

April 23, 2025

The Honorable Susan Donovan, Chair, House Committee on Health and Human Services

Via email to: HouseHealthandHumanServices@rilegislature.gov

Re: House Bill 5120, relating to insurance (prior authorization)

Dear Chairwoman Donovan and Members of the Committee:

On behalf of Blue Cross & Blue Shield of Rhode Island (Blue Cross), I write to express concern with the proposals as introduced, inform the Committee of Blue Cross's recent activity on this issue, and share our commitment to work toward mutually agreeable solutions on streamlining the delivery of healthcare in Rhode Island.

Blue Cross listened to the Assembly, primary care practitioners and patients – resulting in our announcement to eliminate nearly **65%** of prior authorization requirements, relating to medical services, for primary care providers in 2025.¹ Blue Cross performed a detailed analysis to develop a list of services to reduce the volume of prior authorizations and support primary care practitioners. This action will provide real, noticeable, relief: **primary care practitioners will be relieved of over 12,000 authorizations.**

Authorizations are being removed for the following categories:

- 1) Computed Tomography (CT)
- 2) Computed Tomography Angiography (CTA)
- 3) Noninvasive Echocardiography
- 4) Nuclear Medicine
- 5) Screening test, low dose CT scan for lung cancer

Services for which authorization remains include the following:

- 1) Stress Echocardiography
- 2) Magnetic Resonance Angiography (MRA)
- 3) Magnetic Resonance Imaging (MRI)
- 4) Positron Emission Tomography (PET)
- 5) Durable Medical Equipment (DME)
- 6) Genetic Testing

This differs from the **complete** elimination sought under the legislation. Blue Cross's considerations included request volumes, approval rates, procedure costs, patient safety criteria, and administrative simplification for providers. Blue Cross is concerned that a blanket prohibition on **all** reviews of services ordered by primary care practitioners would disregard those significant considerations.

Blue Cross asks the Committee to recognize the reasonable interest in retaining the ability to conduct "prior authorization" reviews. Individuals and employers paying premiums – your constituents and communities – wish to be assured they are paying for the right care, at the right time, in the right place. That said, Blue Cross is committed to working with the provider community, the


¹ BCBSRI to reduce prior authorization for primary care | Blue Cross Blue Shield of Rhode Island

Rhode Island Medical Society, and patient advocates to continue to reduce the burden and improve the processes relating to prior authorization, particularly for primary care practitioners.

A revised legislative proposal might set a compromise reduction target and align with the new regulations from the Office of the Health Insurance Commissioner (OHIC). OHIC's rules require insurers to reduce prior authorization, measured across all practice types, by 20%, compared to levels from 2023. An amended bill might, for example, use a similar method to calculate a reasonable reduction targeted at primary care, and require subsequent reporting and review by OHIC.

We appreciate your consideration of our concerns and look forward to working with stakeholders.

Sincerely,



Richard Glucksman,
Assistant General Counsel