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March 18, 2025

The Honorable Representative Susan R. Donovan.
Chair of the House Health and Human Service Committee
82 Smith Street
Providence, RI 02903
HouseHealthandHumanServices@rilegislature.gov

H5432 RELATING TO INSURANCE – INSURANCE COVERAGE FOR MENTAL
ILLNESS AND SUBSTANCE USE DISORDERS
Prohibit Prior Authorizations

Dear Representative Donovan and Members of the Committee:

I am writing on behalf of the Rhode Island Psychological Association to ask you to support H5432. This bill will prohibit health insurance companies from requiring prior authorizations for in-network mental health or substance use disorder services.

The introduction section of this legislation briefly outlines how many people who need mental health and substance abuse treatment do not get it. That is due in part to the many barriers people experience getting the care they need. Health insurance companies historically have erected many of these obstacles in the service of preventing or delaying paying for covered benefits to their insured. This bill removes one of the most noxious strategies. Prior authorization does not function as the insurance companies suggest: to oversee that a healthcare service “is needed and covered by a health insurance plan.”¹ Rather prior authorization serves to create a bureaucratic barrier for health care professionals that consumes their time and diverts their attention away from providing care to their patients, and that can delay or deny care, or payment for services already provided while the bureaucratic process is in process.

An overwhelming majority of prior authorization requests are approved. As an example, the Kaiser Family Foundation reported that only 6.4% of nearly 50 million prior authorization requests for Medicare Advantage insured patients were denied in 2023.² That denial rate has remained consistent in recent years. Less than 12% of denials were appealed. Thus, insurance companies that require health care professionals to

¹<https://pmc.ncbi.nlm.nih.gov/articles/PMC10391030/#:~:text=Prior%20authorization%20is%20one%20of,aligns%20with%20evidence%2Dbased%20guidelines>

²<https://www.kff.org/medicare/issue-brief/nearly-50-million-prior-authorization-requests-were-sent-to-medicare-advantage-insurers-in-2023/#:~:text=Of%20the%2049.8%20million%20prior,service%20was%20approved%20in%20full>.



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submit prior authorization requests create an administrative burden to generate and track the requests when an overwhelming number of the submissions will be summarily approved. When there is a denial the burden on the professional's time can be extensive and the stress it causes to the insured is incalculable. Often denials mean that a person does not get care. Delaying access to care can also result in a person eventually requiring more expensive levels of care.

As a clinical psychologist in practice in Rhode Island since 1991 I have experienced the barriers prior authorizations create towards providing care for my patients. Back in the 1990's managed care companies like Green Springs on behalf of Blue Cross Blue Shield of Rhode Island required us to fill out six-page forms roughly every five sessions. United Health Care had a multipage form that was required even more frequently. Over the years the demands of these companies for outpatient services have reduced, but not all have been eliminated. Prior authorization reviews for higher levels of care remain a burden to providers and a disruptor of treatment for patients.

Blue Cross and Blue Shield of Rhode Island deserves credit for dropping prior authorization requirements in 2018. Since then when a prospective BCBSRI patient sought services: I could screen them over the phone, check their eligibility and schedule them immediately without a bureaucratic delay if I determined it was appropriate to see them. That improved my ability to care for my patients.

Unfortunately, other insurance companies have not followed Blue Cross' example, and that is why this legislation is needed. Prior authorization is a bureaucratic tool insurance companies use to save themselves money. Requiring prior authorization does not save money or ensure that people get the care they need. In-network providers can check eligibility to determine if a prospective patient has coverage, and they have standards for medical necessity they use to determine whether care and insurance coverage are appropriate. Please help Rhode Islanders to get the care they need. Ending prior authorization is one step in the service of this goal.

We would like to thank Representatives Tanzi, Morales, Spears, McGaw, Handy, Fogarty, Ajello, McEntee, Knight, and Stewart for sponsoring this legislation. We ask you to vote *in Favor of H5432*. Thank you,

Sincerely,

A handwritten signature in black ink that reads "Peter M. Oppenheimer Ph.D.".

Peter M. Oppenheimer, Ph.D.

Director of Professional Affairs

Rhode Island Psychological Association

Chair

Board of Psychology

Rhode Island Department of Health



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