

**JOCELYN P. ANTONIO, MPH**

**Testimony on S-3065, Mobile Response and Stabilization Services (MRSS)  
Senate Health and Human Services Committee  
March 24, 2026**

Good afternoon members of the Senate Health and Human Services Committee. My name is Jocelyn Antonio. I'm the Director of Program Implementation and Policy at the Hassenfeld Child Health Innovation Institute at Brown University School of Public Health. I am providing this testimony in my personal capacity.

I urge your **favorable consideration and support** for **S-3065** – An Act Relating to Accident and Sickness Insurance Policies, sponsored by Senator DiMario and co-sponsored by Senators Britto, Bissaillon, Zurier, Kallman, Mack, Acosta, Lauria, Valverde, and Lawson.

This bill would address the **financial sustainability of mobile response and stabilization services (MRSS)** by requiring that commercial reimbursement rates meet a “floor” established by the prevailing integrated state Medicaid rates.

Last year, this General Assembly took the commendable step of requiring commercial carriers to provide coverage for children's MRSS. However, **coverage alone is insufficient if the reimbursement rates do not reflect the actual cost of providing specialized, 24/7 mobile care**. Currently, based on shared information, some plans are offering rates that do not cover the cost of care, these **inadequate rates threaten the viability of the program**.

**MRSS is a game changer for our community partners**, particularly schools. When a principal has a student experiencing a trauma-related crisis, a principal can call an MRSS provider and know that a trained team will arrive on-site to stabilize the child and connect the family to a community-based care within 30 to 45 days.

This **model is remarkably cost-efficient**. By preventing even a few kids from unnecessary, high-cost psychiatric hospitalizations, we save so much money and its simply better and less traumatic for that child. EOHHS data shows that MRSS has been **92% successful in keeping children out of the hospital**.

To maintain this best-practice intervention, Rhode Island must ensure that all insurers pay a sustainable rate. I urge your support for S-3065 so that all children throughout Rhode Island, regardless of their health insurance plan, can access MRSS without concerns around payment.

Thank you for your time and consideration.

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