

March 24, 2026

Rhode Island State Senate

Senate Committee on Health and Human Services

Re: **Support** of S-2564, Generally Accepted Standards of Care in Behavioral Health Coverage

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-2564, which would require that health insurers use generally accepted standards of care as established by independent, nonprofit professional provider organizations (rather than plan-modified medical necessity criteria) in determining whether or not to cover behavioral health care services.

In RIPIN's work as Rhode Island's consumer assistance program for health insurance issues, we've seen firsthand the difficulties that many Rhode Islanders face in accessing the behavioral health care they need to live their best lives. Health insurers frequently reduce the care they authorize, or deny care altogether, even when an affected patient's behavioral health provider is recommending care in keeping with best clinical practices. Frequently, that is because health insurers can make their own decisions about the definition of the term "medically necessary" – and their proprietary definition doesn't need to line up with the existing clinical consensus.

Additionally, even when plan medical necessity criteria as written are based on guidelines seen to be clinically appropriate and based on medical consensus, plans frequently retain significant discretion to apply those guidelines in ways that throttle access to care. They do this through "discretionary clauses," which allow plans to interpret the contract that underlies an insurance policy in whatever way they choose, allowing terms to take on unintended meanings that undercut consumers' access to care. Plans can also take liberties in modifying clinical policies that are "based on" generally accepted standards of care, but which through their modification allow for narrower (or no) coverage of services that are widely accepted as best practice.

S-2564 would change that, and would require health insurers to use generally accepted standards of care, supported by medical and scientific expertise, and in their unmodified form, to make medical necessity determinations.

Additionally, while health insurers must use criteria developed by the American Society of Addiction Medicine to make coverage determinations for substance use disorder ("SUD") treatment, no such requirement exists for many other mental health services. S-2564 would require the use of independently developed service intensity instruments to determine the clinical appropriateness of mental health care, without making subsequent changes to those instruments (as is common today).

RIPIN urges the Senate Committee on Health and Human Services to approve this important legislation and protect health care access and affordability for Rhode Islanders. Thank you for the opportunity to provide these comments. 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/

Shamus Durac
Senior Attorney / Health Policy Analyst
(401) 270-0101, ext. 125
SDurac@ripin.org