

April 16, 2026

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

Via electronic submission

RE: Support for SB 2687 (The Protect Mental Health Act)

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

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 Senate Bill 2687**, legislation to codify key protections from the 2024 federal Mental Health Parity and Addiction Equity Act (MHPAEA) rule into Rhode Island law.

Federal Rollback Makes State Action Essential

Mental health parity has been federal law for more than 15 years, yet too often it exists only on paper. Rhode Island families are told that mental health and substance use services are "covered," but then encounter inequitable barriers to care. State and federal regulators have repeatedly found that no insurer has been able to demonstrate parity compliance with real data.

The 2024 federal parity rule represented the most significant update to parity enforcement in years. Health plans sued to stop it. The Trump administration declined to defend it and earlier this month announced plans to formally undo key protections through new rulemaking. States are responding — Colorado and Washington codified these protections in 2025, and just this week Governor Moore of Maryland and Governor Spanberger of Virginia each signed legislation to codify parity protections into state law.¹ SB 2687 puts Rhode Island in that company — and ensures that Rhode Islanders' parity rights are not contingent on federal enforcement that can no longer be assumed.

Ensuring Meaningful Mental Health and Substance Use Benefits

SB 2687 makes clear that, when a health benefit plan provides medical/surgical benefits within a parity classification (e.g. in-network outpatient), it must also provide meaningful mental health and substance use benefits within that same classification. This includes coverage of core treatments — standard, clinically accepted interventions like psychotherapy, medications for opioid use disorder, and nutritional counseling for eating disorders. Plans would no longer be permitted to nominally cover mental health or substance use conditions

1

Colorado, [HB 25-1002](#) (2025); Washington, [HB 1432](#) (2025); Maryland, [HB 280](#) (2026); Virginia, [HB 656](#) (2026).

while excluding the treatments those conditions actually require, a standard they would never apply to comparable physical health conditions.

Using Data to Identify and Address Access Disparities

A key strength of SB 2687 is its focus on real-world access. Carriers would be required to collect and evaluate data on how nonquantitative treatment limitations affect access to mental health and substance use benefits relative to medical/surgical benefits in the same classifications. Where that data reveals material disparities, carriers must take reasonable action to address them. Parity compliance would be assessed based on outcomes for real patients — not just written policies on paper.

Prohibiting Discriminatory Standards

SB 2687 reinforces a core principle of parity: insurers may not rely on biased or discriminatory factors, evidence, or information when setting limits on mental health or substance use care. This prevents insurers from justifying inequitable coverage restrictions by pointing to sources that are themselves skewed against mental health and substance use conditions.

Rhode Islanders with mental health and substance use conditions deserve the same coverage their neighbors receive for heart disease or cancer.

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, Inseparable