

Testimony in Support of House Bill 5772

Kevin McEnery – EMS Coordinator, Narragansett Fire Department

Thank you for the opportunity to speak today.

My name is Kevin McEnery, and I'm the EMS Coordinator for the Narragansett Fire Department. I come before you today to voice my strong support for House Bill 5772.

Our Mobile Integrated Health (MIH) program began with the help of grant funding. Without that initial funding, we would have never been able to get this program off the ground. I knew there was a need for something like this, but I didn't fully realize just how critical that need was until we started meeting patients where they were — in their homes, often struggling silently.

As a paramedic, I've responded to the same home multiple times for issues that were entirely preventable — things like someone tripping over oxygen tubing that's far too long, or falling because of clutter or hazards that could easily be addressed. Yet we had no real way to follow up, no mechanism to ensure those individuals got connected to the help they needed. A small issue left unattended becomes a major one — an injury, a hospitalization, or worse.

Now, thanks to our MIH program, one of our EMTs or firefighter-paramedics can visit these residents, identify the root causes, and help connect them with services or resources to address the problem. It's a game-changer.

Many of our elderly residents don't call for help because they fear it will lead to being removed from their homes, or they simply don't want to be a burden. They trust the EMTs and firefighters they've come to know over years of service. That trust allows us to reach people who might otherwise slip through the cracks of an overwhelming and impersonal healthcare system.

We had one resident with a chronic condition who had five 911 calls in just a few days. Our MIH provider performed an in home MIH visit and discovered that the patient had not been seen by a specialist and was using outdated medications. Within a few weeks working with the primary care, we got them connected to a specialist and on the latest treatments — reducing their need for emergency services from multiple calls a week to just a few per year.

Technology is another barrier. Something as simple as a telehealth visit can be difficult or impossible for our older residents to navigate. We're now regularly contacted by local physicians asking us to assist their patients with remote visits. Our providers are able to collect vital signs, perform EKGs and labs, and even administer treatment — all in the patient's home, and often avoiding an unnecessary ER visit.

Recently, we had an 85-year-old MIH patient who needed an at-home heart monitor. The physician mailed the device, but the patient couldn't set it up — she needed to pair it with a phone, apply electrodes, and transmit the data. She was unable to complete any of it. Our team was able to work directly with her doctor to order a new test and assist in setting it up, ensuring her condition didn't go untreated. These kinds of situations are becoming more and more common.

Unfortunately, when our grant funding ended, we briefly had to pause the program. In just 13 days without MIH support, Narragansett Fire Department was dispatched 18 times to former MIH patients. Ten of those calls resulted in transports to the ER, with the average ER visit costing \$1750 before insurance. If we had been able to continue performing visits during this time, these 10 transports could have saved \$17,500 before insurance; they could have also prevented patients from leaving their homes and could have freed up space in a busy ER. That's the kind of difference this program makes — immediate, measurable, and deeply human.

But we can't continue this work without a sustainable funding mechanism. House Bill 5772 would make it possible for us to bill for these services — to keep helping our residents in the most cost-effective, compassionate, and proactive way possible.

Thank you again for your time and for considering this vital piece of legislation.