



March 18, 2024

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

Re: Support for House Bill 7876 - Mental Health Parity

Dear Chairwoman Donovan and Members of the Committee:

The Mental Health Association of Rhode Island (MHARI) is delighted to express our support for House Bill 7876, relating to compliance with the Mental Health Parity and Addiction Equity Act. We thank Representative Tanzi for introducing this important bill, which is based on model legislation developed by The Kennedy Forum.

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. For decades, health insurers have routinely employed myriad discriminatory and counterproductive cost-control mechanisms to limit consumers' access to behavioral healthcare services. In 2008, former Congressman Patrick J. Kennedy led the effort to pass the Mental Health Parity and Addiction Equity Act. The Act requires health insurers to cover behavioral healthcare services no more restrictively than they cover medical/surgical services. Despite the law, health insurers continue to exploit subjective non-quantitative treatment limitations, such as prior authorizations and medical necessity criteria. This bill seeks to clarify existing law, increase transparency, and hold insurers accountable.

There are real-life consequences when we allow insurers to violate the law. In a [series of focus groups](#) conducted by the Mental Health Association of Rhode Island's RIParity Initiative in 2019 with both patients and providers, 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 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 RIParity Initiative 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.

The legislation before you is needed now more than ever. Rhode Islanders continue to face waitlists for life-saving behavioral health services. While we wait for help, our conditions worsen, sometimes to the point of a crisis. This inflates the utilization rates of inpatient care, emergency departments and residential treatment centers – all expensive levels of care that drive up insurers’ costs. While morality prioritizes patient outcomes above costs, it is worth noting that insurers will, in fact, save money in the long term if they increase access to behavioral healthcare services, especially at the outpatient level of care.

The bill is widely supported and based on a model drafted by [The Kennedy Forum](#) in collaboration with other stakeholders. It has been endorsed by over [40 national organizations](#), including the American Psychiatric Association, the American Psychological Association, Mental Health America, National Alliance on Mental Illness, the American Hospital Association, The Council of Autism Service Providers, Partnership to End Addiction, and many more.

It’s been 16 years since our nation passed the Party Act. It’s time to hold insurers accountable to it. Thank you for your consideration of our testimony. Please feel free to contact me if you have any questions.

Sincerely,

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

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