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

RE: H5024 – Benefit Determination and Utilization Review Act

Dear Chairwoman Donovan and honorable Committee members,

As the Chief Operating Officer at VICTA, and Policy Chair for the RI Association for Addiction Professionals, I am submitting this testimony in strong support of H5024. My work at VICTA, where we provide medications for opioid and alcohol use disorders, has kept me very close to the impact that this legislation would have for clients and providers across the state.

In the current state, Managed Care Organizations (MCO) determine which services require 'prior authorization', or justification from the provider as to why a certain medication is needed. Each MCO, and each line of business (Medicare, Commercial, Medicaid, Dual Medicare/Medicaid) has different policies. For one MCO, the process to obtain prior authorization for methadone or buprenorphine dispensing, starts with a phone call that may or may not be routed to the correct department or team member. Once the right contact is identified, providers are asked basic information on the member ID, the code for the service, the provider tax ID, etc. There is no actual clinical review to justify why the member needs the service, so it is simply a bureaucratic task on top of so many other similar tasks for providers. These medications are proven as the gold standard of treatment for opioid use disorder – when encouraging people to seek help, we need to be able to deliver it seamlessly.

Other examples of existing prior auth processes include: a varied list of approved "formulary" medications, with any deviation requiring additional demonstration of past failed use of the preferred medication(s); confusing and complicated processes that vary by payer for the authorization, purchase and delivery of long acting injections like buprenorphine and vivitrol; and at times, claims that deny even when authorization is on file. In the past 2 days, one injectable medication was denied with a request to use the "formulary" version, even though the patient had been thriving on the injectable for 9 months; the other prompted a prior auth for an injectable medication that the individual had been sustained on for 6 months. There is simply no clinical or medical rationale for these administrative burdens.

To be direct: **any** barrier or delay in care risks lives. I urge you to support H5024 so Rhode Islanders can access their treatments and providers can focus on delivering care.

Sincerely,

Lisa Peterson, LMHC/LCDP/LCDS/MAC
Bristol