.S.C. § 1395ss];

32 (ii) Coverage supplemental to the coverage provided under chapter 55 of title 10, United
33 States Code (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)).

34 (iii) Similar supplemental coverage provided to coverage under a group health plan.

1 ~~(17)~~(21) “Licensed midwife” means any midwife licensed under § 23-13-9.

2 ~~(18)~~(22) “Medical services” means those professional services rendered by persons duly
3 licensed under the laws of this state to practice medicine, surgery, chiropractic, podiatry, and other
4 professional services rendered by a licensed midwife, certified registered nurse practitioners, and
5 psychiatric and mental health nurse clinical specialists, and appliances, drugs, medicines, supplies,
6 and nursing care necessary in connection with the services, or the expense indemnity for the
7 services, appliances, drugs, medicines, supplies, and care, as may be specified in any nonprofit
8 medical service plan. Medical service shall not be construed to include hospital services.

9 (23) "Mobile integrated healthcare community paramedicine program" means the
10 provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment
11 pursuant to an EMS agency's plan approved by the department of health utilizing licensed
12 emergency medical service practitioners working in collaboration with physicians, nurses, mid-
13 level practitioners, community health teams and social, behavioral and substance use disorder
14 specialists to address the unmet needs of individuals experiencing intermittent health care issues;
15 provided that, only those emergency medical services (EMS) agencies who submit plans that meet
16 the minimum requirements for participation set and approved by the department of health shall be
17 eligible to participate in a mobile integrated healthcare/community paramedicine program.

18 ~~(19)~~(24) “Nonprofit medical service corporation” means any corporation organized
19 pursuant hereto for the purpose of establishing, maintaining, and operating a nonprofit medical
20 service plan.

21 ~~(20)~~(25) “Nonprofit medical service plan” means a plan by which specified medical service
22 is provided to subscribers to the plan by a nonprofit medical service corporation.

23 (21) “Office of the health insurance commissioner” means the agency established under §
24 42-14.5-1.

25 ~~(22)~~(26) “Psychiatric and mental health nurse clinical specialist” is an expanded role
26 utilizing independent knowledge and management of mental health and illnesses. The practice
27 includes collaboration with other licensed healthcare professionals, including, but not limited to:
28 psychiatrists, psychologists, physicians, pharmacists, and nurses.

29 ~~(23)~~(27) “Rescission” means a cancellation or discontinuance of coverage that has
30 retroactive effect for reasons unrelated to timely payment of required premiums or contribution to
31 costs of coverage.

32 ~~(24)~~(28) “Subscribers” means those persons or groups of persons who contract with a
33 nonprofit medical service corporation for medical service pursuant to a nonprofit medical service
34 plan.

1 ~~(25)~~(29) “Therapist in marriage and family practice” means a person who has been licensed
2 pursuant to § 5-63.2-10.

3 **27-20-55. Licensed ambulance service.**

4 (a) No individual or group health insurance contract, plan, or policy delivered, issued for
5 delivery, or renewed in this state on or after January 1, 2009, shall provide for a copayment for
6 ground ambulance services in excess of fifty dollars (\$50.00).

7 (b) ~~As used in this section, the term “ground ambulance services” shall mean those services
8 provided by an ambulance service licensed to operate in Rhode Island in accordance with § 23-4.1-
9 6. The term excludes air and water ambulance services and ambulance services provided outside
10 of Rhode Island.~~

11 (c) ~~This section~~ Subsections (a) and (d) of this section shall not apply to insurance coverage
12 providing benefits for: (1) Hospital confinement indemnity; (2) Disability income; (3) Accident
13 only; (4) Long-term care; (5) Medicare supplement; (6) Limited benefit health; (7) Specified
14 disease indemnity; (8) Sickness or bodily injury or death by accident, or both; and (9) Other limited
15 benefit policies.

16 (d) Individual and group health insurance contracts, plans, and policies issued for delivery,
17 or renewed in this state on or after January 1, 2027, shall provide coverage and reimbursement for
18 ground ambulance services, as defined in § 27-20-1, equal to coverage and reimbursement rates
19 provided by Medicare for the same medical services, and shall reimburse the emergency medical
20 services provider staffed by emergency medical services practitioners, as defined in § 27-20-1, at
21 the level of care provided, regardless of whether the patient is transported, such coverage and
22 reimbursement shall be inclusive of the community-based healthcare services, to include mobile
23 integrated health community paramedicine programs approved by the department of health;
24 provided that, mobile integrated health community paramedicine programs services shall be
25 performed by emergency medical services staffed by emergency medical practitioners. If the
26 ground ambulance service provider participates in the carrier's network, the carrier shall cover and
27 reimburse the ambulance service provider at the ambulance service provider's rate for the level of
28 care provided, regardless of whether the patient is transported.

