

Representative Susan Donovan, Chair  
House Committee on Health and Human Services  
Rhode Island State House  
Providence, RI 02903

RE: H7043 – Benefit Determination and Utilization Review Act

Dear Chairwoman Donovan and honorable Committee members,

My name is Lisa Rodrigues and I am a nurse practitioner currently employed at VICTA in Providence, where I evaluate and treat clients with various substance use disorders, including opioid use disorder. With 13 years of experience as an APRN working with some of our communities most vulnerable populations, I am submitting this testimony in strong support of H7043.

I am sure most Rhode Islanders are familiar with the opioid crisis that continues to plague our communities. This is the worst I have seen the local drug markets in terms of adulterated substances. We are working hard to keep up with the illegal drug trade through education, harm reduction strategies, behavioral health care, and of course, evaluating for and treating with medications for opioid use disorder (MOUD). These medications consist largely of Buprenorphine (and its many variations), Methadone, and Naltrexone. These are critical life-saving medications for people who suffer from opioid use disorder (OUD).

Various insurers have different levels of coverage and what one may cover, another may not, or may cover with a Prior Authorization (PA). At times; however, medications are denied, or are approved but at such a high cost to the client that it is a barrier to care. HOURS of my time and staff's time are wasted filing out various online or written forms submitting justification for why a particular medication was ordered, or why it was ordered at a particular dose, or in a certain quantity. Staff must go back through the chart and document the list of other medications a client has tried and their reaction to it. This is a time-consuming process that takes my time and staff's time away from valuable patient care.

I have done extended training re: management of opioid use disorder. Please trust that the physicians I have trained under and with and my experience to date, lend itself to my being able to provide the best care to my patients and our communities. I do take into account the cost-effectiveness of the care I am recommending, but if the lowest cost option is not the best for the patient, I must advocate for alternative treatments for those same patients.

In addition, there have been times, when the reviewer on the other end, did not have adequate grasp of opioid treatments. Case in point, a patient I had ordered a buprenorphine formulation (injectable) for was denied per the reviewer because they had not tried naltrexone first. Included in the PA form was that the patient was already on a buprenorphine (oral). Naltrexone is therefore contraindicated as it would throw a person into immediate precipitated withdrawals, most likely requiring hospital level care as a result. Obviously, this was appealed and this was explained to the reviewer, again wasting valuable time and bandwidth that could have been spent with a person seeking treatment.

Everyone talks about the opioid crisis, but when providers are trying to assist patients, too many times we are met with barriers that delay the care so vitally needed by a population willing to seek and engage in treatment. Sometimes, that delay disheartens patients who get frustrated, feeling the system doesn't care, and multiple calls are made by myself or other staff to try to get them to re-engage.

It should not be this difficult. It cannot continue to be this difficult. We are already at odds in an uphill battle against fentanyl, carfentanyl, nitazines, xylazine. I need all the tools in the toolbox I can judiciously utilize to effectively treat the needs of my patients. Healthier patients equal healthier families and healthier communities. That, I would think, also impacts crime rates and other socioeconomic factors like one's ability to hold a job and utilize less resources over time.

Thank you in advance for your time and consideration, and again, I stand in strong support of H7043 and implore you to stand with me.

Sincerely,

Lisa Rodrigues, FNP-BC