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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

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

Date Introduced: February 12, 2024

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance  
2 Policies" is hereby amended by adding thereto the following section:

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

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

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

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

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

1 cardiac, and paramedics.

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

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

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

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

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

32 (e) Commencing January 1, 2025, every individual or group health insurance contract, plan  
33 or policy issued for delivery or renewed in this state that provides medical coverage that includes  
34 coverage for emergency medical services shall provide coverage for transport to an alternative

1 location facility as identified in subsection (c) of this section and shall reimburse the EMS for such  
2 services at the same rate as for a basic life support transport to an emergency department.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 **27-19-87. Emergency medical services transport to alternate facilities.**

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

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

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

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

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

1 intermittent health care issues.

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

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

14 (2) A community health clinic;

15 (3) An urgent care facility;

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

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

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

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

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

33 (g) The office of the health insurance commissioner may promulgate such rules and  
34 regulations as are necessary and proper to effectuate the purpose and for the efficient administration

1 and enforcement of this section.

2 **27-19-88. Coverage of emergency medical services mental health and substance use**  
3 **disorder treatment.**

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

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

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

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

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

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

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

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

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

33 (h) The office of the health insurance commissioner may promulgate such rules and  
34 regulations as are necessary and proper to effectuate the purpose and for the efficient administration

1 [and enforcement of this section.](#)

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

4 **27-20-83. Emergency medical services transport to alternate facilities.**

5 [\(a\) As used in this section, the following terms shall have the following meaning:](#)

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

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

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

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

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

32 [\(c\) This section authorizes emergency medical services in the state who are approved by](#)  
33 [the department of health to participate in a mobile integrated healthcare/community paramedicine](#)  
34 [program to divert non-emergency basic life service calls from emergency departments within their](#)

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

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

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

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

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

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

29 **27-20-84. Coverage of emergency medical services mental health and substance use**  
30 **disorder treatment.**

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



1 responding to the 911 system established under chapter 21.1 of title 39.

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

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

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

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

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

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

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

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

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

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

31 **27-41-100. Emergency medical services transport to alternate facilities.**

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

33 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and  
34 medically necessary supplies and services, plus the provision of BLS ambulance services. The

1 ambulance must be staffed by individuals who meet the requirements of state laws and regulations  
2 where the services are being furnished. Additionally, the number of emergency medical technicians  
3 will be equal to the number established in regulations by the department of health to be legally  
4 authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

5 (2) "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 (3) "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 (4) "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  
20 substance use disorder specialists to address the unmet needs of individuals experiencing  
21 intermittent health care issues.

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

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

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

34 (2) A community health clinic;

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

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

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

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

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

22 **27-41-101. Coverage of emergency medical services mental health and substance use**  
23 **disorder treatment.**

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

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

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

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

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

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

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

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

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

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

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

24           **42-7.2-21. Emergency medical services transport to alternate facilities.**

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

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

32           (2) "Emergency medical services" or "EMS" means the practitioners, ambulance vehicles,  
33 and ambulance service entities licensed in accordance with chapter 4.1 of title 23 to provide  
34 emergency medical care, transportation, and preventive care to mitigate loss of life or exacerbation

1 of illness or injury, including, but not limited to, EMS responding to the 911 system established  
2 under chapter 21.1 of title 39.

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

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

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

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

27 (2) A community health clinic;

28 (3) An urgent care facility;

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

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

32 (d) The department of health with the collaboration of the ambulance service coordinating  
33 advisory board shall administer the mobile integrated healthcare/community paramedicine program  
34 and shall promulgate any rules, regulations, standing orders, protocols, and procedures necessary

1 and proper for the efficient administration and enforcement of this section. The requirements of  
2 this chapter shall only apply to EMS agencies who apply for and receive approval from the  
3 department of health to provide such services.

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

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

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

13 **42-7.2-22. Coverage for emergency medical services mental health and substance use**  
14 **disorder.**

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

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

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

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

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

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

34 (e) The executive office of health and human services shall set the reimbursement rates for

1 [the services described in this section.](#)

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

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

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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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