

## MHARI in Action

### Update on 2023 Behavioral Health Policy Priorities

The General Assembly session is winding down, and MHARI has been tracking and testifying on legislation. It's encouraging to see such an increase in the number of behavioral health-related bills. There are too many bills to testify on, but below is a sampling of ones we have been particularly interested in this year.

It's not too late to write to your state representatives and senators. Share your story, and ask for greater financial investment in our system. We still have waitlists for every level of care, and Rhode Islanders' lives are on the line. Recovery is possible, but only if people have easy and timely access to services and support when they need them.

Issue	Bill # and Sponsor(s)	What It Does	Why It's Important	Status/Cost
CONTINUUM OF CARE & ACCESS TO TREATMENT	<a href="#">H-5657</a> Rep. Tanzi  <a href="#">S-0579</a> Sen. Lauria	Requires commercial health insurers to increase <b>rates for outpatient therapy and diagnostic services</b> by a one-time inflationary adjustment of CPI-Urban plus 5%.	For years, both commercial insurers and Medicaid have underpaid behavioral health professionals for their expertise. A 2019 review by the Milliman research group demonstrated that Rhode Island's mental health professionals received 23.4% less than other specialists for the evaluation and management of conditions such as depression and substance use disorder counseling. The result is that providers leave the field, practice out of state, or frequently change jobs when a better paid opportunity comes along. This causes high staff turnover, waitlists for patients, and worsening mental health conditions as people wait for care.	These bills failed to pass but the House passed a Resolution to require OHIC to collect commercial reimbursement rate data and report to the General Assembly in March 2024.  <b>State Costs:</b>  None
CONTINUUM OF CARE & ACCESS TO TREATMENT	<a href="#">H-5200, Article 9</a> Rep. Abney	State funding to support the development of <b>Certified Community</b>	Community mental health centers provide services to some of our hardest to reach populations. Federal guidelines outline a required scope of services clinics must provide in order to become certified as a	Passed in the FY 24 State Budget  <b>State Costs:</b>

	This bill is Governor McKee's Proposed State Budget.	<b>Behavioral Health Clinics</b> (CCBHCs) in Rhode Island	behavioral health clinic and also define a proven payment methodology -- beyond rate setting -- that is needed to sustain those services, such as prospective monthly payment based on the size of population served.	\$22 million has been included in the proposed State Budget
CONTINUUM OF CARE & ACCESS TO TREATMENT	<a href="#">H-5987</a> Rep. Casimiro  <a href="#">S-782</a> Sen. Dipalma	Appropriates two hundred million dollars (\$200,000,000) for <b>home and community-based providers</b> of health and human services to provide a ten percent (10%) rate increase to providers.	Years of state underfunding and low provider reimbursement rates have resulted in staffing shortages, high staff turnover, an inadequate pool of in-network providers, and waitlists for services. There are gaps in the continuum of care, and Rhode Islanders' conditions worsen when they don't have the right level of treatment at the right time.	These bills failed to pass. Speaker Shekarchi cited the \$22M for CCBHCs and other investments as all the state could do this year. (This bill was never going to pass.)  <b>State Costs:</b>  \$200 million not currently in the proposed state budget
OLMSTEAD PLAN FOR RHODE ISLANDERS WITH DISABILITIES	<a href="#">H-5882</a> Rep. Bennett  <a href="#">S-795</a> Sen. Dipalma	Creates a twenty-eight (28) member special legislative <b>commission whose purpose it is to write an Olmstead Plan</b> for RI, and who reports back to the General Assembly no later than January 3, 2024, and whose life expires on July 1, 2024.	Rhode Island is one of 6 states that does not have an Olmstead Plan to ensure that people with disabilities are able to live, work and receive services in the least restrictive setting of their choosing. A Plan would help the state assess supply and demand of services and resources, strategize funding sources and implement a plan to help rebuild our system.	The House bill failed to pass but the Senate passed it. It does not go into effect.  <b>State Costs:</b>  \$250,000 has been included in Governor McKee's proposed state budget. Will cover the cost of hiring 2 contractors to carry out this work.
SUICIDE PREVENTION	<a href="#">H-6121</a> Rep. Shallcross Smith  <a href="#">S-561</a> Sen.	Requires that a small fee to <b>support the federally mandated 988</b>	Police are typically the first responders activated by 911 calls. 988 is a mental health crisis number, and calls are handled by National Suicide Prevention Lifeline counselors. Federal law requires states to	H-6121 failed to pass in the House because the Governor does not want to force cell

