

April 16, 2026

Senate Health and Human Services Committee  
82 Smith Street  
Providence, Rhode Island 02903

*Via electronic submission*

## **RE: Support for SB 2468 (Benefit Determination and Utilization Review Act)**

Chair Murray, Vice Chair Lauria, and Members of the Committee:

Thank you for the opportunity to submit written testimony. On behalf of Inseparable, a national nonprofit organization focused on closing the treatment gap for people with mental health and substance use conditions, I write in strong support of SB 2468, which would prohibit the use of step therapy (“fail first”) protocols for medications and treatments prescribed to people living with serious mental illness. For individuals with these conditions, delays in accessing the right medication are not administrative inconveniences — they are clinical risks that can lead to destabilization, hospitalization, and long-term harm.

Rhode Island continues to face a profound mental health crisis. Nearly 1 in 4 adults in the state experience a mental health disorder each year.<sup>1</sup> Particularly for those with the most serious conditions, timely access to the specific treatment prescribed by their clinician is essential for stability and recovery.

Too often, that access is blocked by insurance company barriers like fail first requirements, where insurers make patients try and fail on one or more insurer-preferred medications before the insurer will cover the treatment their clinician originally prescribed — regardless of medical history or clinical judgment. As the National Alliance on Mental Illness (NAMI) warns, fail first can pose “a danger to the health and well-being of the person taking the medication, often worsening symptoms and undermining decisions made collaboratively between individuals and their health care providers.”<sup>2</sup>

Psychiatric medications are highly individualized, and identifying an effective treatment regimen can take months or even years. Forcing patients to attempt treatments that are not clinically appropriate can lead to destabilization, relapse, hospitalization, and other serious consequences. Fail-first requirements substitute rigid insurance protocols for clinical expertise in situations where the stakes are especially high.

SB 2468 addresses this directly by ensuring that patients can access the treatment their

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<sup>1</sup> Mental Health America, *The State of Mental Health in America 2025*,  
<https://mhanational.org/wp-content/uploads/2025/09/State-of-Mental-Health-2025.pdf>

<sup>2</sup> National Alliance on Mental Illness, *Medications/Step Therapy Policy Position*,  
<https://www.nami.org/advocacy-at-nami/policy-positions/improving-health/medications-step-therapy/>.

clinician determines is medically necessary without delay. We strongly support this provision and respectfully recommend two amendments to make its protections as clear and effective as possible.

First, refining the definition of "serious mental illness" to more clearly enumerate qualifying conditions would promote consistent application across plans and providers, and ensure that those with the most acute needs are reliably protected.

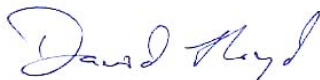
Second, we recommend extending these same protections to people receiving treatment for substance use disorders. Fail first requirements pose similarly serious risks for individuals with these conditions, where delays or disruptions in care can lead to relapse, overdose, or other life-threatening consequences. States like Illinois and Colorado have banned fail first for medications to treat substance use disorders.

When patients cannot access the medication that stabilizes their condition, the consequences are predictable and far-reaching: increased hospitalizations and emergency department visits, and disruptions to housing, employment, and overall stability. and disruptions to housing, employment, and overall stability.<sup>3</sup> Ensuring timely access to the appropriate treatment prevents these crises — and reduces the need for costly acute interventions.

SB 2468 represents a meaningful step toward ensuring that Rhode Islanders living with serious mental illness can access the care they need. By removing inappropriate fail first barriers, the legislation safeguards continuity of care, reduces avoidable crises, and improves long-term health outcomes.

Inseparable respectfully urges the Committee's support.

Sincerely,

A handwritten signature in blue ink that reads "David Lloyd". The signature is written in a cursive, flowing style.

David Lloyd  
Chief Policy Officer

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<sup>3</sup> Mark Olfson et al., "Mental Disorder Co-morbidity and Days in Hospital," *Psychiatric Services* 60, no. 5 (2009), <https://psychiatryonline.org/doi/full/10.1176/ps.2009.60.5.601>.