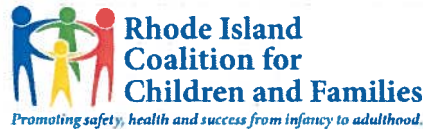




**Bradley Hospital**  
*Lifespan. Delivering health with care.®*



To: House Committee on Finance  
From: Women & Infants Hospital  
Bradley Hospital  
RI MomsPRN  
Hospital Association of Rhode Island  
National Association of Social Workers – RI Chapter  
Rhode Island Coalition for Children and Families  
Date: May 1, 2024  
Subject: **Support for HB 7204**

Chairman Abney & Members of the House Committee on Finance,

On behalf of organizations listed above, we offer our **overwhelming support for HB 7204**. This bill would amend Rhode Island's existing Healthcare Services Funding Plan Act by adding an account to fund Rhode Island's present PediPRN and RI MomsPRN teleconsultation services for providers caring for perinatal and/or or pediatric patients. If enacted, HB 7204 will ensure that existing critical psychiatric resources remain available to patients. This is particularly urgent given that the Rhode Island Department of Health (RIDOH) was not awarded continued federal funding for the highly impactful RI MomsPRN program in September 2023.

**Growing Need for Mental Health Services Among Pregnant and Postpartum Patients**

Clinical research both nationally and locally consistently show that mood and anxiety disorders are the most common complication of pregnancy and childbirth, and now maternal substance use is increasing at an alarming rate. Latest survey data of perinatal individuals conducted by RIDOH in 2019 show that

nearly one in three (29.4%) women report experiencing depression either immediately before, during, or after their pregnancy and among those experiencing depression during their pregnancy, 44.9% did not receive any counseling and 70.1% did not take medication. Similarly, nearly one if four (23.7%) women report substance use at any time immediately before, during, or after their pregnancy. We also know that women from the highest risk groups are often impacted the most from maternal mental health and substance use conditions, increasing risk for adverse birth outcomes that create stress for families as well as challenging and costly medical needs. Further complicating matters is that the Covid-19 pandemic has greatly impacted perinatal women as well as their children and families in a myriad of ways, which have triggered and/or exacerbated mental health conditions and substance use disorders even more.

### **Two Generation Adverse Impacts if Left Untreated**

Maternal mental health conditions -- including depression, anxiety, obsessive compulsive disorder, posttraumatic stress disorder (PTSD), and substance use disorder are serious illnesses that can begin during pregnancy or the year following pregnancy. If left untreated, they can result in negative long-term impacts on parents, extend to babies and even entire families. For example, depression and anxiety disorders during pregnancy have consistently been associated with premature delivery, low birth weight, impaired mother-infant attachment, and long-term cognitive and behavioral impairments during the child's development. These findings have been shown from research conducted in our own state of Rhode Island, as well as from samples nationally and internationally – the risk to children and families are well-documented, serious, costly, and long-lasting.

### **Leveraging Local Perinatal Mental Health Expertise Amidst Shortages**

Rhode Island has been fortunate to have nationally recognized mental health treatment options for pregnant and postpartum women. At the Center for Women's Behavioral Health at Women & Infants Hospital, patient services include in-patient consultation, intensive outpatient and partial hospital treatment at our Day Hospital Program, outpatient services, and a Moms MATTER (medically assisted treatment to enhance recovery) program for pregnant women requiring buprenorphine treatment/supervision. This program has a strong clinical connection to Project Link, a Providence Center intensive outpatient program focusing exclusively on substance abuse prevention and treatment for pregnant and postpartum women.

Despite all these resources, there are still not enough specialized mental health providers with perinatal expertise at various levels of care as made evident by ongoing waitlists. As a result, much of the burden for initial mental healthcare falls on frontline clinicians, such as obstetric providers, who typically do not have extensive training in mental health and substance use, and must navigate a complex and overtaxed system to connect their patients with proper specialized mental health services, which can be difficult and time consuming.

### **RI MomsPRN Clinical Teleconsultation Services Help Increase Access to Mental Healthcare**

In 2018, Rhode Island was one of seven states to receive federal funding to establish a free psychiatric telephone consultation service for health care providers who treat pregnant and postpartum women – RI MomsPRN – which was modeled after PediPRN. The RI MomsPRN program is a collaborative project between the Center for Women's Behavioral Health at Women & Infants Hospital and the Rhode Island Department of Health that helps build the capacity of providers to screen for behavioral health and substance use disorders in their pregnant and postpartum patients, and respond with appropriate, tailored treatment and referral. Perinatal psychiatrists at the Center for Women's Behavioral Health at Women & Infants offer diagnosis, treatment planning and medication safety guidance, and a clinical

social worker provides resource and referral support to community-based treatment services at no cost. RI MomsPRN teleconsultation services support providers and their patients across Rhode Island, regardless of a patient's insurance status, coverage type, or health plan carrier. Importantly, the RI MomsPRN program address health equity through enhanced outreach and support to providers serving communities that are medically and/or geographically underserved.

