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April 30, 2025

The Honorable Marvin L. Abney
Chair, House Committee on Finance
Via: HouseFinance@rilegislature.gov

Re: H5772 - An Act Relating to Accident and Sickness Insurance Policies

Dear Chairman Abney and Members of the House Finance Committee:

Thank you for the opportunity to speak today. My name is Andrew Kettle, and I serve as the Chief of the Charlestown Ambulance-Rescue Service. I'm here in strong support of House Bill 5772 and the amendments presented. This legislation is about recognizing the value of the care EMS professionals already deliver every day across Rhode Island. It makes three critical improvements:

First, it brings Medicaid and Private Insurance reimbursement closer to parity with Medicare.

Right now, Rhode Island Medicaid pays **$179.56 for BLS** emergency transports and **$213.23 for ALS**, while Medicare pays **$460.24 for BLS** and **$546.53 for ALS**. This gap is unsustainable. We respond, regardless of payer, yet we're being reimbursed at less than half the federal rate for the same service.

This bill helps close that gap, aligning Medicaid reimbursement with the Medicare rate. This isn't just about fairness, it's about financial survival. According to preliminary federal data from the **Ground Ambulance Data Collection System**, the national **average unadjusted cost to provide one transport** is **$2,673**, while **average unadjusted revenue per transport** is **$1,147**. That's a structural deficit we simply can't continue to absorb.

Second, this bill begins to compensate EMS providers for care without transport, the care we already provide.

In 2024, Rhode Island EMS transported **190,491 patients**, but **12.3% of patients were treated on scene and not transported**. That's over **26,000 people** who received care from trained professionals, wound care, lift assists, vital sign monitoring, glucose checks, breathing treatments, but not one dollar of reimbursement unless they went to the hospital.

Treating people in place avoids unnecessary ED visits, reduces system strain, and is often what's best for the patient. This bill acknowledges that work and starts to compensate EMS providers for delivering it.

Third, the inclusion of Mobile Integrated Health and Community Paramedicine sets the stage for real transformation.

EMS is a frontline part of the healthcare system. We go into homes. We see the social and medical challenges people face, before they become crises. Community paramedicine programs can safely manage chronic conditions, prevent repeat 911 calls, and keep patients at home, where they want to be.

Rhode Island's Mobile Integrated Health–Community Paramedicine programs are already delivering measurable, cost-saving results. The Rhode Island Department of Health reports:

- **2,597 patient visits** completed
- **360 patients enrolled**, ages 19 to 98
- **82% of participants are over age 65**

The impact is clear and statistically significant:

- **911 calls dropped by 61.7%** six months after program graduation
- **Fall-related 911 calls dropped 64.5%**
- **Excessive use of 911 dropped 95.3%** over one year
- All with **P-values below 0.05**, proving these are real, not random, improvements

These outcomes matter. Rhode Island ranks **#19 nationally** for the most expensive emergency department visits, at **$1,750 per visit pre-insurance**. A fraction of that investment in local EMS programs can keep people healthier and drive down total healthcare costs.

With 360 patients enrolled in MIH programs, even one avoided visit per patient represents **$630,000 in cost savings**. This is good medicine and smart public policy.

But the real financial picture is even larger. Nearly **60% of Rhode Island's ED visits in 2014 were potentially preventable**, including:

- **70% of visits by Medicaid and Medicare recipients**
- Nearly **50% of those covered by private insurance**

Altogether, these avoidable visits cost **Rhode Islanders $90 million every year**, including:

- **$18 million in Medicaid spending**
- **$33.1 million from Medicare**
- **Nearly $40 million in private healthcare costs**

By supporting EMS treatment in place and funding Mobile Integrated Health programs, this legislation enables us to safely care for patients at home, reduce preventable emergency visits, and help bend the cost curve in our state's healthcare system.

In closing, House Bill 5772 reflects the realities of modern EMS. It brings reimbursement in line with cost, it supports the care we already provide, and it opens the door to proactive community-based care. I urge your support.

Thank you,

Chief Andrew D. Kettle