

**April 13, 2026**

Senate Health and Human Services  
Rhode Island General Assembly  
Via email: [SLegislation@rilegislature.gov](mailto:SLegislation@rilegislature.gov)

**Re: Support for Senate Bill 2685 – Community Paramedicine and Treatment in Place**

Dear Chair and Members of the Committee,

I am writing on behalf of **Thundermist Health Center**, a federally qualified health center serving over 65,000 Rhode Islanders each year, to express our **strong support for Senate Bill 2685**, which would allow insurance reimbursement for community paramedicine and mobile integrated health services.

Thundermist cares for many patients with complex medical and social needs, including individuals living with chronic disease, limited mobility, behavioral health conditions, and barriers to accessing timely care. For these patients, traditional, facility-based care models are often insufficient—and at times lead to avoidable emergency department utilization.

Our partnership with the **West Warwick Fire Department’s Community Paramedicine Program** has demonstrated the value of a different approach. Through this collaboration, community paramedics have provided **in-home visits for Thundermist patients**, administered medications, drawn laboratory specimens, and maintained close communication with our primary care teams. This coordinated, patient-centered model has helped stabilize patients at home and **prevent unnecessary emergency department visits**, while improving continuity of care and patient experience.

Despite its clear clinical value, the current reimbursement structure only provides payment when a patient is transported to a hospital—creating a financial disincentive for treatment in place, even when that care is clinically appropriate and preferred by the patient. **Senate Bill 2685 addresses this misalignment directly** by enabling reimbursement for community-based EMS services, including mobile integrated health and community paramedicine programs.

From the perspective of a primary care organization serving high-need populations, this legislation supports:

- Better alignment between reimbursement and patient-centered care
- Improved access to timely, in-home services for vulnerable patients
- Reduced strain on emergency departments and hospitals
- Stronger collaboration between EMS agencies and healthcare providers

Importantly, Senate Bill 2685 does not expand scope of practice beyond appropriate oversight, nor does it replace primary care or home health services. Instead, it enables **well-regulated, collaborative models** that complement existing care teams and fill critical gaps in the continuum of care.

For Thundermist and the patients we serve, community paramedicine is not theoretical—it is already working. Passage of Senate Bill 2685 would help ensure the sustainability of these services and allow them to be integrated more fully into Rhode Island’s healthcare delivery system.

Thank you for your consideration of this important legislation and for your continued commitment to innovative, patient-centered solutions that improve health outcomes for Rhode Islanders.

Sincerely,

A handwritten signature in blue ink that reads "Charles T. Jones". The signature is written in a cursive style with a prominent "T" in the middle.

Chuck Jones  
President and CEO  
Thundermist Health Center