29 This coverage and reimbursement shall also extend to ambulance services which are in-
30 network (“INN”) ground ambulance services, out-of-network (“OON”) ground ambulance
31 services, INN and OON community-based healthcare services, and INN and OON mobile
32 integrated health community paramedicine programs approved by the department of health.

33 SECTION 5. Sections 27-41-2 and 27-41-73 of the General Laws in Chapter 27-41 entitled
34 "Health Maintenance Organizations" are hereby amended to read as follows:

1 **27-41-2. Definitions.**

2 As used in this chapter:

3 (1) “Adverse benefit determination” means any of the following: a denial, reduction, or
4 termination of, or a failure to provide or make payment (in whole or in part) for, a benefit, including
5 any such denial, reduction, termination, or failure to provide or make payment that is based on a
6 determination of an individual’s eligibility to participate in a plan or to receive coverage under a
7 plan, and including, with respect to group health plans, a denial, reduction, or termination of, or a
8 failure to provide or make payment (in whole or in part) for, a benefit resulting from the application
9 of any utilization review, as well as a failure to cover an item or service for which benefits are
10 otherwise provided because it is determined to be experimental or investigational or not medically
11 necessary or appropriate. The term also includes a rescission of coverage determination.

12 (2) “Affordable Care Act” means the federal Patient Protection and Affordable Care Act,
13 Pub. L. No. 111-148, 124 Stat. 119, as amended by the Health Care and Education Reconciliation
14 Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029, and federal regulations adopted thereunder.

15 (3) "Ambulance" means any publicly or privately owned vehicle, designed, constructed,
16 equipped, and operated for emergency medical treatment and/or transportation of persons who are
17 sick or injured.

18 ~~(3)~~(4) “Commissioner” or “health insurance commissioner” means that individual
19 appointed pursuant to § 42-14.5-1.

20 ~~(4)~~(5) “Covered health services” means the services that a health maintenance organization
21 contracts with enrollees and enrolled groups to provide or make available to an enrolled participant.

22 ~~(5)~~(6) “Director” means the director of the department of business regulation or his or her
23 duly appointed agents.

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

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

34 ~~(6)~~(9) “Employee” means any person who has entered into the employment of or works

1 under a contract of service or apprenticeship with any employer. It shall not include a person who
2 has been employed for less than thirty (30) days by his or her employer, nor shall it include a person
3 who works less than an average of thirty (30) hours per week. For the purposes of this chapter, the
4 term “employee” means a person employed by an “employer” as defined in subsection (7) of this
5 section. Except as otherwise provided in this chapter, the terms “employee” and “employer” are to
6 be defined according to the rules and regulations of the department of labor and training.

7 ~~(7)~~(10) “Employer” means any person, partnership, association, trust, estate, or
8 corporation, whether foreign or domestic, or the legal representative, trustee in bankruptcy,
9 receiver, or trustee of a receiver, or the legal representative of a deceased person, including the state
10 of Rhode Island and each city and town in the state, that has in its employ one or more individuals
11 during any calendar year. For the purposes of this section, the term “employer” refers only to an
12 employer with persons employed within the state of Rhode Island.

13 ~~(8)~~(11) “Enrollee” means an individual who has been enrolled in a health maintenance
14 organization.

15 ~~(9)~~(12) “Essential health benefits” shall have the meaning set forth in section 1302(b) of
16 the Patient Protection and Affordable Care Act [42 U.S.C. § 18022(b)].

17 (10)(13) “Evidence of coverage” means any certificate, agreement, or contract issued to an
18 enrollee setting out the coverage to which the enrollee is entitled.

19 ~~(11)~~(14) “Grandfathered health plan” means any group health plan or health insurance
20 coverage subject to 42 U.S.C. § 18011.

21 (15) "Ground ambulances services" means those services provided by an ambulance
22 service licensed to operate in Rhode Island in accordance with § 23-4.1-6. The term excludes air
23 and water ambulance services and ambulance services provided outside of Rhode Island.

