

**2022 -- S 2476 SUBSTITUTE A AS AMENDED**

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LC004627/SUB A  
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**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2022**

**A N A C T**

**RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES**

Introduced By: Senators Miller, DiMario, Lawson, Valverde, and Cano

Date Introduced: March 01, 2022

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

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

3           **27-18-89. 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 at least two (2) people who meet the requirements of state laws and  
8 regulations where the services are being furnished. Also, at least one of the staff members must be  
9 licensed, at a minimum, as an emergency medical technician by the state or local authority where  
10 the services are furnished and be legally authorized to operate all lifesaving and life-sustaining  
11 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

1 technicians, advanced emergency medical technicians, advanced emergency medical technicians-  
2 cardiac, and paramedics.

3 (4) “Mobile integrated healthcare/community paramedicine” means the provision of  
4 healthcare using patient-centered, mobile resources in the out-of-hospital environment with EMS  
5 agency’s licensed paramedic and advanced emergency medical technician-cardiac practitioners  
6 working in collaboration with physicians, nurses, mid-level practitioners, community health teams  
7 and social, behavioral and substance use disorder specialists to address the unmet needs of  
8 individuals experiencing intermittent health care issues. The mobile integrated  
9 healthcare/community paramedicine program rules, regulations, standing orders, protocols, and  
10 procedures shall be instituted by the department of health with the collaboration of the ambulance  
11 service coordinating advisory board.

12 (b) This section authorizes emergency medical services in the state participating in a mobile  
13 integrated healthcare/community paramedicine program to divert non-emergency basic life service  
14 calls from emergency departments. Emergency medical services practitioners shall assess  
15 individuals who are in need of emergency medical services and apply the correct level of care  
16 thereafter, which may include transport to an alternative facility deemed appropriate by the  
17 emergency medical services practitioner. An alternative facility shall include, but not be limited to:

18 (1) An individual’s primary care provider;

19 (2) A community health clinic;

20 (3) An urgent care facility;

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

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

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

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

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

29 (d) Commencing January 1, 2023, every individual or group health insurance contract, plan  
30 or policy issued for delivery or renewed in this state that provides medical coverage that includes  
31 coverage for emergency medical services shall provide coverage for transport to an alternative  
32 location facility as identified in subsection (b) of this section and shall reimburse the EMS for such  
33 services at the same rate as for a non-emergency basic life support transport to an emergency  
34 department.

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

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

7 **27-18-90. Coverage of EMS mental health and substance use disorder treatment.**

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

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

17 (c) Commencing January 1, 2023, every individual or group health insurance contract, plan  
18 or policy issued for delivery or renewed in this state that provides medical coverage that includes  
19 coverage for emergency medical services, shall provide coverage for transportation and treatment  
20 described in subsection (b) of this section and shall reimburse such services at a rate not lower than  
21 the same service would have been had that service been delivered in a traditional office setting.

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

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

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

29 **27-19-81. Emergency medical services transport to alternate facilities.**

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

31 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and  
32 medically necessary supplies and services, plus the provision of BLS ambulance services. The  
33 ambulance must be staffed by at least two (2) people who meet the requirements of state laws and  
34 regulations where the services are being furnished. Also, at least one of the staff members must be

1 licensed, at a minimum, as an emergency medical technician by the state or local authority where  
2 the services are furnished and be legally authorized to operate all lifesaving and life-sustaining  
3 equipment on board the vehicle.

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

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

14 (4) "Mobile integrated healthcare/community paramedicine" means the provision of  
15 healthcare using patient-centered, mobile resources in the out-of-hospital environment with EMS  
16 agency's licensed paramedic and advanced emergency medical technician-cardiac practitioners  
17 working in collaboration with physicians, nurses, mid-level practitioners, community health teams  
18 and social, behavioral and substance use disorder specialists to address the unmet needs of  
19 individuals experiencing intermittent health care issues. The mobile integrated  
20 healthcare/community paramedicine program rules, regulations, standing orders, protocols, and  
21 procedures shall be instituted by the department of health with the collaboration of the ambulance  
22 service coordinating advisory board.

23 (b) This section authorizes emergency medical services in the state participating in a mobile  
24 integrated healthcare/community paramedicine program to divert non-emergency basic life service  
25 calls from emergency departments. Emergency medical services practitioners shall assess  
26 individuals who are in need of emergency medical services and apply the correct level of care  
27 thereafter, which may include transport to an alternative facility deemed appropriate by the  
28 emergency medical services practitioner. An alternative facility shall include, but not be limited to:

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

30 (2) A community health clinic;

31 (3) An urgent care facility;

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

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

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

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

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

6           (d) Commencing January 1, 2023, every individual or group health insurance contract, plan  
7 or policy issued for delivery or renewed in this state that provides medical coverage that includes  
8 coverage for emergency medical services shall provide coverage for transport to an alternative  
9 location facility as identified in subsection (b) of this section and shall reimburse the EMS for such  
10 services at the same rate as for a non-emergency basic life support transport to an emergency  
11 department.