	Cano	suicide prevention line be added to cell phone bills.	establish and sustain 988 lines. Failure to do so means that Rhode Islanders who call 988 will be connected to 988 lines in other states.	phone carriers to add an extra fee to cell phone bills..  S-561 passed the Senate but does not go into effect.  <b>State Costs:</b>  Currently 988 is supported in part by federal funds but needs a sustainable funding source.
SUICIDE PREVENTION	<a href="#">H-6002</a> Rep. Solomon  <a href="#">S-586</a> Sen. DiPalma	Requires <b>nets on certain bridges to prevent suicides</b> . This act would mandate the RI turnpike and bridge authority (RITBA) to design a safety barrier or netting system on the Mount Hope Bridge, the Claiborne Pell Bridge, and the Jamestown Verrazzano Bridge	There is one suicide death every three days in Rhode Island, and the number of individuals who experience thoughts of suicide is much higher. Bridges provide access to an especially lethal method of suicide. Bridge barriers reduce suicide deaths.	Both bills failed to pass.  <b>State Costs:</b> Sen. DiPalma seeking budget amendment of \$750,000 for feasibility study
YOUTH MENTAL HEALTH	<a href="#">H-6234</a> Rep. Kislak	This bill would allow all Rhode Island students to take up to four (4) mental health days for mental or behavioral health concerns as excused	RI has a shortage of youth mental health providers & services. Suicide is a leading cause of death in youth. Some youth face Adverse Childhood Experiences, or factors that can be potentially traumatic, with lifelong impacts. Lastly, lingering effects of the pandemic, such as economic impacts, periods of illness and isolation, educational and developmental setbacks, grief and loss over people or experiences have had a	Both bills failed to pass..  <b>State Costs:</b> None

		absences	negative impact on youth mental health.	
YOUTH MENTAL HEALTH	<a href="#">H-5084</a> Rep. Lombardi	This bill requires the RI Department of Education to develop and make available a curriculum for four (4) hours of mental health instruction for seventh graders	Mental health literacy improves mental well being. Early intervention improves patient outcomes and saves money in the long term because crises are prevented. Untreated mental illness can worsen and necessitate emergency department services, hospitals, and residential treatment centers, which are expensive levels of care.	Failed to pass  <b>State Costs:</b> Unknown
YOUTH MENTAL HEALTH	<a href="#">H-5010</a> Amended Rep. McNamara  <a href="#">S-869</a> Sub A as amended Sen. Cano	This legislation requires that services provided by school social workers and certified school psychologists be included as health care related services eligible for federal Medicaid reimbursement.	These bills aim to increase access to mental health services for all students.	Passed and signed by Governor into law.
CRIMINALIZATION OF MENTAL ILLNESS	<a href="#">H-5313</a> Rep. McEntee  <a href="#">S-873 Sub A</a> Sen. Lawson	Requires RI to apply for a 1115 Medicaid Inmate Exclusion Waiver to allow Medicaid to be billed for certain benefits prior to the individual's release from a	Between 15% and 20% of inmates in prisons across the country live with Serious Persistent Mental Illness (SPMI). Reentering the community can be challenging for many inmates, particularly those without housing. It is paramount that they have access to treatment and social services during this time. Disrupting an inmate's medication, treatment or services, particularly during challenging transitional periods, puts them	H-5313 failed to pass the House.  S-873 Sub A Passed in the Senate. Referred to House Finance. Did not pass the House.

		correctional facility.	at risk for medical complications, mental health crises, withdrawal symptoms, relapse, death and recidivism.	<b>State Costs:</b> The 1115 Medicaid waiver allows the state to receive up to a 90% federal match. Currently, without this waiver, 100% comes from state funds.
CRIMINALIZATION OF MENTAL ILLNESS	<a href="#">H-6161</a> Rep. Felix  <a href="#">S-617</a> Sen. Acosta	Establishes the Restrictive Housing Oversight Committee for the purpose of monitoring the use of restrictive housing (solitary confinement), as well as disciplinary and administrative confinement at the department of corrections.	Human beings are social animals. Our brains are wired for connection; it's essential for our mental health. Conversely, the psychiatric risks of solitary confinement are well documented. Inmates in solitary confinement have experienced, "appetite and sleep disturbances, anxiety, panic, rage, loss of control, paranoia, hallucinations, and self-mutilations." Solitary confinement is recognized "as difficult to withstand; indeed, psychological stressors such as isolation can be as clinically distressing as physical torture." Its negative effects last long after inmates return to the community.	Both bills failed to pass.  <b>State Costs:</b> Presumably None

## How to Track Legislation

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