



March 12, 2026

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

**Re: Support for House Bill 7945 – Mental Health Standards of Care**

Dear Chairwoman Donovan:

The Mental Health Association of Rhode Island (MHARI) is pleased to express our support for **House Bill 7945**, which strengthens Rhode Island's mental health parity law by requiring insurers to rely on generally accepted standards of care when determining coverage for mental health and substance use disorder treatment. **This bill ensures that clinical decisions about behavioral health care are guided by accepted medical standards—not restrictive insurance policies.** We thank Representative Tanzi for introducing this important legislation.

About one in five Rhode Islanders will experience a mental or behavioral health condition in their lifetime. Seeking care is a courageous step, yet many individuals encounter a demoralizing barrier when their health insurer denies the level of treatment recommended by their provider. For many Rhode Islanders, the greatest obstacle to behavioral health care is not the availability of providers, but insurance coverage decisions that limit access to medically necessary treatment.

Even when parity laws exist, insurers may apply internal clinical criteria that are more restrictive than the standards used by clinicians in practice. When this occurs, patients may be denied the appropriate level of care, leading to worsening symptoms, unnecessary hospitalizations, and prolonged suffering.

House Bill 7945 addresses this problem by requiring insurers to rely on widely recognized clinical placement criteria—such as the Level of Care Utilization System (LOCUS) and the Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII)—when determining levels of care. Developed by clinical experts and used across the country, these tools help ensure that treatment decisions are based on medical need and accepted clinical practice.

Requiring insurers to use consistent standards also has broader benefits. It improves access to timely care, which leads to better outcomes and can reduce costly hospital and emergency department utilization. It also reduces administrative burden and burnout among behavioral health providers, helping more clinicians remain in insurance networks and improving access to care for patients.

Importantly, a universal set of guidelines promotes fairness and equity. Today, two Rhode Islanders with the same diagnosis and level of need may receive very different treatment approvals depending on their insurance plan. One individual may be approved several weeks of residential treatment, while another may be approved for only a fraction of that time, despite having the same clinical needs.

In focus groups MHARI conducted with patients and providers, participants consistently described the frustration and powerlessness they experience when insurance decisions override clinical judgment. One mental health professional described the challenge this way: *"It's frustrating when you're consistently coming up against barriers and you can't help clients be where they need to be."* A consumer participant similarly shared that it can feel *"demeaning to have to beg for some understanding to get treatment for an illness."*

These experiences illustrate why aligning insurance coverage with accepted clinical standards of care is so important. Rhode Islanders deserve access to treatment decisions based on clinical need—not restrictive insurance policies.

For individuals and families facing mental illness or substance use disorders, timely access to the appropriate level of care can mean the difference between recovery and crisis. **MHARI respectfully urges the committee to support H-7945.**

Thank you for your consideration and for your continued commitment to improving Rhode Island's behavioral health system.

Respectfully,



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CC: Members of the Committee  
Committee Clerk