



SECRETARY OF STATE

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EXECUTIVE ORDER

18-03

May 4, 2018

REAFFIRMING AND EXPANDING RHODE ISLAND'S COMMITMENT TO PERSONS WITH MENTAL ILLNESS AND SUBSTANCE USE DISORDERS— ADDRESSING PARITY AND ACCESS TO TIMELY AND NEEDED CARE

WHEREAS, nearly a quarter of the adult population in Rhode Island had a mental health diagnosis in 2015 – many of whom may not have received treatment for their condition;

WHEREAS, Rhode Island is experiencing an addiction crisis that has devastated communities and families across the State and threatens the health and well-being of the state's children. Illicit drug use among Rhode Island's adolescents has consistently ranked higher than the national average in recent years;

WHEREAS, in Rhode Island, about 10,000 adolescents (12.9% of all adolescents) per year in 2010–2014 had at least one Major Depressive Episode (MDE) within the year prior to being surveyed and less than half received treatment for their depression within the year;

WHEREAS, the Rhode Island Behavioral Health Project, commissioned by the State from Truven Health Analytics (2015), found that although Rhode Island allocates significant resources to its behavioral health care delivery system, the service, financing, and organizational accountability mix may not be distributed in a manner that leads to optimal, cost-effective outcomes, and that greater investment in prevention and early intervention will lead to better treatment outcomes for people with mental illness;

WHEREAS, federal and state behavioral health parity laws require insurers to provide for behavioral health care under the same terms and conditions as physical health care;

WHEREAS, Rhode Island is a leader in combatting the opioid crisis and, through the work of the Governor's Overdose Prevention & Intervention Task Force, has driven Executive Order

down overdose deaths, been named a top overdose response state nationally, and remains vigilant in this work;

WHEREAS, state departments have adopted policies and programs to ensure that all people with mental or behavioral health disorders have access to quality treatment and an opportunity to live fulfilling, productive lives in their communities;

WHEREAS, appropriately addressing the behavioral health needs of our community will help to improve overall health and decrease costs for both more expensive health care treatment, and for other social costs associated with untreated disorders;

WHEREAS, the State is dedicated to ensuring behavioral and physical health care achieve parity in scope and delivery of service;

WHEREAS, the State is working tirelessly on changing negative public attitudes about behavioral health, and eliminating the shame that makes Rhode Islanders reluctant to seek behavioral health care and the discrimination sometimes faced when they do;

WHEREAS, addressing Rhode Islanders' health care needs and social determinants of health are central to a thriving economy and to ensuring all citizens have an opportunity to flourish and contribute to the character and quality of the State;

NOW, THEREFORE, I, GINA M. RAIMONDO, by virtue of the authority vested in me as Governor of the State of Rhode Island and Providence Plantations, do hereby order and direct the following:

1. State agencies shall take key actions to strengthen mental health care parity and to improve access to treatment. Actions shall include, but not be limited to:
 - a. The Office of the Health Insurance Commissioner (OHIC) shall use its statutory authority to ensure that: 1) the State's commercial health insurers comply fully with behavioral health parity laws and regulations. This shall include reviews of administrative processes such as prior authorization for benefit payment, utilization benefit review, provider credentialing and reimbursement, and other hurdles that may hinder access to timely care; 2) insurers report their compliance with state policies governing provider payments, and 3) behavioral health provider networks are sufficient to ensure Rhode Islanders in need have access to timely services;
 - b. Medicaid shall conduct a review to identify whether: 1) any current policies or regulations hinder delivery of primary, intensive, or emergency behavioral health care to Medicaid clients, and propose actions to improve Medicaid clients' access to primary, intensive, or emergency behavioral

health care; and 2) contracts and oversight mechanisms for managed care organizations ensure full compliance with behavioral health parity laws and regulations.

2. Under the direction of my office, state agencies shall develop an action plan to guide improvements to Rhode Island's adult and pediatric behavioral health care systems. The Plan shall be submitted to my office by November 30, 2018.

Components of the Plan shall include, but not be limited to:

- a. The Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) shall propose and implement policies that better connect people with behavioral health challenges to appropriate care and that ensure people experiencing such challenges can successfully navigate the continuum of behavioral health services in Rhode Island;
- b. OHIC, Medicaid, and BHDDH shall provide recommendations to drive better behavioral health care and primary medical care integration;
- c. OHIC shall propose revisions to future care transformation and alternative payment model plans to include targets for commercial insurance investment in behavioral healthcare;
- d. OHIC, Medicaid, and BHDDH will build on the work of the State Innovation Model (SIM) and develop strategies to encourage broader participation in SIM programming that integrates behavioral health care with primary medical care and other evidence-based strategies for improving behavioral health care;
- e. The Rhode Island Department of Children, Youth, and Families (DCYF), the Department of Education, BHDDH, and the Rhode Island Department of Health (RIDOH) will assess the current extent of behavioral health services available to Rhode Island children through the child welfare system, through schools, and through other community settings and develop a proposal for improving access to children's behavioral health care services;
- f. Medicaid, in collaboration with the DCYF, shall identify and implement a plan for youth under the age of 21 with significant behavioral health needs to be eligible for Medicaid such that parents and caregivers who are unable to afford costly residential services are not required to relinquish custody to the State to access these services;