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

15           (f) The office of the health insurance commissioner and/or Rhode Island department of  
16 health may promulgate such rules and regulations as are necessary and proper to effectuate the  
17 purpose and for the efficient administration and enforcement of this section.

18           **27-19-82. Coverage of EMS mental health and substance use disorder treatment.**

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

24           (b) Emergency medical services shall be permitted to allow licensed providers who treat  
25 mental health disorders, including substance use disorders, to accompany EMS. Such providers  
26 shall be permitted to treat EMS patients when medically necessary and appropriate. Such treatment  
27 shall be permitted to occur in the community.

28           (c) Commencing January 1, 2023, every individual or group health insurance contract, plan  
29 or policy issued for delivery or renewed in this state that provides medical coverage that includes  
30 coverage for emergency medical services, shall provide coverage for transportation and treatment  
31 described in subsection (b) of this section and shall reimburse such services at a rate not lower than  
32 the same service would have been had that service been delivered in a traditional office setting.

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

1 (e) The office of the health insurance commissioner and/or Rhode Island department of  
2 health may promulgate such rules and regulations as are necessary and proper to effectuate the  
3 purpose and for the efficient administration and enforcement of this section.

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

6 **27-20-77. Emergency medical services transport to alternate facilities.**

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

8 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and  
9 medically necessary supplies and services, plus the provision of BLS ambulance services. The  
10 ambulance must be staffed by at least two (2) people who meet the requirements of state laws and  
11 regulations where the services are being furnished. Also, at least one of the staff members must be  
12 licensed, at a minimum, as an emergency medical technician by the state or local authority where  
13 the services are furnished and be legally authorized to operate all lifesaving and life-sustaining  
14 equipment on board the vehicle.

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

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

25 (4) "Mobile integrated healthcare/community paramedicine" means the provision of  
26 healthcare using patient-centered, mobile resources in the out-of-hospital environment with EMS  
27 agency's licensed paramedic and advanced emergency medical technician-cardiac practitioners  
28 working in collaboration with physicians, nurses, mid-level practitioners, community health teams  
29 and social, behavioral and substance use disorder specialists to address the unmet needs of  
30 individuals experiencing intermittent health care issues. The mobile integrated  
31 healthcare/community paramedicine program rules, regulations, standing orders, protocols, and  
32 procedures shall be instituted by the department of health with the collaboration of the ambulance  
33 service coordinating advisory board.

34 (b) This section authorizes emergency medical services in the state participating in a mobile

1 integrated healthcare/community paramedicine program to divert non-emergency basic life service  
2 calls from emergency departments. Emergency medical services practitioners shall assess  
3 individuals who are in need of emergency medical services and apply the correct level of care  
4 thereafter, which may include transport to an alternative facility deemed appropriate by the  
5 emergency medical services 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 (c) Emergency medical services shall be permitted to transport to the following facilities  
13 designated by the director of RIDOH:

- 14 (i) emergency room diversion facilities, as defined in § 23-17.26-2; and
- 15 (ii) community-based behavioral health facilities designed to provide immediate assistance  
16 to a person in crisis.

17 (d) Commencing January 1, 2023, every individual or group health insurance contract, plan  
18 or policy issued for delivery or renewed in this state that provides medical coverage that includes  
19 coverage for emergency medical services shall provide coverage for transport to an alternative  
20 location facility as identified in subsection (b) of this section and shall reimburse the EMS for such  
21 services at the same rate as for a non-emergency basic life support transport to an emergency  
22 department.

23 (e) 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 (c) of this section, even if  
25 an advanced life support assessment was provided.

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

29 **27-20-78. Coverage of EMS mental health and substance use disorder treatment.**

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

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

5 (c) Commencing January 1, 2023, every individual or group health insurance contract, plan  
6 or policy issued for delivery or renewed in this state that provides medical coverage that includes  
7 coverage for emergency medical services, shall provide coverage for transportation and treatment  
8 described in subsection (b) of this section and shall reimburse such services at a rate not lower than  
9 the same service would have been had that service been delivered in a traditional office setting.

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

12 (e) The office of the health insurance commissioner and/or Rhode Island department of  
13 health may promulgate such rules and regulations as are necessary and proper to effectuate the  
14 purpose and for the efficient administration and enforcement of this section.

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

17 **27-41-94. Emergency medical services transport to alternate facilities.**

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

19 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and  
20 medically necessary supplies and services, plus the provision of BLS ambulance services. The  
21 ambulance must be staffed by at least two (2) people who meet the requirements of state laws and  
22 regulations where the services are being furnished. Also, at least one of the staff members must be  
23 licensed, at a minimum, as an emergency medical technician by the state or local authority where  
24 the services are furnished and be legally authorized to operate all lifesaving and life-sustaining  
25 equipment on board the vehicle.

