



March 18, 2025

The Honorable Representative Susan Donovan
Chair of the House Health and Human Services Committee
82 Smith Street
Providence, RI 02903

Re: Support for House Bill 6061 - Mental Health Parity

Dear Chairwoman Donovan and Members of the Committee:

The Mental Health Association of Rhode Island (MHARI) is pleased to express our support for House Bill 6061, relating to insurers' compliance with the federal Mental Health Parity and Addiction Equity Act and state parity laws. We thank Representative Tanzi for introducing this important bill, which offers Rhode Island a zero-cost measure to improve the system of behavioral healthcare.

About one in five adults will have a mental or behavioral health condition in their lifetime. Seeking mental health or substance use disorder services is a courageous decision. There is nothing more demoralizing than being denied care by a health insurance company when one reaches out for help.

Timely access to the right level of care, at the right time, saves lives. Health insurance is often a barrier to getting that care. Mental health parity laws prohibit health insurance companies from covering mental health and substance use disorder services more restrictively than medical care. Currently, insurers are given wide latitude in how they define "generally accepted standards of care," which are guidelines used to determine what treatments are considered medically necessary. Often, insurers' guidelines are used to limit or deny behavioral health services, particularly when reviewing requests for prior authorization or claim submissions. This practice is designed to save insurers money, but it actually drives up costs in the long term.

The legislation before you seeks to ensure that all insurers are using the same guidelines as defined by experts when approving or denying prior authorization or claims for services. It codifies into state law a definition of "**generally accepted standards of care.**" The bill defines the term to mean the standards of care and clinical practice that are generally recognized by behavioral healthcare providers practicing in relevant clinical specialties.

There are numerous and substantial benefits in requiring all insurers to use the same guidelines. First, it increases consumers' access to timely services. Early intervention improves patient outcomes. This in turn reduces their utilization of hospitals and emergency departments, which saves insurers' money. Additionally, it reduces providers' administrative burden, costs, and burnout. These reforms might enable more behavioral health providers to continue practicing in Rhode Island, even though reimbursement rates are higher in Massachusetts. In turn, increasing the number of in-network providers reduces waitlists for services and offers consumers the chance for early intervention. Lastly, a universal set of guidelines improves equity among consumers. Currently, two people with the same condition of the same severity and duration might receive very different treatment plans, depending on their insurance plans. One consumer with Health Insurance Plan A may get four weeks of residential treatment for an eating disorder, for example. The other consumer with Health Insurance Plan B may be approved for only two weeks of residential treatment. Obviously, the consumer with Plan A has a better chance at a full recovery. The current system fosters inequality to reduce insurers' costs and increase their profits.



What follows below is a series of quotes taken from [focus groups](#) MHARI conducted with patients and providers in 2019. Respondents overwhelmingly indicated that their experience of the insurance system created a sense of disempowerment and overly severe restriction of access to care.

- As stated by a mental health professional in a focus group, “It’s frustrating...when you’re consistently coming against barriers, and you can’t help the clients to be where they need to be, that feels disempowering.”
- In another focus group, a consumer participant explained a situation in which she was required to negotiate to receive services. She was significantly ill and disabled – unable to go to work or even brush her hair – but recalls still needing to argue with her insurer for her right to be seen by a mental health professional. In response, another consumer participant commented, “It is demeaning to have to beg for some understanding...to get treatment for an illness.”
- One consumer participant described her struggle to get coverage for her daughter: “She needed mental health treatment beginning at the age of 16. We had [private] health insurance, and it was a covered benefit for residential treatment for her disorder. We were denied that residential treatment. We were told by the insurance company that she would do better at a lower level of treatment although she had completed a lower level of treatment and only got worse.”
- In another group, a mental health professional vouched for the frustrations experienced by patients, stating, “Our work is not what’s best for this patient. It’s, well, what will the insurance pay for?” The disparity of commonly applied treatment limitations in mental health/substance use disorder treatment is acutely felt by patients, as articulated here by a focus group participant: “Physical ailments, such as cancer, have a follow-up protocol. When a cancer patient is discharged, they receive immediate care in terms of chemotherapy, surgery, or physical therapy, but when someone is discharged from a hospital with a mental health disorder, like what happened to me, where do they go?” She further explained that she believes there would never be a waiting list to get into physical recovery programs, but from her experience, it is seen all the time with mental illness.

Health insurers should not be able to use their own treatment guidelines to deny, delay or limit services. All Rhode Islanders deserve a real chance at healing and recovery. Thank you for your consideration of our views. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Laurie-Marie Pisciotto'.

Laurie-Marie Pisciotto
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