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Testimony on H-5432, Preauthorization for Mental Health or Substance Use Disorder Services
House Health & Human Services Committee
March 18, 2025

Good afternoon, Chairperson Donovan and members of the House Health & Human Services Committee. My name is **Jocelyn Antonio**, and I serve as the **Director of Program Implementation and Policy** at the Hassenfeld Child Health Innovation Institute at the Brown University School of Public Health. I am providing this testimony in my personal capacity.

I express my **strong support** for **H-5432 – An Act Relating Insurance – Insurance Coverage for Mental Illness and Substance Use Disorders**, sponsored by Representative Tanzi and co-sponsored by Representatives Morales, Spears, McGaw, Handy, Fogarty, Ajello, McEntee, Knight, and Stewart.

This legislation **seeks to eliminate prior authorization (PA) requirement for in-network** mental health or substance use disorder services. Reforming prior authorization is essential for **ensuring timely access to care, reducing administrative burdens, and addressing healthcare disparities** in Rhode Island.

Current Limitations and the Need for Reform

Prior authorization (PA) is a **cost-containment process** used by health insurers that **requires healthcare providers to obtain approval** before certain medication services are covered.[1] While originally intended to **prevent unnecessary spending**, PA has become a **significant barrier to care**, leading to **delayed treatment, increased administrative burdens, and negative health outcomes** for patients.[2]

A **2022 American Medical Association (AMA) survey** of physicians found:

- **93% reported delays in patient care** due to the process.
- **82% said patients abandoned recommended treatments** due to PA-related delays.
- **29% reported that PAs resulted in serious adverse events**, including hospitalization, disability, birth defect or even death.[3]

A **2023 KFF survey** found that among insured adults:

- **16%** experienced **prior authorization problems** in the past year
- **26%** of individuals **seeking mental health or substance use treatment** face PA-related delated

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[1] American Medical Association, "2024 AMA Prior Authorization Physician Survey."
[2] American Medical Association.
[3] American Medical Association.

- Those with **chronic conditions, including mental health disorders, were more likely to experience these barriers**[4]

Other studies highlight serious consequences for **mental health and substance use disorder (SUD) patients**:

- **Patients with bipolar disorder** on Medicaid **faced higher rates of medication discontinuation and disengagement from mental health services** due to PA restrictions[5]
- **Individuals with mental health conditions who struggled to access medication due to insurance coverage issues were 73% more likely to have an emergency room visit** and had a **71% increase in inpatient hospitalization days.**[6]
- Research shows that removing PA requirement increases access to buprenorphine – an essential treatment of opioid use disorder – particularly in states with historically low prescription rates.[7]

These delays are not **just bureaucratic hurdles– they are life-threatening barriers to healthcare. Moreover, PA restrictions on mental health services violate the Mental Health Parity and Addiction Equity Act, which mandates that mental health benefits be treated no differently than physical health benefits.**

Public Health Implications

Enhancing Timely Access to Care

Delays in mental health and SUD care **increase the risk of crisis events**, including:

- Higher rates of **self-harm, suicide attempts, and overdose deaths**[8]
- Increased **hospitalization rates** due to untreated conditions[9]
- Greater **severity and additional psychiatric comorbidity**[10]
- **Higher risk of engaging in violence** for those with serious mental illness[11]

By eliminating PA requirements for in-network services, **House Bill 5432** ensures that patients receive **timely and necessary care**, reducing **avoidable hospitalizations and emergency visits.**

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[4] Pollitz et al., "Consumer Problems with Prior Authorization."
[5] Lu et al., "Association Between Prior Authorization for Medications and Health Service Use by Medicaid Patients With Bipolar Disorder."
[6] West et al., "Medicaid Medication Access Problems and Increased Psychiatric Hospital and Emergency Care."
[7] Christine et al., "Removal of Medicaid Prior Authorization Requirements and Buprenorphine Treatment for Opioid Use Disorder"; Keshwani et al., "Buprenorphine Use Trends Following Removal of Prior Authorization Policies for the Treatment of Opioid Use Disorder in 2 State Medicaid Programs."
[8] McLaughlin, "Delays in Treatment for Mental Disorders and Health Insurance Coverage"; Biswas, Drogin, and Gutheil, "Treatment Delayed Is Treatment Denied."
[9] Marion-Veyron et al., "History of Offending Behavior in First Episode Psychosis Patients."
[10] WANG et al., "Delay and Failure in Treatment Seeking after First Onset of Mental Disorders in the World Health Organization's World Mental Health Survey Initiative."
[11] Biswas, Drogin, and Gutheil, "Treatment Delayed Is Treatment Denied."

Supporting Maternal and Child Health

This bill is particularly **critical for maternal and child health**:

- **Mental health conditions are the leading cause maternal mortality, accounting for 22% of pregnancy-related deaths.**[12]
- **Mental health conditions affect at least 1 in 5 mothers or birthing individuals annually**[13]
- **The cost of untreated maternal mental health conditions is $32,000 per mother-infant pair, totaling $14.2 billion nationally**[14]
- **Timely mental health treatment reduces postpartum depression (PPD) rates by 40%,** improving both **maternal and infant health outcomes.**[15]

Eliminating PA ensures **pregnant and postpartum individuals have immediate access to care,** preventing severe complications such as **PPD and substance use relapse.**

Reducing Healthcare Disparities

Prior authorization disproportionately affects **historically underserved communities**:

- **Communities of color, low-income, and LGBTQ+** individuals face higher rates of denied insurance approval and longer wait times due to PA[16]
- **Low-income patients** are **less likely to have the time or resources to appeal PA denials,** leading to **higher rates of untreated conditions**[17]

By removing these barriers, House Bill 5432 promotes equitable access to mental health and substance use disorder services, aligning with public health goals to reduce disparities.

Conclusion

Mental health and substance use disorder treatment should be **accessible, not delayed by bureaucratic barriers. House Bill 5432** represents a significant **step toward ensuring that Rhode Islanders receive the care they need- when they need it.**

By eliminating preauthorization requirements for in-network mental health and SUD services, this legislation

- **Ensures timely access to essential treatment**
- **Reduces healthcare disparities and discrimination**

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[12] CDC, "Pregnancy-Related Deaths."
[13] Gavin et al., "Perinatal Depression"; Fawcett et al., "The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period."
[14] Luca et al., "Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States."
[15] Saharoy et al., "Postpartum Depression and Maternal Care"; Bauman, "Vital Signs."
[16] Kim, "Addressing Health Inequities with Prior Authorization."
[17] Yaver, "'Rationing by Inconvenience.'"

- **Improves maternal mental health outcomes**
- **Decreases unnecessary hospitalizations and costs**

I urge the committee to **support and pass House bill 532**, reaffirming Rhode Island's commitment to **equitable and accessible mental health care**.

Thank you for your time and consideration,

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