24 ~~(12)~~(16) “Group health insurance coverage” means, in connection with a group health plan,
25 health insurance coverage offered in connection with that plan.

26 ~~(13)~~(17) “Group health plan” means an employee welfare benefit plan as defined in 29
27 U.S.C. § 1002(1), to the extent that the plan provides health benefits to employees or their
28 dependents directly or through insurance, reimbursement, or otherwise.

29 ~~(14)~~(18) “Health benefits” or “covered benefits” means coverage or benefits for the
30 diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of
31 affecting any structure or function of the body including coverage or benefits for transportation
32 primarily for and essential thereto, and including medical services as defined in § 27-19-17.

33 ~~(15)~~(19) “Healthcare facility” means an institution providing healthcare services or a
34 healthcare setting, including, but not limited, to hospitals and other licensed inpatient centers,

1 ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers,
2 diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

3 ~~(16)~~(20) “Healthcare professional” means a physician or other healthcare practitioner
4 licensed, accredited, or certified to perform specified healthcare services consistent with state law.

5 ~~(17)~~(21) “Healthcare provider” or “provider” means a healthcare professional or a
6 healthcare facility.

7 ~~(18)~~(22) “Healthcare services” means any services included in the furnishing to any
8 individual of medical, podiatric, or dental care, or hospitalization, or incident to the furnishing of
9 that care or hospitalization, and the furnishing to any person of any and all other services for the
10 purpose of preventing, alleviating, curing, or healing human illness, injury, or physical disability.

11 ~~(19)~~(23) “Health insurance carrier” means a person, firm, corporation, or other entity
12 subject to the jurisdiction of the commissioner under this chapter, and includes a health
13 maintenance organization. Such term does not include a group health plan.

14 ~~(20)~~(24) “Health maintenance organization” means a single public or private organization
15 that:

16 (i) Provides or makes available to enrolled participants healthcare services, including at
17 least the following basic healthcare services: usual physician services, hospitalization, laboratory,
18 x-ray, emergency, and preventive services, and out-of-area coverage, and the services of licensed
19 midwives;

20 (ii) Is compensated, except for copayments, for the provision of the basic healthcare
21 services listed in subsection (20)(i) of this section to enrolled participants on a predetermined
22 periodic rate basis;

23 (iii)(A) Provides physicians’ services primarily:

24 (I) Directly through physicians who are either employees or partners of the organization;

25 or

26 (II) Through arrangements with individual physicians or one or more groups of physicians
27 organized on a group practice or individual practice basis;

28 (B) “Health maintenance organization” does not include prepaid plans offered by entities
29 regulated under chapter 1, 2, 19, or 20 of this title that do not meet the criteria above and do not
30 purport to be health maintenance organizations; and

31 (iv) Provides the services of licensed midwives primarily:

32 (A) Directly through licensed midwives who are either employees or partners of the
33 organization; or

34 (B) Through arrangements with individual licensed midwives or one or more groups of

1 licensed midwives organized on a group practice or individual practice basis.

2 ~~(21)~~(25) “Licensed midwife” means any midwife licensed pursuant to § 23-13-9.

3 ~~(22)~~(26) “Material modification” means only systemic changes to the information filed
4 under § 27-41-3.

5 (27) "Mobile integrated healthcare community paramedicine program" means the
6 provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment
7 pursuant to an EMS agency's plan approved by the department of health utilizing licensed
8 emergency medical service practitioners working in collaboration with physicians, nurses, mid-
9 level practitioners, community health teams and social, behavioral and substance use disorder
10 specialists to address the unmet needs of individuals experiencing intermittent health care issues;
11 provided that, only those emergency medical services (EMS) agencies who submit plans that meet
12 the minimum requirements for participation set and approved by the department of health shall be
13 eligible to participate in a mobile integrated healthcare/community paramedicine program.

14 ~~(23)~~(28) “Net worth,” for the purposes of this chapter, means the excess of total admitted
15 assets over total liabilities.

16 ~~(24)~~(29) “Office of the health insurance commissioner” means the agency established
17 under § 42-14.5-1.

18 ~~(25)~~(30) “Physician” includes a podiatrist as defined in chapter 29 of title 5.

