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To: [SLegislation](#)
Subject: A plea in support of S-2562
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To the attention of Robin Dionne and the Chair and Members of the Committee,

Please support Senate Bill S-2562, to provide sustainable funding for RI's Pediatric psychiatric resource network (Pedi PRN).

As a primary care physician, I make use of this resource at least every month. It is a game-changer for my patients and their families — it allows me to get prompt access to expert psychiatric care for younger patients who would otherwise be waiting months or more for direct visits with a child psychiatrist.

This used to be the discouraging reality of our practice: A parent reaches out: 'I don't know what's wrong, but I know my child is not ok.' I meet with them, and evaluate to the best of my ability. I can grasp the urgency and the next set of questions that need to be considered, but lack the expertise to take that on. I try to get them into care, and learn our overstretched child psychiatrists are booking out more than 6 months. The child's situation at home and/or school worsens, and complicates the home, family and classroom for them and for those around them. The situation devolves into a crisis. The next series of options are expensive, difficult and much less likely to resolve the problem because of the time lost.

This is my life as a pediatrician who now has access to Pedi PRN: 'I don't know what's wrong, but I know my child is not ok.' I meet with the patient and parent. I gather information and begin an assessment, and I ask their OK to consult with a child psychiatrist. I access the on-line scheduler and book a zoom appointment - sometimes the same day, or at a workable time the same week. I give a full rundown of what I know, and a child psychiatrist listens carefully, asks thoughtful questions, and then offers options for next-steps in care: resources I didn't know about with up to date info on wait times and eligibility; some therapies (specific types of counseling and/or medications) that may be appropriate and what to expect from them, how to monitor for safety and efficacy; and an option to follow-up with them as needed by me, the patient, and the family.

This system allows me, as a pediatrician, to work to the best of my training, and takes advantage of my close and on-going connection with the family, and then incorporates the

expertise of the child psychiatry team.

I cannot imagine going back to the system failures that came before Pedi PRN was available. We worry a lot about what drives physicians out of practice; for me, not being able to provide good care would be the strongest driver. We signed up for this work to provide good care.

Renewing Pedi PRN supports us, and supports the children and families of RI.

S-2562 represents a practical and forward-thinking solution. By requiring insurer participation in funding these programs, the bill ensures long-term sustainability without placing the burden solely on state resources. This investment will strengthen early intervention efforts, reduce delays in care, and improve outcomes for children and mothers across the state.

Thank you for giving this bill every consideration - and, I hope, your support. Warm regards,
Suzanne McLaughlin



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