### **RI MomsPRN Teleconsultation Impacts**

Since the RI MomsPRN teleconsultation line launched in September 2019, clinical staff have fielded 2,700 encounter calls from 764 providers at 255 practices across the state. Utilizers come from a variety of clinical backgrounds, including prenatal care providers (21.7%), adult primary care providers (12.8%), pediatric providers (4.2%), psychiatric providers (15.4%), other mental health providers (12.0%), or other community providers [e.g., doulas, family visitors, social workers] (33.9%). Providers are often seeking support with addressing depression, anxiety, PTSD, substance use disorder, bipolar, or other psychiatric disorders among their perinatal patients. In total, 2,192 perinatal patients have been helped because of their provider calling the RI MomsPRN teleconsultation line, with 60.3% of patients covered by public insurance, 43.7% residing in the four core cities (Central Falls, Pawtucket, Providence, and Woonsocket), 35.2% identifying as a person of color, and 29.9% identifying as Hispanic. Over the phone, RI MomsPRN clinical staff were able to help calling providers identify outpatient treatment options, obtain evaluations with perinatal specialists, provide medication consultations, support care coordination, facilitate referrals to intensive treatment (inpatient, partial, or crisis services), or help connect those to substance use services. In recognition of the importance of timely access to care, as well as the need to provide a service that fits within the busy schedules of area frontline providers, the RI MomsPRN teleconsultation model functions in a highly responsive, efficient manner such that most of the calls are real-time, or same day, with follow-up contacts provided as needed. The program aims to provide real connections to care along with deepening providers understanding of the importance of identifying and treating these critical healthcare needs in RI Moms.

### **Sustainable Funding is Needed Given a Lack of Federal Funding**

The RI MomsPRN program in a short amount of time has been tremendously successful in helping providers address the mental health needs of their pregnant and postpartum patients. In addition, this service also continues to help providers increase their knowledge and competency through real-time clinical support as well as ongoing professional education opportunities, especially with respect to mild-to moderate conditions. Unfortunately, momentum is now at risk given that grant funding ending at the same time the demand for mental healthcare is growing as is provider utilization of this service. **The program is now established as a “go-to” place for immediate, and tailored services – yet we risk losing what has been built.**

**Unfortunately, RIDOH was not awarded continued federal funding for our highly impactful RI MomsPRN program in September 2023.** We knew this was going to be a highly competitive grant award given that only 12 states were funded and were disappointed to see HRSA opt to fund states with large populations, widespread geographies, or vast access issues comparable to our relatively resource-rich, small state. For context, no New England states were funded, and Vermont and Florida, who were past grantees, were also not awarded continuation funding. For more information about the related HRSA funding awards, please review the [HRSA related program page \[hrsa.gov\]](#) and [list of 2023 funded states \[mchb.hrsa.gov\]](#). Currently, RIDOH has limited funding to continue the RI MomsPRN program for a limited time, with additional resources coming from Medicaid, but more fiscal sustainability is needed.

The Rhode Island General Assembly has shown strong leadership and support for ensuring access to mental healthcare for all Rhode Islanders, including pregnant and postpartum patients. This bill is in concert with that mission – and is another critically important piece of legislation that will help strengthen Rhode Island’s mental healthcare system by preserving these vitally impactful Psychiatry Resource Network Programs, like RI MomsPRN, that help providers ensure more perinatal and pediatric patients with emerging or diagnosed mental health disorders receive timely and needed treatment. These programs also help ensure providers across the state continue to have clinical access to the state’s limited specialty psychiatric workforce in an efficient and effective manner.

We urge to you to support this bill and sincerely thank you for the opportunity to provide testimony. Our colleagues are thankful for the legislature’s continued leadership on maternal and child health.

If you have any questions or would like to hear more about these critical programs, please do not hesitate to reach out to Robert Dulski, Director of Government Affairs for Care New England ([RDulski@CareNE.org](mailto:RDulski@CareNE.org)) or Zobeida Diaz, MD, MS ([ZDiaz@KentRI.org](mailto:ZDiaz@KentRI.org)). Dr. Diaz is a leading expert on this topic as she serves as an Assistant Professor of Psychiatry & Human Behavior and Medicine, Clinician Educator; Warrant Alpert Medical School of Brown University; Interim Division Director, Women’s Behavioral Health, Women & Infants Hospital; and Interim Executive Director, Women’s Behavioral Health at Care New England.

Sincerely,

Women & Infants Hospital

Hospital Association of Rhode Island

Bradley Hospital

National Association of Social Workers – RI Chapter

RI MomsPRN

Rhode Island Coalition for Children and Families