



February 3, 2026

The Honorable Susan Donovan
The Honorable Joshua Giraldo
Members, House Health and Human Services Committee
Room 101 - State House
82 Smith St.
Providence, RI 02903

RE: H 7187 RELATING TO INSURANCE -- BENEFIT DETERMINATION AND UTILIZATION REVIEW ACT; Opposed

Chair Donovan, Chair Giraldo and Members of the Committee:

The Pharmaceutical Care Management Association (PCMA) is the national association of America's pharmacy benefit managers (PBMs). We appreciate the opportunity to comment in opposition to H 7187.

About PBMs

PBMs are hired by employers, unions, government programs and others to drive down prescription drug costs and administer prescription drug plans for more than 289 million Americans. Before getting into specifics on H 7187 there are five things to know about PBMs:

- PBMs are the only part of the drug supply chain whose primary role is to lower prescription drug costs. On average, they save patients and families about \$1,154 per person each year.
- PBMs are extremely effective at reducing prescription drug costs for employers and patients, which is why some industries that profit from high drug prices oppose them.
- PBMs work for employers, unions, and government programs who have the ultimate say on what a drug benefit looks like. PBMs carry out the chosen plan by negotiating lower drug prices, processing claims, performing safety checks, and handling related services.
- For the enormous savings and value that PBMs provide, they operate on thin profit margins.
- Hiring a PBM is optional. Employers, unions, government programs, and others choose to use PBMs because they help lower drug costs and manage prescription benefits more efficiently.



About H 7187

PCMA is concerned about H 7187 because it will restrict PBMs' ability to provide a high-quality benefit while at the same time putting downward pressure on the rising cost of prescription drugs. PBMs rely on utilization management tools, such as prior authorization, to ensure that a medication is clinically justified and appropriate to treat a patient's medical condition. The prior authorization process requires a prescriber to provide updated patient-specific clinical information to the organization that manages the patient's prescription coverage. Drugs that require prior authorization often need a clinical review to ensure the patient is receiving the safest and most appropriate drug.

While Methadone and Buprenorphine are used to treat alcohol and opioid addiction, they are also controlled substances with high risk for addiction and dependence. These medications can cause respiratory distress and severe health issues when taken in high doses or combined with other substances. Prior authorization is needed to ensure there are no adverse drug-to-drug interactions and that the dosage is safe for the patient's condition(s).

- Methadone is a Schedule II opioid, like heroin and opium. Its use is restricted by the Food and Drug Administration (FDA) and may only be dispensed by specially certified providers in particular facilities. The starting dose for the medication is fixed and not personalized for each patient. Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) requires a physical exam before the patient can initiate treatment for methadone, which must include screening for heart, liver, and kidney conditions, seizure disorders, and respiratory illness. There cannot be an initial prescription of methadone via telemedicine; everything must be done in person. Physicians, nurse practitioners, and physician assistants can prescribe oxycodone or morphine, yet they generally cannot prescribe methadone for addiction treatment in a standard office setting, which is restricted to authorized, specialized facilities.
- The prescribing information for Suboxone (Buprenorphine) states "Buprenorphine is a Schedule III controlled substance that can be abused in a manner similar to other opioids, legal or illicit." Buprenorphine can have negative side effects with common medications, such as seizure medications, treatments for viral infections, benzodiazepines (such as Xanax), or the use of alcohol. When administered with any of these, the risk of severe respiratory depression and death increases. Routine monitoring and employing a proper treatment plan are necessary to protect patients receiving these treatments. We are concerned this bill would remove these additional safety checks.

Additionally, health plans and PBMs implement a variety of guidelines and programs that are designed to ensure that patients receive clinically appropriate and cost-effective drug therapies. Step therapy is one of these tools. It requires an enrollee to try a medically appropriate first-line drug, typically a generic alternative before a more costly (and equally effective) branded product, when a new therapy is initiated. The branded versions of these products have a much higher list



price compared to the generics that are often effective. Additionally, many drugs have harmful side effects or interact adversely with other medications; step therapy encourages trying safer, alternative therapies first.

Every plan has an established exceptions process that will permit the coverage of a drug that is not on the patient's prescription coverage list of covered drugs if a physician provides a documented medical reason. Additionally, plans and PBMs use Pharmacy & Therapeutic Committees that are comprised of independent experts, including physicians and pharmacists, to develop evidence-based guidelines used in drug management programs, such as step therapy, and assure cost controls do not impair the quality of clinical care.

In the interest of Rhode Island patients and those providing prescription drug coverage including employers, labor unions and governments, we must respectfully oppose H 7187. Given the unique environment Rhode Island employers, unions, government programs find themselves in, now is not the time to increase the cost of providing reliable and affordable access to prescription drugs.

We appreciate your consideration of our comments and would be happy to meet with you to discuss this further.

Sam Hallemeier

A handwritten signature in black ink, appearing to read "Sam Hallemeier".

Sr. Director, State Affairs
shallemeier@pcmanet.org
(202) 756-5727