Steven Sepe

From: tarldajj@aol.com

Sent: Tuesday, March 18, 2025 3:05 PM
To: House Health and Human Services Committee
Subject: Support for House Bill 6061

Dear Chairwomen Donovan and Health and Human Services Committee Members

As a child and Adolescent psychiatrist living and practicing in Rhode Island for almost 35 years, I have learned that there is more than one "Standard of Care" that needs to be addressed. The standard that physicians have used for decades, has included, what we learned in medical school, our specialty training in residencies and fellowships, new research, consultation and meetings with professional colleagues, collaboration with patients and of course our own experience and professional judgement. However, in recent years to be funded, treatment also has to respond to the demands of insurance companies and in psychiatry, their "carve outs" who have defined their own standard of care and even their own definition of medical necessity. While this is understandably an attempt to slow the high cost of health care, it is a short-term fix and often occurs by the deprivation of adequate treatment. Untreated or poorly treated psychiatric care is typically more costly in the long term. It often leads to more intense and expensive treatments such as psychiatric hospitalizations, more non psychiatric medical treatment, other institutional care, or lost productivity from a depression, mood, or psychotic illness. There is of course, the personal suffering of the psychiatric patient who is unable to obtain treatment because an insurance company does not agree that their illness meets the insurance definition of medical necessity or only funds treatment based on the insurance criteria.

Too often insurance-based treatment addresses only an acute concern or crisis. For example, the short-sighted
criteria and standard of care of the insurance company for continued hospitalization is one immediate safety only. This is a “one size fits all” approach that can interfere with the continuity of treatment, the understanding of the crises leading to the need for care, and the prevention of further crises. This approach also prevents some patients who may not be immediately in danger but unable to benefit from care outside of a hospital from even receiving treatment.

Psychiatric illness is typically not a short-term illness as a bad cold or temporary bout of pneumonia. Rather it is often a chronic condition, much like heart disease, with a combination of biological, social, familial, and personality factors that need to be addressed. An insurance company's refusal to pay for a recommended treatment or level of care that can address these multiple factors and instead offers less treatment or treatment at a lower level of care, even if not considered appropriate by treaters (or even available), puts the patient, their family and the community potentially at
risk. A frustrating experience I have encountered working with managed care organizations, is to hear a reviewer say regarding hospital treatment, that they would do what I am doing in a patient's treatment, but "unfortunately" the plan does not allow that care or level of care. This is an indication that as long as insurance companies are allowed to use their own criteria for approving treatment, professionally accepted standards of care may not be used. The requirement for standards of care as recommended by mental health experts will increase the likelihood of greater access to care, appropriateness of care and I believe improved outcomes.

There are many barriers to effective psychiatric care and this bill helps to address a major barrier.

I therefore highly recommend passage of House Bill 6061.

I'd like to thank Representatives Tanzi, Cruz, Potter, Morales, Giraldo, Kislak, Diaz, Casimiro, Alzate, and Stewart for introducing this bill and the Health and Human Services Committee for your consideration.

Sincerely,

Gerald Tarnoff, MD
401-474-4198, or 401-432-1536.