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

31 (3) "Emergency medical services practitioner" means an individual who is licensed in  
32 accordance with state laws and regulations to perform emergency medical care and preventive care  
33 to mitigate loss of life or exacerbation of illness or injury, including emergency medical  
34 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 with EMS  
4 agency’s licensed paramedic and advanced emergency medical technician-cardiac practitioners  
5 working in collaboration with physicians, nurses, mid-level practitioners, community health teams  
6 and social, behavioral and substance use disorder specialists to address the unmet needs of  
7 individuals experiencing intermittent health care issues. The mobile integrated  
8 healthcare/community paramedicine program rules, regulations, standing orders, protocols, and  
9 procedures shall be instituted by the department of health with the collaboration of the ambulance  
10 service coordinating advisory board.

11 (b) This section authorizes emergency medical services in the state participating in a mobile  
12 integrated healthcare/community paramedicine program to divert non-emergency basic life service  
13 calls from emergency departments. Emergency medical services practitioners shall assess  
14 individuals who are in need of emergency medical services and apply the correct level of care  
15 thereafter, which may include transport to an alternative facility deemed appropriate by the  
16 emergency medical services practitioner. An alternative facility shall include, but not be limited to:

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

18 (2) A community health clinic;

19 (3) An urgent care facility;

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

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

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

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

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

28 (d) Commencing January 1, 2023, every individual or group health insurance contract, plan  
29 or policy issued for delivery or renewed in this state that provides medical coverage that includes  
30 coverage for emergency medical services shall provide coverage for transport to an alternative  
31 location facility as identified in subsection (b) of this section and shall reimburse the EMS for such  
32 services at the same rate as for a non-emergency basic life support transport to an emergency  
33 department.

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

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

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

6 **27-41-95. Coverage of EMS mental health and substance use disorder treatment.**

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

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

16 (c) Commencing January 1, 2023, 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 treatment  
19 described in subsection (b) of this section and shall reimburse such services at a rate not lower than  
20 the same service would have been had that service been delivered in a traditional office setting.

21 (d) 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 (e) The office of the health insurance commissioner and/or Rhode Island department of  
24 health may promulgate such rules and regulations as are necessary and proper to effectuate the  
25 purpose and for the efficient administration and enforcement of this section.

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

28 **42-7.2-21. Emergency medical services transport to alternate facilities.**

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

30 (1) "Basic life support" or "BLS" means transportation by ground ambulance vehicle and  
31 medically necessary supplies and services, plus the provision of BLS ambulance services. The  
32 ambulance must be staffed by at least two (2) people who meet the requirements of state laws and  
33 regulations where the services are being furnished. Also, at least one of the staff members must be  
34 licensed, at a minimum, as an emergency medical technician by the state or local authority where

1 the services are furnished and be legally authorized to operate all lifesaving and life-sustaining  
2 equipment on board the vehicle.

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

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

13 (4) "Mobile integrated healthcare/community paramedicine" means the provision of  
14 healthcare using patient-centered, mobile resources in the out-of-hospital environment with EMS  
15 agency's licensed paramedic and advanced emergency medical technician-cardiac practitioners  
16 working in collaboration with physicians, nurses, mid-level practitioners, community health teams  
17 and social, behavioral and substance use disorder specialists to address the unmet needs of  
18 individuals experiencing intermittent health care issues. The mobile integrated  
19 healthcare/community paramedicine program rules, regulations, standing orders, protocols, and  
20 procedures shall be instituted by the department of health with the collaboration of the ambulance  
21 service coordinating advisory board.

22 (b) This section authorizes emergency medical services in the state participating in a mobile  
23 integrated healthcare/community paramedicine program to divert non-emergency basic life service  
24 calls from emergency departments. Emergency medical services practitioners shall assess  
25 individuals who are in need of emergency medical services and apply the correct level of care  
26 thereafter, which may include transport to an alternative facility deemed appropriate by the  
27 emergency medical services practitioner. An alternative facility shall include, but not be limited to:

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

29 (2) A community health clinic;

30 (3) An urgent care facility;

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

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

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

1 designated by the director of the department of health:

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

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

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

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

12 (f) The executive office of health and human services shall set the reimbursement rates for  
13 the services described in this section. The department of health in collaboration with the ambulance  
14 service coordinating advisory board shall promulgate such rules, regulations, standing orders, and  
15 protocols as are necessary and proper to effectuate the purpose and for the efficient administration  
16 and enforcement of this chapter.

17 **42-7.2-22. Coverage of EMS mental health and substance use disorder treatment.**

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

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

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

31 (d) The executive office of health and human services shall set the reimbursement rates for  
32 the services described in this section. The department of health in collaboration with the ambulance  
33 service coordinating advisory board shall promulgate such rules, regulations, standing orders, and  
34 protocols as are necessary and proper to effectuate the purpose and for the efficient administration

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

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

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LC004627/SUB A  
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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 require health insurers, nonprofit hospital service corporations, nonprofit  
2   medical service corporations, health maintenance organizations and Rhode Island Medicaid, to  
3   issue or renew policies that provide coverage for emergency medical services transport to alternate  
4   facilities and coverage of emergency medical services, mental health and substance use disorder  
5   treatment, on or after January 1, 2023.

6           This act would take effect upon passage.

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LC004627/SUB A  
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