

## Mental Health Parity for Rhode Islanders

One of the greatest inequities for those struggling with mental health or substance use disorders is the inadequate system of services in our state.

Data reported by the Milliman Research Group in November 2019 found that:

**Rhode Islanders experience a widening disparity in access to outpatient mental health care.**

**Rhode Island's mental health professionals received 23.4% less than other specialists for the evaluation and management of conditions.**

**Rhode Island ranks worse than the national average for in-network access to inpatient care.**

[Mental Health America's](#) 2021 report, *The State of Mental Health in America*, finds that the ratio of mental health provider to patient in Rhode Island is 240:1 and the ratio in Mass. is 160:1.

Mental Health America's 2021 report identifies that 50,000 Rhode Islanders, 27.9% of adults experiencing mental illness, reported they were not able to get treatment.

***We must and can do better!***

### STATE POLICY RECOMMENDATIONS

COVID-19 has exacerbated our nation and state's mental health crisis, demonstrating that more now than ever we must and can do better to support access to quality mental health and substance use disorder services. The Mental Health Association of Rhode Island recommends the following policy actions to help move mental health parity in Rhode Island from aspiration to reality:

Enact state legislation to achieve **parity in reimbursement rates paid to mental health professionals** ((H5546/S0591):). Provider shortages have been addressed in primary care through higher reimbursement. Insurers continue to pay mental health professionals less than Medicare allowable rates.

Enact state legislation to **permanently expand telemedicine** (S4SubA2/H6032) to maintain the positive impact telemedicine has had on access to behavioral health counseling and services..

**Safeguard patient protections of the Affordable Care Act (ACA) in state law** (H5843, H5651, S3/H5763, S5a/H5441), including coverage for essential health benefits; restrictions on cost sharing for preventative services; and the prohibition of discrimination by insurers based on pre-existing condition – critical protections for those struggling with a mental health or substance use disorder.

Increase **state investment** in behavioral health care, including:

- Restoring funding to **the Office of Health Insurance Commissioner** for two full time jobs to maintain necessary oversight for the enforcement of mental health parity laws.
- Increasing funding for **school-based mental health services** and shift spending on school resource officers towards the hiring of qualified mental health professionals.
- Expanding funding for the **full spectrum of housing and hospitalization**, including establishing a dedicated funding stream for the development of affordable housing and state investments in development of affordable housing. SAMSHA's commitment to 'Housing First' demonstrates that access to transitional or supportive housing helps stabilize people with mental health and substance use disorders, improving recovery outcomes.