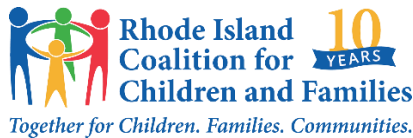




Mamma + Bebis



COMMUNITY PROVIDER NETWORK OF RHODE ISLAND



To: Senate Committee of Finance

From: Care New England, Women & Infants Hospital
 RI MomsPRN
 Bradley Hospital
 PediPRN
 Community Provider Network of Rhode Island
 Community Health Worker Association of Rhode Island, Rhode Island College
 Hospital Association of Rhode Island
 Rhode Island Coalition for Children and Families
 Rhode Island Kids Count
 National Association of Social Workers – Rhode Island Chapter
 Parent Support Network of Rhode Island
 Prevent Child Abuse Rhode Island
 Mamma + Bebis Birth and Postpartum Doula Support

Date: April 14, 2026

Subject: **Support for Rhode Island Department of Health FY 2027, FY 2026 Revised Budgets**

Dear Chair DiPalma & Members of the Senate Committee of Finance,

On behalf of organizations listed above, we offer our overwhelming support for Support for Rhode Island Department of Health FY 2027, FY 2026 Revised Budgets. We appreciate the General Assembly's action last

session to appropriate funding for RI MomsPRN following the conclusion of our federal grant. This investment has significantly expanded access to timely, high-quality maternal mental health teleconsultation and workforce support across Rhode Island, and we are grateful that it remains included in the Governor's proposed FY 2027 budget for RIDOH. We also encourage similar funding support for PediPRN as its federal funding concludes. Ensuring continued support for statewide Psychiatry Resource Network services, including RI MomsPRN and PediPRN, is critical to improving health outcomes and expanding access to mental health care for maternal and pediatric patients.

Growing Need for Mental Health Services Among Pregnant and Postpartum Patients

Clinical research both nationally and locally consistently show that mood and anxiety disorders are the most common complication of pregnancy and childbirth, and now maternal substance use is increasing at an alarming rate. Latest survey data of perinatal individuals conducted by RIDOH in 2023 show that nearly one in three (31.1%) women report experiencing depression or anxiety during or after their pregnancy. Of those impacted, 39.4% did not receive counseling and 43.8% did not take medication. Similarly, more than one if four (27.5%) women report substance use at any time immediately before, during, or after their pregnancy. We also know that women from the highest risk groups are often impacted the most from maternal mental health and substance use conditions, increasing risk for adverse birth outcomes that create stress for families as well as challenging and costly medical needs.

Further complicating matters is how the Covid-19 pandemic among other factors greatly impacted perinatal women as well as their children and families in a myriad of ways, which triggered and/or exacerbated mental health conditions and substance use disorders even more.

Two Generation Adverse Impacts if Left Untreated

Maternal mental health conditions -- including depression, anxiety, obsessive compulsive disorder, posttraumatic stress disorder (PTSD), and substance use disorder are serious illnesses that can begin during pregnancy or the year following pregnancy. If left untreated, they can result in negative long-term impacts on parents, extend to babies and even entire families. For example, depression and anxiety disorders during pregnancy have consistently been associated with premature delivery, low birth weight, impaired mother-infant attachment, and long-term cognitive and behavioral impairments during the child's development. These findings have been shown from research conducted in our own state of Rhode Island, as well as from samples nationally and internationally -- the risk to children and families are well-documented, serious, costly, and long-lasting. In fact, the estimated annual societal costs of untreated perinatal mood and anxiety disorders in Rhode Island is \$9.7 million using methods from national studies that factor the number of deliveries, maternal mental health prevalence, and associated treatment utilization and costs.

Leveraging Local Perinatal Mental Health Expertise Amidst Shortages

Rhode Island has been fortunate to have nationally recognized mental health treatment options for pregnant and postpartum women. At the Center for Women's Behavioral Health at Women & Infants Hospital, patient services include in-patient consultation, intensive outpatient and partial hospital treatment at our Day Hospital Program, intensive treatment for OCD and anxiety disorders in our OCD Intensive Outpatient Program, and outpatient services.

Despite all these resources, there are still not enough specialized mental health providers with perinatal expertise at various levels of care as made evident by ongoing waitlists. As a result, much of the burden for initial mental healthcare falls on frontline clinicians, such as obstetric providers, who typically do not have extensive training in mental health and substance use and must navigate a complex and overtaxed

system to connect their patients with proper specialized mental health services, which can be difficult and time consuming.

