

Rhode Island Access to Critical Mental Health Treatments



THE PROBLEM

Patients Can't Access Critical Mental Health Treatments

Medications for serious mental illness (SMI) aren't one-size-fits-all.^{1,2,3,4} In Rhode Island, patients need access to all treatments indicated for their condition, but payer restrictions (called utilization management) are a hurdle.

- **Prior authorization** means a payer reviews a patient's records before approving or denying the medication their doctor prescribed.
- **Step therapy** is a payer-created regimen where patients must try and fail a sequence of drugs before getting the one their doctor prescribed.

These policies raise medical costs,^{5,6,7} disrupt treatment,^{6,8,9,10} push patients to expensive settings like hospitals,^{6,9,11} and can lead to higher incarceration rates.^{6,12} Studies show reducing these barriers can lessen inpatient and emergency care costs.^{13,14}

THE SOLUTION

RI H7587 and S2385

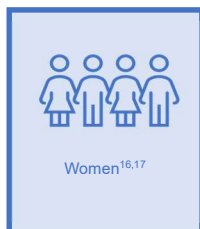
Rhode Island must improve the way SMIs are treated by encouraging innovative solutions. In 2026, Representative Casey introduced H7587 and Senator Bissaillon introduced S2385. This much-needed legislation is intended to:

- Ensure people have access to their antipsychotic medication without the burdens of prior authorization or step therapy.
- Promote increased adherence for individuals with mental health conditions.
- Decrease spending in the healthcare system and improve patient quality of life.
- Access specific medication regimen that their health care provider believes is the best for them.

In the 2025 legislative session, the Rhode Island State Senate unanimously passed S786A, similar legislation sponsored by Senator Bissaillon.

THE WHO

Populations At-Risk for Experiencing Mental Health Disorders



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THE DATA

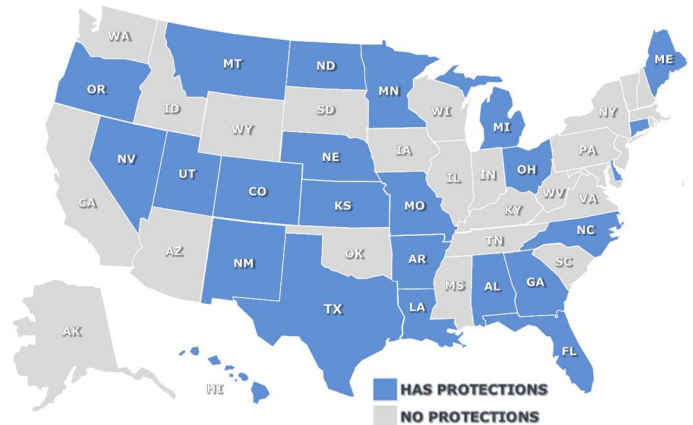
State Spending Tells the Story

Beyond medical research, data show that states cutting Medicaid drug access to save money can cost more in the long run.

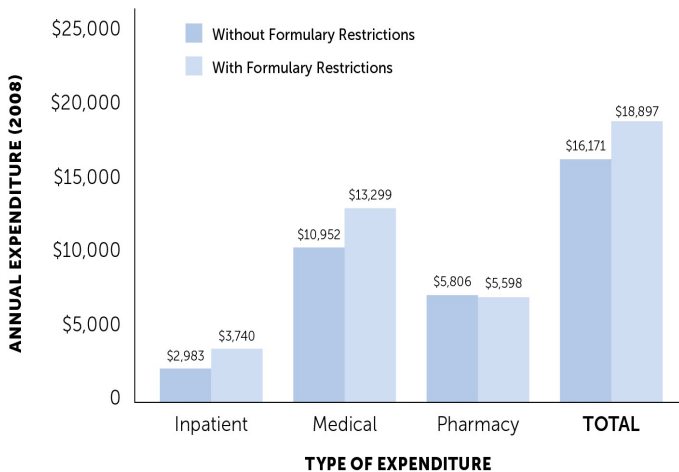
- In 2017, a board appointed by the Texas legislature reviewing Medicaid spend and prior authorization denials found that utilization management policies on antipsychotics can negatively impact treatment access, outcomes, and adverse events like hospitalizations and lasting cognitive effects; and concluded that effective management of SMI requires continuous access to antipsychotics.²²
- Michigan hasn't required prior authorization for psychotropic meds since 2004. A 2021 review by a Michigan Department of Health and Human Services workgroup showed that limiting psychotropic access doesn't save money and may harm quality outcomes. The workgroup emphasized minimizing barriers to care for those seeking mental health treatment and the providers caring for them.²³

THE CHANGEMAKERS

Nearly 50% of States (24) Have Protected SMI Drug Access



A study in the *American Journal of Managed Care* illustrates how the presence of formulary restrictions on antipsychotics⁶ impacted expenditures in patients with schizophrenia:



THE WHY

Data-Driven Policy for At-Risk Populations

By the Numbers: Gaps in Access to Care and the Impact of SMI in Rhode Island^{24,25,26}

- #16 in the 2024 Mental Health America Overall Ranking for prevalence of mental illness and rates of access to care.
- #25 for prevalence of adults with any mental illness reporting an unmet treatment need.
- #16 for the number of adults with mental illness that did not receive treatment.
- 216,000 adults have a mental health condition—more than and 55,000 considered serious conditions.
- More than 390,000 people live in a community without enough mental health professionals.
- 58,000 adults reported needing—but not being able to receive—mental health treatment between 2018-2019. Cost is a prevailing factor in not receiving treatment.
- More than 1,800 people are unhoused and 1 in 3 have a serious mental illness.
- 126 lives were lost to suicide and 41,000 adults have serious thoughts of suicide each year.

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Join These Organizations in Supporting RI H7587 and S2385:



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FOOTNOTES

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- ⁸ Park, Y., et al. (2017). The Effect of formulary restrictions on patient and payer outcomes: a systematic literature review. *Journal of managed care & specialty pharmacy*, 23(8), 893–901.
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