STATE OF RHODE ISLAND

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The Honorable Susan R. Donovan, Chair
House Committee on Health and Human Services
State House
Providence, RI 02903

RE: 2025 – H 5024 – An Act Relating To Insurance – Benefit Determination and Utilization Review Act

Dear Chair Donovan:

I write to support, with one minor amendment, **H 5024** which would prohibit health benefit plans from making retrospective utilization review decisions except under certain conditions, and additionally would place some restrictions on prospective and/or concurrent review of prescription medications used for the treatment of alcohol and/or opioid use disorders.

It is important that utilization review decisions not retrospectively deny coverage for healthcare services provided to a covered person when prior approval has been obtained from the insurer or its designee for those services as any interruption, even a one-day delay in a person receiving their medication, would leave a person without their life-saving medication.

Opioid withdrawal occurs when an individual suddenly decreases or stops their prolonged use of an opioid, including certain prescription medications utilized to treat opioid use disorders. This process triggers a variety of symptom both physical and psychological, as the body adapts to the absence of the medication. Common symptoms include diarrhea, nausea, and vomiting. To hold or deny a person's withdrawal medication could lead that person to purchase an illicit substance which then could lead to a potential overdose or death. Withholding or denying prescriptions used to treat alcohol use disorders also may result in severe withdrawal symptoms including cardiac issues, hallucinations, seizures, and delirium tremens (DTs) which may be fatal.

Concurrent and prospective reviews of prescription medications used to treat opioid and/or alcohol use disorders can unnecessarily delay or prevent the administration of known life-saving medications.

Evidence-based interventions, including FDA authorized medications used to treat substance use disorders, are effective and should be as accessible to persons experiencing these disorders as possible.

I respectfully request the following amendment: on p. 1, lines 14-15 "That was approved before the effective date of this section by the United States Food and Drug Administration for the mitigation of opioid withdrawal symptoms" be replaced with "That is approved by the United States Food and Drug

Administration for the mitigation of opioid withdrawal symptoms." This amendment would mitigate the need to amend the statute if or when the FDA approves additional opioid withdrawal medications.

Thank you for your consideration.

Sincerely,

Richard Leclerc
Director

cc: The Honorable Members of the House Committee on Health & Human Services
The Honorable John G. Edwards
Nicole McCarty, Esquire, Chief Legal Counsel to the Speaker of the House
Lynne Urbani, Director of House Policy