

From: [Overly, Frank L, MD](#)
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The Honorable Chairwoman Murray
Honorable Members of the Senate Health and Human Services Committee
Senate Lounge
State House
Providence, RI 02903

March 24, 2026

My name is Dr. Frank Overly and I am a pediatric emergency physician practicing in providence, Rhode Island. I care for children and families across a wide range of medical and behavioral health needs, and I am writing today in strong support of S3066 and S3065.

In pediatric emergency medicine, behavioral health crises are not rare, they are part of everyday care. Children present with acute anxiety, depression, trauma responses, suicidal ideation, and significant family conflict. In many cases, these crises escalate quickly, and families often have limited options. Too frequently, the default response is referral to an emergency department, not because it is the most appropriate setting, but because it is the only system that is consistently available. This is impactful, not just on these patients and families but also on the patients with medical and surgical emergencies. Providing care for these patients out of the ED allows the ED to focus resources on other patients.

Mobile Response and Stabilization Services (MRSS) provide a clinically appropriate alternative. These services allow trained teams to respond rapidly, assess the child in their natural environment, de-escalate the crisis, and engage the family in stabilization and follow-up care. From a clinical perspective, this model is aligned with best practices in pediatric behavioral health and trauma-informed care, and it can prevent unnecessary emergency department utilization, hospitalization, and out-of-home placement.

S3066 is critical because it establishes MRSS as a statewide, accessible service for all children and youth, regardless of insurance status, and supports a coordinated funding structure that allows care to be delivered based on clinical need. Without this type of braided funding model, access to care remains inconsistent and fragmented leaving some families without timely support. S3065 ensures that providers delivering MRSS are reimbursed at rates that reflect the intensity and availability required for this level of care. As a community, having a stable and responsive behavioral health system to refer families to is critical. Without adequate reimbursement and sustainable funding, these services cannot be maintained, and families will continue to face gaps in care.

I strongly urge the Committee to support S3066 and S3065 to ensure that Rhode Island has a

sustainable, equitable, and clinically appropriate behavioral health crisis response system for children and families.

Thank you for your time and for your commitment to the health and well-being of Rhode Island's children.

Sincerely,

Frank L. Overly, MD, FAAP, ACC

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