19 ~~(26)~~(31) “Private organization” means a legal corporation with a policy-making and
20 governing body.

21 ~~(27)~~(32) “Provider” means any physician, hospital, licensed midwife, or other person who
22 or that is licensed or authorized in this state to furnish healthcare services.

23 ~~(28)~~(33) “Public organization” means an instrumentality of government.

24 ~~(29)~~(34) “Rescission” means a cancellation or discontinuance of coverage that has
25 retroactive effect for reasons unrelated to timely payment of required premiums or contribution to
26 costs of coverage.

27 ~~(30)~~(35) “Risk-based capital (‘RBC’) instructions” means the risk-based capital report
28 including risk-based capital instructions adopted by the National Association of Insurance
29 Commissioners (‘NAIC’), as these risk-based capital instructions are amended by the NAIC in
30 accordance with the procedures adopted by the NAIC.

31 ~~(31)~~(36) “Total adjusted capital” means the sum of:

32 (i) A health maintenance organization’s statutory capital and surplus (i.e., net worth) as
33 determined in accordance with the statutory accounting applicable to the annual financial
34 statements required to be filed under § 27-41-9; and

1 (ii) Any other items, if any, that the RBC instructions provide.

2 (32) “Uncovered expenditures” means the costs of healthcare services that are covered by
3 a health maintenance organization, but that are not guaranteed, insured, or assumed by a person or
4 organization other than the health maintenance organization. Expenditures to a provider who or
5 that agrees not to bill enrollees under any circumstances are excluded from this definition.

6 **27-41-73. Licensed ambulance service.**

7 (a) No individual or group health insurance contract, plan, or policy delivered, issued for
8 delivery, or renewed in this state on or after January 1, 2009, shall provide for a copayment for
9 ground ambulance services in excess of fifty dollars (\$50.00).

10 (b) ~~As used in this section, the term “ground ambulance services” shall mean those services~~
11 ~~provided by an ambulance service licensed to operate in Rhode Island in accordance with § 23-4.1-~~
12 ~~6. The term excludes air and water ambulance services and ambulance services provided outside~~
13 ~~of Rhode Island.~~

14 (c) ~~This section~~ Subsections (a) and (d) of this section shall not apply to insurance coverage
15 providing benefits for: (1) Hospital confinement indemnity; (2) Disability income; (3) Accident
16 only; (4) Long-term care; (5) Medicare supplement; (6) Limited benefit health; (7) Specified
17 disease indemnity; (8) Sickness or bodily injury or death by accident or both; and (9) Other limited
18 benefit policies.

19 (d) Individual and group health insurance contracts, plans, and policies issued for delivery,
20 or renewed in this state on or after January 1, 2027, shall provide coverage and reimbursement for
21 ground ambulance services, as defined in § 27-41-2, equal to coverage and reimbursement rates
22 provided by Medicare for the same medical services, and shall reimburse the emergency medical
23 services provider staffed by emergency medical services practitioners, as defined in § 27-41-2, at
24 the level of care provided, regardless of whether the patient is transported, such coverage and
25 reimbursement shall be inclusive of the community-based healthcare services, to include mobile
26 integrated health community paramedicine programs approved by the department of health;
27 provided that, mobile integrated health community paramedicine programs services shall be
28 performed by emergency medical services staffed by emergency medical practitioners. If the
29 ground ambulance service provider participates in the carrier's network, the carrier shall cover and
30 reimburse the ambulance service provider at the ambulance service provider's rate for the level of
31 care provided, regardless of whether the patient is transported.

32 This coverage and reimbursement shall also extend to ambulance services which are in-
33 network (“INN”) ground ambulance services, out-of-network (“OON”) ground ambulance
34 services, INN and OON community-based healthcare services, and INN and OON mobile

1 [integrated health community paramedicine programs approved by the department of health.](#)

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

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LC004980
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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO HEALTH AND SAFETY -- EMERGENCY MEDICAL TRANSPORTATION
SERVICES

1 This act would provide coverage and increase individual and group insurance rates of
2 reimbursement for ambulance services, and would require health insurers to provide coverage for
3 emergency medical service providers administering mobile integrated healthcare community
4 paramedicine. This act would also direct the department of health, in collaboration of the
5 ambulance service coordinating advisory board, to administer a mobile integrated healthcare
6 community paramedicine program.

7 This act would take effect upon passage.

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