

February 3, 2026

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

Via email to: HouseHealthandHumanServices@rilegislature.gov

Re: HB 7187, an act relating to insurance (utilization review for alcohol or opioid treatment)

Dear Chairwoman Donovan and Members of the Committee:

On behalf of Blue Cross & Blue Shield of Rhode Island (Blue Cross), I am writing to share support for the intent of this legislation, with amendments in part (b) to ensure the scope of the prohibition is not so broad as to create financial or patient-safety risks.

Blue Cross's policies and practices are aligned with the provision in part (a) of the bill. Blue Cross does not retrospectively deny coverage for healthcare services when prior approval has been obtained, with the additional protections outlined in the provision.

Blue Cross currently does not apply clinical reviews for the medicines for the treatment of alcohol or opioid use disorder. Removing utilization reviews is one of the many steps Blue Cross has taken to facilitate access to treatment for substance use disorders, after careful consideration of the safety and cost of various pharmaceutical options currently available.

However, the broad statutory prohibition in part (b) is problematic as drafted.

- First, prior authorization is an important safety tool generally. It can be used to ensure that the drugs a patient receives are supported by current, credible medical evidence. These review programs may also prevent misuse or overutilization and identify instances where use for a particular patient is dangerous due to other factors. Methadone specifically is a highly-regulated drug with dual uses, and the rules when it is dispensed for pain differ substantially from when it is used to treat opioid use disorders. Insurer processes are necessary to ensure compliance with those rules and guidelines. *Please note, Blue Cross does not apply Utilization Management when Methadone is dispensed through federally certified and registered Opioid Treatment Programs (often referred to as OTPs); it is applied when methadone is dispensed at a pharmacy for pain.*
- Second, the Assembly should allow plans to adapt to changes in drug prices. Drug costs are driving premiums higher and increasing patient out-of-pocket costs. Management tools can be used to reduce costs for plans and patients by facilitating access to high quality, therapeutically equivalent, lower cost options, particularly when the price difference is substantial.
- Finally, the timeline suggested in sub-part 3 would make the bill's restrictions apply to drugs not yet even on the market.

Blue Cross recognizes the concern of the sponsor and Committee and appreciates in advance the opportunity to work together on language for this section (b), to provide protections for access, safety, and affordability.

Blue Cross is not currently a Medicaid managed care organization and so defers to the Department of Human Services and others regarding part (c).

We appreciate your consideration and welcome those conversations.

Sincerely,

Richard Glucksman

Assistant General Counsel