



March 23, 2026

The Honorable Melissa A. Murray, Chair
Senate Committee on Health & Human Services
Rhode Island State House
Providence, RI 02903

RE: TESTIMONY IN SUPPORT OF SENATE BILL S 2467 — INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE USE DISORDERS (Prior Authorization)

Chair Murray and Members of the Senate Committee on Health & Human Services:

On behalf of United Way of Rhode Island, we strongly support **S 2467**. This bill would prohibit health insurers from requiring prior authorization for **in-network inpatient and in-network outpatient mental health or substance use disorder services**, authorize the Office of the Health Insurance Commissioner (OHIC) to promulgate rules and enforce compliance (including fines), and take effect **January 1, 2027**.

United Way's policy and advocacy work is guided by our strategic framework: **Strong Families, Strong Nonprofits, Strong United Way**. We prioritize policies that strengthen household stability, expand access to opportunity, and ensure public systems deliver measurable value. Timely access to behavioral health care is essential to family stability, especially when delays increase the risk of crisis, lost work, and avoidable emergency care.

Prior authorization is a well-documented barrier to timely behavioral health treatment. The U.S. Government Accountability Office has found that consumers experience challenges with restrictive health plan approval processes and that stakeholders reported approval for mental health services can be **more restrictive than for medical services**, including situations where plans are less likely to grant prior authorization for mental health hospital stays compared with medical/surgical stays. The American Medical Association's 2024 physician survey similarly found that **93%** of physicians report prior authorization delays care, and **29%** report it has led to a serious adverse event for a patient in their care.

S 2467 is also consistent with Rhode Island's mental health parity framework. Rhode Island law prohibits non-quantitative treatment limitations for mental health and substance use disorder benefits—such as prior authorization—unless they are applied comparably and no more stringently than for medical/surgical benefits. Eliminating prior authorization for **in-network MH/SUD services** is a targeted, parity-aligned step that reduces administrative friction and supports faster access to clinically appropriate care.

United Way of Rhode Island respectfully urges your support for **S 2467**.

Sincerely,



Elijah McLean
Manager, Government Relations & Policy
United Way of Rhode Island