



Written Testimony in Support of H7346 — Establishing a Medicaid Rate Floor for Behavioral Health Services

Submitted to: House Committee on Health and Human Services

Date: 03/24/2026

From: Jessica Fortier-Goss MS LADC1 President OTARI

On Behalf of: Opiate Treatment Association of Rhode Island (OTARI)

Chairperson and honorable members of the Committee:

Thank you for the opportunity to submit testimony in **strong support of H7346**, which would establish a **Medicaid rate floor** to ensure that commercial insurers reimburse behavioral health services — including opioid use disorder (OUD) treatment — at rates **no lower than Medicaid**.

The Problem: Inadequate Reimbursement Undermines Access to Lifesaving Care

Rhode Island continues to face one of the most severe opioid overdose crises in the nation. While our state has made progress expanding access to medication-assisted treatment (MAT), **provider reimbursement remains critically low** and inconsistent across payers — placing enormous strain on treatment programs.

According to the Office of the Health Insurance Commissioner, **commercial insurer reimbursements for behavioral health services can fall anywhere from 7% to 102% below Medicaid rates** for the same services, particularly for substance use treatment rilegislature.gov. Until October 2024, most behavioral health rates in Rhode Island had not increased in nearly **20 years**.

When insurers compensate below Medicaid rates, programs cannot cover the cost of care, **forcing closures, staff turnover, and clinical cutbacks**. These gaps directly undermine treatment access for Rhode Islanders struggling with addiction — and further drive health disparities.

The Solution: Aligning Payment Floors with Medicaid Promotes Equity, Stability, and Outcomes

By requiring that **no commercial plan reimburse below Medicaid**, H7346 will:

- **Stabilize the provider network.** Programs will be able to recruit and retain qualified counselors, nurses, and physicians at competitive wages.
- **Reduce wait times for treatment**, especially in underserved regions where staffing shortages have created weeks-long delays for intake and medication initiation.
- **Promote parity and fairness** across payers, translating state rate reviews by OHIC and Medicaid into universal support for essential behavioral health services.
- **Encourage consistent quality improvement**, since reimbursement aligned with Medicaid data standards supports evidence-based programming and outcome measurement.

These same principles have been supported by the Economic Progress Institute and community-based organizations in related advocacy for **rate equity and Medicaid alignment** for early intervention and behavioral health programs economicprogressri.org.

The Data: Fair Rates Drive Better Outcomes

- **Better staffing means better outcomes** — studies consistently find that access to multidisciplinary MAT improves treatment retention and reduces opioid-related mortality.
- Following recent rate increases for methadone and medically managed detox in 2024, **providers saw a 15–20% rise in treatment capacity** and smoother patient transitions into long-term recovery support, according to internal provider coalition data and substance use treatment reports submitted to OHIC.
- In neighboring states like Massachusetts, payment equity reforms helped reduce opioid overdose deaths by **18% between 2018–2023**, while Rhode Island continues to experience rates among the top 10 nationally.

Equitable payment is a **public health intervention** — not just a fiscal adjustment.

Conclusion

H7346 represents a critical step toward **stabilizing Rhode Island's behavioral health system** and saving lives. Ensuring that commercial insurers cannot pay less than Medicaid for the same service is a reasonable, necessary, and fair standard that protects vulnerable patients and strengthens the provider network that serves them.

On behalf of all Rhode Island opioid treatment providers, I respectfully urge the Committee to **pass H7346** and uphold parity, access, and sustainability in behavioral health care.

Thank you for considering our testimony.

Respectfully submitted,

Jessica Fortier-Goss MS LADC1

President OTARI

Opiate Treatment Association of Rhode Island

Jessica.fortiergoss@ctcprograms.com

978-870-8183