



March 22, 2026

Dear Chair Murray and Members, Senate Committee on Health and Human Services

**RE: Senate Resolution 3056**

As SACRI (Senior Agenda Coalition of RI) Policy Advisor I write in strong support of Senate Resolution 3056 sponsored by Senators Murray, Lawson, Ciccone, Tikoian, and LaMountain.

As a member of the RI Long Term Care Coordinating Council for many years, I have deep concerns with the lack of adequate resources to provide appropriate care for persons needing behavioral health services in addition to a need for the nursing care and oversight as provided in nursing homes. National research from a study of a number of nursing homes across the nation found the number of persons with serious mental illnesses (bipolar and schizophrenia) in nursing homes almost doubled (from 6.5% to 12.1%) between 2000 and 2017. (<https://doi.org/10.1016/j.jamda.2021.10.020>).

While we do not have precise RI data, anecdotal reports from RI providers tell us we have had an increase of persons needing this type of care here in our state.

Too often persons with BH conditions residing in nursing homes are admitted to acute care hospitals when nursing home staff are unable to adequately care for them. They may linger in hospital emergency rooms when nursing homes do not accept them back due to inability to provide the care they need. Or, they may be admitted to one of the geriatric-psych units operated by Charter Care Health and remain there for months. Recently, we were told of a person being there for a year due to lack of appropriate alternatives. We have also learned that some of these patients are in nursing homes with so-called “secure” units although there are no state regulations for such units which is disturbing.

RI nursing home reimbursement rates are insufficient to provide care for these complex residents. While attempts have been made in the past several years to address this critical issue, progress has not been made. Developing viable solutions requires state agencies with often overlapping responsibilities to confer on standards and to seek input from providers and public members familiar with the issue. Unfortunately, this has not always been the case. One example is the recent implementation of the Comprehensive Community Behavioral Health Clinics (CCBHCS) which the state has invested in. Although these clinics provide mobile intensive crisis for stabilization, the state’s position was that they do not provide care for nursing home residents.

Providing the resources needed for our state’s nursing homes to provide person-centered care for persons with complex behavioral health conditions also needing nursing care due to chronic medical conditions requires that nursing homes receive payment rates sufficient to support needed care. A special per diem to be authorized by CMS as called for in this Resolution is critical for making progress to support this vulnerable population.

I urge you to act favorably on Senate Resolution 3056 and thank you for your consideration.

Sincerely,  
Maureen Maigret, SACRI Policy Advisor