



To: Senate Committee on Health and Human Services
From: Care New England Health System
Date: April 16, 2026
Subject: CNE Support for S 2685— An Act Relating To Health And Safety -- Emergency Medical Transportation Services

Dear Chairwoman Murray and members of the Committee,

Care New England (CNE) Health System is a trusted, integrated health care organization that fuels the latest advances in medical research, attracts the nation’s top specialty-trained doctors, features nationally recognized services and cutting-edge programs, and engages in the important discussions people need to have about their health. CNE is helping to transform the future of health care, providing a leading voice in the ongoing effort to ensure the health of the individuals and communities we serve. With over 8,000 employees throughout Rhode Island, we are the fourth-largest employer and second-largest health system in the Ocean State.

My name is Michael Lee and I am a physician at CNE serving as the Medical Director for Integra Community Care Network’s at Home program and Kent Hospital’s Hospital at Home program. On behalf of CNE, I am writing to you today in support of Senate Bill S 2685 and would like to thank Senator Gu for championing this important measure.

My clinical work involves evaluating and treating patients in their homes. Why treat people in their homes? For one, many patients — particularly older adults or those with complex medical conditions — find receiving care at home is more comfortable and less disruptive than going to the hospital or emergency department. But there are also structural and system-level reasons why this model of care has become increasingly important. The current healthcare landscape in Rhode Island makes it difficult for many patients to access timely care. Primary care physicians and specialists are in short supply, and it is not always easy to be seen on an unscheduled basis. At the same time, our state’s hospitals and emergency departments are often at or above capacity.

This home-based model of care has grown in importance in recent years, and I am hopeful it will continue to grow here in Rhode Island. Improvements in technology have helped make this possible, and the COVID pandemic accelerated the adoption of telehealth in ways that showed this type of care can be delivered reliably and effectively. These tools now allow medical providers to work closely with clinicians in the field — such as community paramedics — so that patients can be evaluated and treated in their homes while remaining connected to their medical care team.

Let me give you an example of the outstanding work Lt. Simko has done in West Warwick through their Community Paramedicine program. With the help of Lt. Simko and his EMTs, he provides Integra care for a woman in West Warwick in her 80s who has breast cancer as well as advanced COPD, a chronic lung disease that requires her to be on continuous oxygen. She is very prone to respiratory infections and previously was in and out of the hospital numerous times.

For a patient like this woman and the family members who help care for her, managing multiple medical conditions can be overwhelming — coordinating doctor visits, medications, and trying to keep her stable and out of the hospital becomes all consuming. Even more importantly, hospitalization for older adults with multiple chronic conditions can do more harm than good due to altered sleep patterns and unfamiliar environments. Complications such as confusion, falls, physical deconditioning are common and can lead to more health care needs and longer time away from home.

By having Lt. Simko and his team see her in the home, we can identify problems early and intervene before they worsen. His team can obtain vital signs and perform a thorough medical assessment under the oversight of our nurse practitioner or physician via telehealth. They can collect diagnostics such as lab work or EKGs on behalf of the provider. In addition, they can provide some basic interventions such as oxygen, nebulized respiratory treatments, or IV fluids. With their help, we have treated numerous issues at home, including mild flare ups of her COPD, early cases of pneumonia, viral infections, and urinary infections, all without requiring hospitalization.

I can personally attest that the quality of the care they provide is excellent, and I hear nothing but high praise from patients such as this one, who is incredibly grateful to be able to remain at home while receiving attentive, high-quality medical care.

Programs like these require resources to operate well, and the current reimbursement model is one barrier to making them viable for many communities. At present, services are typically reimbursed only if a patient is transported to a hospital. Senate Bill S2685 would help correct this by allowing reimbursement based on the care that EMS clinicians actually provide, including situations where patients can be safely evaluated and treated at home.

The experience in West Warwick demonstrates how effective this model can be. When EMS clinicians and medical providers work together, we can keep patients safer, reduce unnecessary emergency department visits, and deliver care in the setting patients prefer—their homes.

On behalf of CNE, I urge the committee to pass S 2685 as it represents an important step toward modernizing and strengthening Rhode Island's healthcare system. If you have any questions or would like to learn about the work we are doing, I'd be happy to follow up with you.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael H. Lee". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael H. Lee, MD, MS, FACEP
Medical Director
Integra Community Care Network – At Home Program
Kent Hospital – Hospital at Home Program