

## Steven Sepe

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**From:** Thomas Smith <tsmith@cumberlandri.gov>  
**Sent:** Wednesday, March 11, 2026 10:10 AM  
**To:** House Health and Human Services Committee  
**Subject:** Re: Letter to Committee HHS #7485

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### House Bill 7485

Dear House Committee Members,

Please consider Bill # H7485. Mobile Integrated Healthcare & Community Paramedicine truly has been beneficial to Rhode Islanders who are in need. It has been often said that Mobile Integrated Healthcare-Community Paramedicine (MIH-CP) fill the gaps in Healthcare. will enhance healthcare access, reduce cost, improve patient outcomes all while the patient is not in the hospital or nursing/rehab but rather home. It reduces, emergency room overcrowding and readmissions by managing chronic diseases, offering preventative services, and connecting underserved, especially rural, populations to primary care. In the 2025 Rhode Island Hospital Community Health Needs Assessment & Community Health Improvement Plan lists;

- Access to Healthcare Services
- Access to Mental and Behavioral Health Services
- Social Determinants of Health
- Assistance Navigating Hospital and Community Services
- Community-based Health Education
- Chronic Disease Management

### Treatment in Place

With MIH-CP, trained EMS Providers can help implement the improvement plan listed. EMT's, EMT-Cardiacs', Paramedics or Emergency Medical Service Practitioners are front line workers and are the beginning of a patients journey in the healthcare system, especially in the State of Rhode Island. It is common for patients to call 911 for earaches, neck & back discomfort, Urinary Tract Infections, cold & flu-like symptoms, pink eye, sprains, strains, and the infamous toe pain. With having Bill #7485 approved, EMS Practitioners are effectively able to mitigate the patient's problem and appropriately guide them to the appropriate level of medical care, thus reducing unnecessary Emergency Department overcrowding. If the patient does not have a primary care physician (PCP), the EMS Clinician will work to provide that patient a PCP.

### Hospital Discharge

Another example would be patients being discharged from a hospital with discharge care plans for a EMS Practitioner to provide Vital Sign Assessment, Monitoring signs of fluid overload, administration of antibiotics, medication reconciliation, blood glucose monitoring for diabetes, wound care, repeating blood draws, patient, and care giver education. This will lower the cost in preventable hospitalizations. It is often mistaken the examples listed that Visiting Nurses perform duplicate means of service, however

there is a difference in delivery method to patients being visiting nursing is a direct care delivery model versus Community Paramedicine is a public health and primary care integration tool.

## Mental Health and Behavioral Health Services

According to the National Alliance on Mental Illness (NAMI) 1 in 5 adults experience mental illness each year, 1 in 9 adolescent aged (12-17) have thoughts of suicide each year. 7,479 calls were made to Rhode Island's 988 Suicide & Crisis Line call centers in 2023, and I can assure you the first step to getting those folks who called for help that there was a EMS Clinician by their side. EMS Clinicians are good navigators in the Rhode Island healthcare system. Burn & Trauma patients being transported to an American College of Surgeon Verified Trauma Center, deciding destination of cerebrovascular accident based on the Los Angeles Motor Scale whether to bring them to a Primary Stroke Center or Comprehensive Stroke Center. EMS Clinicians know which hospitals that are Mental Health Preferred and Opioid Use Disorder Preferred. EMS Clinicians can coordinate referrals to psychiatrists, therapists, and community-based mental health services such as Providence Community Health, Blackstone Valley Community Health, Thundermist, WellOne, Block Island Health, East Bay Community Action, Community Care Alliance.

## My Experiences

The past nine years I have worked at two EMS agencies that have provided MIH-CP. I have received grants at both agencies and have had some great experiences along the way. I have brought patients to doctor's appointments, addiction treatment centers, provided fall risk & home safety assessments, checked and changed batteries for Smoke and CO Detectors, picked up shower chairs, checked on people during snow storms, taught mothers to be ;CPR & Infant choking, installed car seats, Blood Pressure screenings, enrolled people to get primary care physicians, educated how to use oxygen at home, and provided medication administration. I have also had bad experiences. After grant funding ran out, I was unable to achieve funding from local government and fire district board. The response from leadership was always, "we cannot bill for your services, so we are not going to fund your program." Emergency Medical Services in Rhode Island currently bills insurance if we bring patients to the hospital. With House Bill #7485 we will have reimbursement to sustain our community paramedicine programs throughout the state of Rhode Island.

## A State of Despair

In Rhode Island, our healthcare system in general is in peril. We have an access crisis and primary care shortages. Nearly 30,000 people lost primary health care in 2025. We have had operational and financial pressures, Rhode Island hospitals are facing financial strain, with some relying on state funding or facing ownership changes, such as the proposed acquisition of Roger Williams Medical Center and Our Lady of Fatima Hospital. Low reimbursement rates relative to neighboring states like Massachusetts and Connecticut, often 20-30% lower, are a primary driver of this instability. We have a high cost and insurance rates, Despite high coverage, insurance costs are rising sharply. In 2024, hospitals provided over \$84 million in uncompensated care, and there is concern that rising premiums could lead to a sicker, more expensive insurance risk pool.

## Make Rhode Island Healthy Again (MRIHA)

Governor McKee has recognized the issues in the State of Rhode Island. The Governor established a State Health Care System Planning (HCSP) Cabinet that will take a unified, interdepartmental approach to evaluating and proposing recommendations for Rhode Island's health care system. One of the Proposed Measure Domains for Healthcare System Planning Cabinet Goals & Initial Executive Office of Health & Human Services Independent Advisory Council Feedback was to "Include EMS, rural access, regulatory barriers, and insurance as measurable components." There have been several MIH-CP programs already started throughout Rhode Island, Programs in cities and towns - Cumberland, Providence, East Providence, West Warwick, Narragansett, Smithfield, South Kingstown, Westerly, and Charlestown to name a few. The people I recognized over the years who have worked tirelessly in advocating MIH-CP; Jason Rhodes (RIDOH), Megan Umbriano (RIDOH), Marta Charleson (RIDOH), Ryan Simko (West Warwick Fire Dept), Zach Kenyon (Providence Fire Dept.), Craig Stanley (South Kingstown EMS), Scott Dessert (Cumberland EMS), Dr. Nicholas Asselin (RIH, MIRIAM, Smithfield Fire Dept.), Dr. Nicholas Valentini (RIH, MIRIAM, Cumberland EMS), Andrew Kettle (Charlestown Rescue), Kevin McEnenery (Narragansett Fire Dept.) and Thomas Fagan (Pascoag Fire Dept.). These people truly are making a difference in their communities.

## Epilogue

Emergency Medical Services isn't just a job; it is a serious profession. We are the eyes and ears of our vulnerable populations in Rhode Island. MIH-CP fill the gaps in healthcare for people who fall through the cracks. Its primary goal is accessing the healthcare system for people and to help patients discharged from the hospital at home. To help patients gain access to Mental and Behavioral Health services. I have seen MIH-CP work for patients. Though we have had issues in our state regarding healthcare, sponsoring House Bill 7485 is the right step in the direction of sustaining to make a healthier Rhode Island.

Thank you,

Thomas Smith- Paramedic Cumberland EMS