March 19, 2024

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

Re: Support for House Bills: 7876, 7624, 7735, 7874, 7716

Dear Chairwoman Donovan and Honorable Committee Members:

As Chief Operating Officer at VICTA and Immediate Past President of the RI Association for Addiction Professionals, I am writing in strong support of this slate of bills. Collectively, the legislation will decrease burdens on providers and increase access for individuals seeking services. Individually, each brings specific benefits for our behavioral healthcare system, which has been strained to the point of near collapse due to the combined surge in demand and stagnancy in Managed Care processes.

H7876 would hold third-party payers accountable for ensuring that their policies and practices are driven by evidence and expertise. Unfortunately, this is not currently the case. For example, United/Optum requires that providers obtain prior authorization for members in their Medicare lines of business to receive medications for Opioid Use Disorder (MOUD). This is not based in any clinical or medical necessity within addiction medicine, nor is any clinical or medical criteria reviewed as part of the authorization process. Instead, providers must call in to one of several numbers, be transferred repeatedly to find the person or department who is actually responsible, be placed on hold for prolonged periods, and spend an average of 45 minutes to provide the representative with a code, date range, and member demographics. Only then is an authorization number generated. This process must be repeated every six months, despite an ongoing overdose epidemic and decades of evidence that MOUD is the gold standard for saving lives.

H7624 would also help address the problem described above, expanding the relief across types of services and levels of care. Existing protocols requiring prior authorization create unnecessary and harmful delays for individuals seeking treatment, hold up transitions from Emergency Departments to appropriate care, and do nothing to improve the quality of care delivered once a person is admitted.

H7723 further alleviates the burden on providers and clients by ensuring that for the first 90 days of residential treatment, there is no pressure to continuously justify that treatment. When working in residential programs, I have witnessed first-hand the anxiety caused when clients know their initial authorization has ended and are waiting to hear whether they will be allowed to continue their treatment as defined by their individual care plan, or whether an external decision-maker will uproot their progress. It is extremely difficult to focus on recovery when you can hear the clock ticking on your stable environment. I have also experienced the frustration of calling, holding, being transferred, and finally trying to communicate the clinical necessity of a service to someone with no expertise who is simply filling in check-boxes to determine the course of someone's recovery.

H7874 allows Rhode Island to move away from the criminalization and institutionalization of our community members in crisis, offering clinical services that literally meet the person where they are and allowing trauma-responsive de-escalation, triage, and placement in the least restrictive environment. Years of funding erosion for home- and community-based services have caused a serious decline in our behavioral health infrastructure, leading to unnecessary, costly, and often harmful interventions that exacerbate and perpetuate crisis. Mobile crisis and stabilization services are far more humane, produce better outcomes, and cost significantly less than incarceration, Emergency Department holds, and involuntary commitments that result from a crisis in today's environment.

H7716 is a critical and long-overdue investment in our behavioral healthcare system. Increasingly, providers opt out of third-party payments altogether due to the combination of high burden and low reimbursement. This leads to unmanageable caseloads, waitlists, or inability to access necessary care for too many individuals in RI. For some commercial payers, reimbursement rates are lower than Medicaid rates, which have been flat for over a decade. In individual, group, and agency practices, licensed and experienced professionals who entered this field because of a commitment to healing have to choose between their own financial stability and their ability to offer services to any and all community members who need them. As a therapist by training, this kind of decision is unfathomable and unfair.

I would like to thank Representatives Tanzi and Caldwell, as well as their cosponsors, for putting forth bills that will make an immediate and positive impact on our behavioral healthcare system. Thank you, Chairwoman Donovan and Committee Members, for taking the time to hear from those most affected. Please vote yes on these bills -- we need your support to continue life-saving work for all Rhode Islanders.

Sincerely,

Lisa Peterson, LMHC/LCDP/LCDS/MAC