RI MomsPRN Clinical Teleconsultation Services Help Increase Access to Mental Healthcare

In 2018, Rhode Island was one of seven states to receive federal funding to establish a free psychiatric telephone consultation service for health care providers who treat pregnant and postpartum women – RI MomsPRN – which was modeled after PediPRN. The RI MomsPRN program is a collaborative project between the Center for Women’s Behavioral Health at Women & Infants Hospital and the Rhode Island Department of Health that helps build the capacity of providers to screen for behavioral health and substance use disorders in their pregnant and postpartum patients, and respond with appropriate, tailored treatment and referral. Perinatal psychiatrists at the Center for Women’s Behavioral Health at Women & Infants offer diagnosis, treatment planning and medication safety guidance, and a clinical social worker provides resource and referral support to community-based treatment services at no cost. RI MomsPRN teleconsultation services support providers and their patients across Rhode Island, regardless of a patient’s insurance status, coverage type, or health plan carrier. This intervention leads to improved outcomes, including quicker treatment initiation with familiar and trusted healthcare professionals. Plus, future patients benefit from healthcare professionals’ new knowledge.

RI MomsPRN Teleconsultation Impacts

Since the RI MomsPRN teleconsultation line launched in September 2019, clinical staff have fielded 3,613 encounter calls from 972 providers at 314 practices across the state. Utilizers come from a variety of clinical backgrounds, including prenatal care providers (20.6%), adult primary care providers (12.5%), pediatric providers (3.9%), psychiatric providers (16.5%), other mental health providers (10.8%), or other community providers [e.g., doulas, family visitors, social workers] (35.7%). Providers are often seeking support with addressing depression, anxiety, PTSD, substance use disorder, bipolar, or other psychiatric disorders among their perinatal patients. In total, 3,048 perinatal patients have been helped because of their provider calling the RI MomsPRN teleconsultation line, with 60.6% of patients covered by public insurance, 44.9% residing in the four core cities (Central Falls, Pawtucket, Providence, and Woonsocket), 36.3% identifying as a person of color, and 31.2% identifying as Hispanic.

Over the phone, RI MomsPRN clinical staff were able to help calling providers identify outpatient treatment options, obtain evaluations with perinatal specialists, provide medication consultations, support care coordination, facilitate referrals to intensive treatment (inpatient, partial, or crisis services), or help connect those to substance use services. In recognition of the importance of timely access to care, as well as the need to provide a service that fits within the busy schedules of area frontline providers, the RI MomsPRN teleconsultation model functions in a highly responsive, efficient manner such that most of the calls are real-time, or same day, with follow-up contacts provided as needed. The program aims to provide real connections to care along with deepening providers understanding of the importance of identifying and treating these critical healthcare needs in RI Moms.

Sustainable Funding is Continued to be Needed Given a Lack of Federal Funding

The RI MomsPRN program has been tremendously successful in helping providers address the mental health needs of their pregnant and postpartum patients. In addition, program workforce service also continues to help healthcare professionals across the state increase their knowledge and competency. RI MomsPRN has implemented five learning collaborative cohorts with 22 healthcare practices across the state to refine clinical workflows, use data for improvement, share best practices, and deliver tailored professional education that has collectively enhanced access to care for 12,431 perinatal patients. The RI MomsPRN program also reached over 243 healthcare professionals through its monthly ECHO educational series in 2025, with 93% of attendees agreed or strongly agreed that they would be

able to apply the educational content in their work. These ongoing workforce support combined with available teleconsultation services have greatly strengthened access to timely, high-quality maternal mental health care across the state and has **established RI MomsPRN as a “go-to” place for immediate, and tailored services – yet we risk losing what has been built.**

RIDOH’s budget appropriation, together with related legislation, ensures continued access to statewide teleconsultation services and represents another critical step the General Assembly can take to strengthen Rhode Island’s mental health system and primary care workforce. Sustaining Psychiatry Resource Network programs such as RI MomsPRN and PediPRN preserves highly impactful services that support healthcare professionals in ensuring more maternal and pediatric patients with emerging or diagnosed mental health conditions receive timely and appropriate care. These programs also enable providers across the state to efficiently access Rhode Island’s limited specialty psychiatric workforce when clinical consultation is needed.

If you have any questions or would like to hear more about these critical programs, please do not hesitate to reach out to Zobeida Diaz, MD, MS (ZDiaz@KentRI.org). Dr. Diaz is a leading expert on this topic as she serves as an Assistant Professor of Psychiatry & Human Behavior and Medicine, Clinician Educator; Warrant Alpert Medical School of Brown University; Division Director of Women’s Behavioral Health at Women & Infants Hospital.

Sincerely,

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