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House Committee on Health and Human Services
Susan Donovan, Chair
Rhode Island State House
82 Smith Street Providence, RI 02903

March 11, 2026

Dear Chair Donovan and Members of the House Committee on Health and Human Services,

I am writing in strong support of House Bill 8134, which would allow EMS providers to be reimbursed for transporting individuals directly to behavioral health crisis centers such as BH Link. My perspective comes from many years working within Rhode Island's emergency and healthcare systems. I have served as an EMT - Cardiac (EMT-C) on a busy municipal fire department and private ambulance services in this state and worked in emergency departments as a technician. I am currently a Registered Nurse serving as the Director of Nursing for Community Care Alliance's Acute Stabilization Unit in Providence.

Across these roles, I have seen firsthand the challenges our emergency response and hospital systems face when responding to behavioral health crises, and I have also seen how much more effective the system can be when individuals are brought to the right place for the care they need.

During my years working on ambulances and in fire-based EMS systems, many of the calls we responded to involved individuals experiencing mental health crises, substance use complications, or severe emotional distress. In many of these situations, the person did not require the medical resources of an emergency department, but EMS crews had no practical alternative destination. As a result, we transported patients to already overcrowded emergency departments where they often waited hours for evaluation in an environment that was not designed to support behavioral health stabilization.

These situations were difficult for everyone involved. Patients in crisis were placed in loud, chaotic emergency departments when they would have benefited from a calmer, specialized environment. Emergency departments were further strained by behavioral health boarding. EMS crews were frequently held up waiting to transfer care, leaving fewer units available to respond to emergencies in the community. And the providers involved often knew that there was a more appropriate place for that patient to receive care if the system allowed it.

Many communities across the country have recognized this gap and have implemented systems that allow EMS to transport behavioral health patients directly to crisis stabilization centers rather than emergency departments. Cities such as Phoenix and Houston have demonstrated that when EMS providers are able to bring patients to specialized crisis facilities, emergency department crowding decreases, EMS turnaround times improve, and patients receive more appropriate care in settings designed for behavioral health treatment.



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Rhode Island already has a valuable resource in BH Link, which provides rapid access to behavioral health assessment, stabilization, detoxification services, and connection to ongoing treatment in a trauma-informed setting. Allowing EMS providers to transport directly to facilities like this, while being appropriately reimbursed for their services, strengthens the entire behavioral health response system.

From my current position as Director of Nursing at an Acute Stabilization Unit, I see the system pressures on behavioral health services every day. Emergency departments throughout the state are frequently managing behavioral health patients who are waiting extended periods for evaluation, placement, or stabilization. This contributes to staff burnout, delays care for other medical emergencies, and increases overall healthcare costs. When patients can be directed immediately to specialized crisis care environments, the system functions more efficiently and patients receive more appropriate treatment sooner.

This legislation also recognizes the expertise of EMS professionals. First responders make complex clinical decisions every day in dynamic environments. When they determine that a patient experiencing a behavioral health crisis would benefit most from transport to a crisis stabilization facility rather than an emergency department, the system should support that decision and ensure EMS agencies are reimbursed for providing that service.

House Bill 8134 represents a practical and thoughtful improvement to Rhode Island's behavioral health crisis response system. It supports patients, first responders, hospitals, and behavioral health providers alike by allowing care to occur in the most appropriate setting.

Thank you for your time and for your continued efforts to strengthen Rhode Island's healthcare and behavioral health systems.

Respectfully,

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