

Support for Senate Bill S2564
3/24/2026

Dear Chairwomen Donovan and Health and Human Services Committee Members

As a child and Adolescent psychiatrist living and practicing in Rhode Island for almost 36 years, I am writing in support of House Bill S7945, which I believe can improve mental health care in our state by obligating insurance companies to use generally accepted standards of care for their authorization of clinical coverage for psychiatric patients. There can be many "Standards of Care". The standards that physicians typically use include what is learned in medical school, specialty training, new research, consultation and meetings with professional colleagues, collaboration with patients, and experience and professional judgement. There is also a community standard that physicians and clinicians must also follow, and if not followed can potentially lead to a lawsuit if something goes wrong. Yet to be funded, treatment also must respond to the demands of insurance companies and in psychiatry, their "carve outs" who define their own standard of care and their own definition of medical necessity and enforce their own definitions at the cost of adequate treatment.

Although an attempt to lower medical costs, poorly treated or denied psychiatric care is often more costly in the long run. In addition to the personal cost to the psychiatric patient who is unable to obtain appropriate treatment because an insurance company's often self-serving rules, untreated, or poor treatment can lead to more intensive and expensive treatments. These "down the road" costs may include more psychiatric hospitalizations, non-psychiatric medical treatments, other institutional care, or lost productivity from depression, mood, or a psychotic illness. Too often insurance approved treatment is a "one size" fits all approach addressing an acute concern, crisis or immediate safety only, an approach that negates important concepts such as the continuity of treatment, the understanding of the crises leading to the need for care, and the prevention of further crises. This narrow approach also prevents some patients who may not be immediately in danger but unable to benefit from care outside of a hospital from even receiving treatment.

Psychiatric illness is typically not a short-term illness as a bad cold or temporary bout of pneumonia. It is often a chronic condition, much like heart disease, with a combination of biological, social, family, and personality factors that need to be addressed. An insurance company's refusal to pay for a recommended treatment or level of care that can address these multiple factors puts the patient, their family and the community potentially at risk.

A further detrimental and ongoing impact of not passing this bill is the insidious acceptance of a lower standard of care that should not be acceptable in any field of medicine or practice. With outpatient treatment so limited, and higher levels of care so tightly managed by reviewers who aren't responsible for the treatment and use criteria that are not accepted as standard by a professional organization, these lower standards sadly become the sad reality and tragically even expected, for so many psychiatric patients.

This sad reality can be changed. In the landmark court case of Wit vs. United Behavioral Health in 2019, the concept of "Generally accepted standards of care" was used and has been influential in some states attempting to enforce more professional guidelines. The requirement and enforcement of standards of care as recommended by mental health experts, I strongly believe will increase the likelihood of greater access to care, appropriateness of care and I believe improved outcomes. There are several barriers to psychiatric care and this bill, if passed, can address a major barrier to better care.

I therefore highly recommend passage of Senate Bill 2564

I'd like to thank Senators Ujifusa, Euer, Mack, Zurier, Murray, Acosta, DiMario, Valverde, Lauria, and Bell for introducing this bill and the committee for your consideration

Sincerely,

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