



# **TOWN OF SOUTH KINGSTOWN, RI**

## ***Emergency Medical Services***



**CRAIG E. STANLEY**  
**CHIEF OF EMS**

Chairperson and members of the committee,

4/30/2025

Thank you for the opportunity to speak in support of House Bill 5772.

My name is Craig E. Stanley, and I serve as the Chief of Emergency Medical Services for the Town of South Kingstown. I am here today to respectfully urge your support for House Bill 5772. This essential bill would ensure that individual and group health insurance plans reimburse ambulance services at the Medicare rate for the level of care provided, regardless of whether the patient is transported. It also supports reimbursement for mobile integrated health and community paramedicine programs approved by the Rhode Island Department of Health.

The community paramedic program is a vital bridge between emergency services and preventative healthcare. A community paramedic program extends care beyond the traditional 911 emergency response by providing in-home care, chronic disease management, post-hospital discharge follow-ups, mental health support, preventative health education and fall prevention. These services not only improve patient outcomes but also significantly reduce unnecessary emergency room visits and hospital readmissions, saving taxpayer dollars and preserving critical emergency resources for true emergencies.

In South Kingstown, we have seen firsthand how community paramedics help some of our most vulnerable residents — seniors living alone, individuals with complex medical needs, and patients struggling with mental health or substance use disorders. These programs empower people to manage their health safely at home and prevent crisis situations that would otherwise demand more costly, acute interventions.

Investing in Community Paramedicine is a forward-thinking, cost-effective solution that strengthens public health, improves quality of life, and supports a more resilient healthcare system. With your support, we can expand these critical services and reach even more people who need help the most.

Community paramedics in my agency have made over 130 visits to residents in the Town of South Kingstown over the past seven months. We have several examples of patients within our community paramedic program that have reduced the need to be transported to the emergency room. One success story is about a patient who has been transported to by EMS over 60 times within a year. Our community paramedics worked with our local hospital and the patient's primary care doctor to establish a care plan. We began weekly visits, and the patient went over a month and half without the need to call 911 and a trip to the emergency room. Another great example is a young adult patient with behavioral health challenges who lives at home with mom and dad. The family would call 911 often when the patient had a mental health emergency. One of our community paramedics began seeing the patient at home weekly and then every other week. After some time, the mom reached out to us and began to cry, she wanted to thank us and could not believe how well her child was doing.

Our work sometimes just requires spending time with the patient, making sure the patient has their meds and taking them. Seeing these patients in a non-emergency environment can make all the difference. We find our community paramedics are not just care givers but health navigators for the patients and families.

Our community paramedics make home visits and provide risk assessments such as fall prevention. In 2024, EMS in Rhode Island responded to 21,383 falls in the geriatric population. It is critical that we work to prevent falls for this population. In the United States, 11,000 people a day turn 65 years old.

Let me share these stats of falls,

- Each year, 3 million older people are treated in emergency departments for fall injuries,
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture
- Each year at least 300,000 elderly people are hospitalized for hip fractures from falls
- From 2007 to 2016, fall death rates in the U.S. increased 30%

Community paramedics can play a crucial role in the prevention of falls when visiting patients

In 2024 alone, Rhode Island EMS agencies responded to over 190,000 emergency calls. And 12.3% of those patients were treated on scene but not transported. That's instances of professional care, delivered by licensed clinicians, that currently go unpaid if there's no ride involved.

When our providers administer medications, start IVs, perform EKGs, or deliver other critical interventions, we do it because it's the right clinical decision. But we shouldn't have to operate at a financial loss to do so.

Rhode Island has already taken important steps through the Department of Health's support of mobile integrated health programs. Our MIH teams are addressing gaps in primary care access, chronic disease management, and behavioral health, all in the home or community setting. H5772 aligns insurance reimbursement with the clinical direction our state has already endorsed.

The bill also rightly specifies that reimbursement should go to ambulance services licensed by the Rhode Island Department of Health, ensuring accountability, training, and quality assurance.

We're not asking for anything extra. We're asking to be reimbursed for what we already do, for care that already saves lives, prevents overcrowding in emergency departments, and keeps patients in their homes when it's clinically appropriate.

The best response to a 911 call is one that is prevented. Mobile integrated health and community paramedic programs are the future of EMS.

Thank you for your time, your consideration, and your commitment to the health and safety of our community. I welcome any questions you may have.

Respectfully,  
Craig E. Stanley,  
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