

March 24, 2026

**Rhode Island State Senate**

Senate Committee on Health and Human Services

Re: **Support** of S-2467, Behavioral Health Prior Authorization

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

RIPIN thanks the Senate Committee on Health and Human Services for the opportunity to submit this testimony **in support of** S-2467, which would prohibit the use of prior authorization for in-network behavioral health services.

As Rhode Island's health insurance consumer assistance program, RIPIN routinely encounters Rhode Islanders who face challenges in accessing routine, in-network behavioral health care. This is both because of a lack of available providers who accept insurance, and because even when a patient connects with an in-network provider, care can be refused or at least delayed due to administrative barriers.

While many factors culminate in the lack of behavioral health providers participating in insurance, including low reimbursement rates, complicated rules for network admission, and a lack of system investment (through things like loan repayment or practice incentives) to encourage medical students to pursue primary and behavioral health rather than higher-paid specialties, the administrative complexity of utilization review and high burden of prior authorization is frequently acknowledged by providers as a significant disincentive to network participation.

And even when a provider accepts insurance, that is not a guarantee of coverage for needed services. Insurer prior authorization processes can result in noncoverage of needed treatments based on coverage criteria developed by the plans themselves. When services are covered, they may be covered at a lesser frequency, for a lesser duration, or at a lower level of intensity than a prescribing provider truly believes is necessary, when prior authorizations result in a coverage determination by the insurer that a lower level of care is necessary than what the provider orders. And even when services are covered at the level ordered, the administrative burden and turnaround times associated with prior authorization can mean that an urgent services takes longer than is appropriate to be authorized.

Rhode Island has recently begun a pilot program that prohibits prior authorization for healthcare services ordered by primary care providers, and OHIC has recently convened a statewide advisory committee on prior authorization. RIPIN has strongly supported the State's attention to this important issue, and RIPIN encourages that reductions in prior authorization be particularly targeted to areas where the value proposition of prior authorizations (i.e. to reduce unnecessary or medically contraindicated care) is particularly low, and where the patient experience of care is particularly difficult, such as primary care and behavioral health care. RIPIN hopes that this can provide a context for the change proposed in S-2467, which acknowledges that similar logical underpinnings exist to reduce or eliminate prior authorizations for both primary care and behavioral health care.

Thank you for the opportunity to provide this testimony. RIPIN urges the Senate Committee on Health and Human Services to approve this important legislation and protect and improve access to behavioral health for Rhode Islanders. RIPIN is a statewide nonprofit founded in 1991 by a group of parents of children with special healthcare needs. While RIPIN's roots are in serving children and families with special needs, RIPIN now serves all Rhode Islanders who might benefit from education,





advocacy, and peer-to-peer support in navigating healthcare and education systems. RIPIN operates Rhode Island's health insurance consumer assistance program, RIREACH, which helped several thousand Rhode Islanders save more than \$10 million in health care costs since 2018.

Sincerely,

/s/

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