

2022 -- H 7801

LC004978

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

A N A C T

RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND
SUBSTANCE ABUSE

Introduced By: Representatives Cassar, McGaw, Kislak, Ranglin-Vassell, Diaz,
Donovan, Cortvriend, Williams, Solomon, and Vella-Wilkinson

Date Introduced: March 03, 2022

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-38.2 of the General Laws entitled "Insurance Coverage for Mental
2 Illness and Substance Abuse" is hereby amended by adding thereto the following section:

3 **27-38.2-6. Infant and early childhood mental wellness.**

4 (a) The general assembly hereby finds that:

5 (1) Infant and early childhood mental health is defined by zero to three as "the developing
6 capacity of the child from birth to five (5) years of age to: form close and secure adult and peer
7 relationships, experience, manage and express a full range of emotions, and explore the
8 environment and learn -- all in the context of family, community and culture."

9 (2) Significant mental health challenges can and do occur in babies and young children.
10 Epidemiological studies show a sixteen percent (16%) to eighteen percent (18%) prevalence rate
11 of mental health disorders in children between age one and age six (6). Evidence shows that many
12 mental health challenges occurring in the first years of life persist and increase the risk of problems
13 related to early learning and development in all areas, and to serious long-term health and mental
14 health challenges and poor educational and economic outcomes.

15 (3) Young children respond to and process emotional experiences and traumatic events in
16 ways that are very different from adults and older children. Consequently, identifying and
17 addressing mental health challenges in early childhood requires special skills and knowledge.
18 Promoting responsive and nurturing parent/caregiver-child relationships is particularly important

1 for babies and young children.

2 (4) It is essential to treat young children’s mental health challenges in the context of their
3 relationships within families, homes, and communities. The emotional well-being of young
4 children is directly tied to the functioning of their parents/caregivers and the families in which they
5 live. Thus, successful mental health treatment for young children involves working to build and
6 strengthen consistent, supportive relationships within their families and community. Identifying
7 and treating mental health challenges of parents and caregivers, especially maternal depression
8 which is a common condition and can negatively impact child development, is also needed. When
9 relationships are reliably responsive and supportive and stress is reduced, young children can thrive.

10 (5) Diagnostic Classification of Mental Health and Developmental Disorders of Infancy
11 and Early Childhood (DC: 0-5) is the only recommended diagnosis system for children under age
12 six (6). DC: 0-5 is a system of classification of mental health and developmental disorders for
13 infants and toddlers.

14 (6) Evidence-based and evidence-informed parent-child dyadic therapies exist that focus
15 on the powerful influence of the parent/caregiver-child relationship to positively impact a child’s
16 trajectory. Evidence-based interventions aimed at mental health challenges are more effective when
17 implemented during early childhood rather than school age. It is a misconception that young
18 children will grow out of their difficulties or simply forget early traumatic experiences.

19 (7) In Rhode Island, approximately fifty percent (50%) of infants and young children have
20 Medicaid health coverage which covers screening, evaluation, diagnosis, and treatment for
21 children’s mental health needs starting at birth. Data from 2018 indicate that less than eight percent
22 (8%) of the Medicaid population under age six (6) received any mental health services.

23 (8) According to the National Center for Children in Poverty, at least twenty-one (21) states
24 have adopted research-informed infant/early childhood mental health state policies and scaled
25 initiatives. Medicaid policy in at least thirteen (13) states and the District of Columbia recommends
26 or requires the use of the developmentally-appropriate DC: 0-5 system for the diagnosis of children
27 under age six (6), and at least twelve (12) states require providers to use an evidence-based dyadic
28 treatment model for children under age six (6).

29 (b) The executive office of health and human services shall establish a task force to develop
30 a plan to improve promotion of social and emotional well-being of young children as well as
31 screening, assessment, diagnosis, and treatment of mental health challenges for children from birth
32 through age five (5) with Medicaid coverage.

33 (c) The planning task force shall include representation from the RI Association for Infant
34 Mental Health and representatives from pediatric health care, mental health care, child psychiatry,

1 child welfare, Early Intervention, Family Home Visiting, early care and education, advocacy
2 organizations, Medicaid Managed Care Organizations, Medicaid Accountable Entities, families
3 with young children, and other stakeholders as needed.

4 (d) The plan established in accordance with this section shall include strategies to:

5 (1) Promote use of developmentally appropriate screening, assessment, diagnosis, and
6 evidence-based and evidence-informed parent-child dyadic therapies for children from birth
7 through age five (5).

8 (2) Identify mental health promotion and prevention-related parenting support programs,
9 particularly evidence-based or evidence-informed parent-child programs supporting social and
10 emotional well-being.

11 (3) Allow for effective screening, evaluation, and treatment over multiple visits with a
12 qualified practitioner in a variety of settings, including in children's homes, at childcare and early
13 learning programs, in schools, and in clinical and other professional settings.

14 (4) Establish a registry of trained infant/early childhood mental health professionals that
15 can be a resource across health care, education, and human service settings.

16 (5) Strengthen infant and early childhood mental health skills, knowledge, and practices of
17 all providers who work with young children (birth through age five (5)) in health care, mental health
18 care, early childhood, and child welfare service sectors.

19 (6) Address and respond to the intergenerational effects of racism, economic insecurity,
20 and toxic stress that influence the health and mental health of parents/caregivers, babies, and young
21 children.

22 (e) The task force shall submit a plan to the governor and general assembly on or before
23 June 30, 2023.

24 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND
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1 This act would establish a state plan to improve the promotion of social and emotional
2 well-being of young children as well as screening, assessment, diagnosis and treatment of mental
3 health challenges in currently covered Medicaid mental health services for infants and young
4 children under the age of six (6).

5 This act would take effect upon passage.

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