

March 11, 2026

House Committee on Health & Human Services

Re: Testimony in Support of H7485 – Emergency Medical Transportation Services

Chairperson and members of the committee,

My name is Marta Charleson, and I am writing today in support of H7485.

I bring several perspectives to this issue. I have over eight years of experience working in the 911 system as both an EMT and paramedic, and I currently teach EMT and Advanced EMT courses, helping to educate the next generation of EMS providers. I have also previously worked as a contractor with the Rhode Island Department of Health's Center for Emergency Medical Services in the role of Mobile Integrated Health – Community Paramedicine (MIH-CP) Program Coordinator and EMS Data Manager.

In this role, I had the opportunity to work closely with all of the MIH-CP programs during their startup and implementation phases. Through that work, I was able to see firsthand how impactful these programs have been for the residents of the communities they serve. These programs allow EMS providers to deliver patient-centered care in the community, helping patients manage chronic conditions, access appropriate healthcare resources, and avoid unnecessary emergency department visits.

In addition to working on program implementation, I also pulled and analyzed program data from these programs during my time there. The outcomes clearly demonstrate the impact these initiatives have had on patients and the emergency response system in Rhode Island:

- 82% of patients enrolled in MIH-CP programs were **over the age of 65**, representing one of the most vulnerable populations in our healthcare system.
- After program graduation, there was a **50.6% decrease** in 911 utilization for falls, a leading cause of injury and hospitalization among older adults.
- There was a **62.9% decrease** in overall 911 utilization among program participants.
- Perhaps most significantly, there was a **95.3% decrease** in excessive 911 utilization among high-frequency users after completing the program.

These results demonstrate that community paramedicine programs are not only improving patient outcomes but also significantly reducing strain on Rhode Island's 911 system and emergency departments.

However, these services currently come at a significant cost to EMS agencies. In all of Rhode Island's MIH-CP programs, patient visits are provided at no cost to the patient, and EMS agencies absorb the full cost of providing these services. This includes personnel time, vehicle use, medical supplies, medications, and administrative resources. In many cases, these expenses can exceed \$6,000 per month for an EMS agency operating a MIH-CP program.

Nationally, community paramedicine visits are estimated to cost approximately \$75-200 per patient visit, meaning that a program conducting 100 patient visits per month may incur between \$7,500 and \$20,000 in operational costs. Unlike traditional EMS responses that generate reimbursement when a patient is transported to a hospital, MIH-CP visits and treatment-in-place encounters generate no reimbursement at all, even when advanced medical care is provided. These are costs that Rhode Island EMS agencies currently absorb without reimbursement. In contrast, a single emergency department visit in Rhode Island costs approximately a minimum of \$1,750. By preventing just four avoidable emergency department visits per month, a MIH-CP program can fully offset its monthly incurring cost.

Despite these costs, agencies continue to offer these services because they see the tremendous benefit to their communities. The patients who rely on these programs are often those who need support the most: older adults, individuals who struggle to access traditional healthcare services, patients who lack transportation to medical appointments, or something as simple as those who are unable to pick up medications from a pharmacy.

Reimbursement for MIH-CP services would ultimately benefit the citizens of Rhode Island by expanding access to preventative healthcare, supporting vulnerable populations in their homes, reducing unnecessary 911 calls, and decreasing avoidable emergency department visits. These programs help ensure that patients receive the right care at the right time, while allowing emergency resources to remain available for true emergencies.

From both my operational experience in EMS and my work in EMS education, it is clear that the role of EMS is evolving, not just within our state, but nationally. EMS providers are increasingly serving as an integral part of the healthcare system, delivering care beyond traditional emergency transport. Programs such as Mobile Integrated Health - Community Paramedicine demonstrate how EMS can help improve healthcare access while supporting more efficient use of emergency resources.

Ultimately, when EMS providers are able to treat patients in their homes, connect them with appropriate healthcare resources, and intervene before conditions worsen, it moves care away from most expensive and resource-intensive settings – emergency departments and hospital admissions – and toward the patient's home and community. This approach

not only improves patient outcomes and quality of life, but it also represents a more efficient use of healthcare resources. By supporting reimbursement for these services through **Rhode Island House Bill 7485**, Rhode Island has the unique and forward-thinking opportunity to strengthen EMS systems, support innovative healthcare delivery models, and ensure that Rhode Island residents receive the care they need while helping control overall healthcare costs.

For these reasons, I respectfully urge the committee to support H7485.

Thank you for your time and consideration.

Sincerely,

Marta Charleson, M.S., B.S., NRP

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