



## **Written Testimony in Support of S2108 — Establishing a Medicaid Rate Floor for Behavioral Health Services**

**Submitted to:** Senate Committee on Health and Human Services

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

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### **Chairperson and honorable members of the Committee:**

Thank you for the opportunity to submit testimony in **strong support of S2108**, 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**.

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### **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](http://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.

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

By requiring that **no commercial plan reimburse below Medicaid**, S2108 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](https://economicprogressri.org).

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## 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.

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## **Conclusion**

S2108 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 S2108** and uphold parity, access, and sustainability in behavioral health care.

Thank you for considering our testimony.

**Respectfully submitted,**

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