



March 12, 2026

Representative Susan Donovan
Chair, House Health and Human Services Committee
82 Smith Street
Providence, RI 02903

Re: Support for House Bills: 7943, 7945, 7946

Dear Chairwoman Donovan and Honorable Committee Members,

As Chief Operating Officer at VICTA and Policy Chair for the RI Association for Addiction Professionals, I am writing in strong support of this slate of bills. Collectively, the legislation will support increased access for individuals seeking services. Individually, each brings specific benefits for our behavioral healthcare system, which has been strained to the point of near collapse due to the combined surge in demand and bureaucratic processes within the Managed Care Organizations (MCO).

H7943 eliminates a significant burden on providers that also creates a barrier to timely care delivery. Different MCOs, and different lines of business within each MCO, all have different services that require providers to contact them in advance of a member starting treatment. As an example, United/Optum requires that providers call for 'notification' that members in their Medicare lines of business are receiving or going to receive medications for Opioid Use Disorder (MOUD) at an Opioid Treatment Program (OTP).

This is not based on any clinical or medical necessity within addiction medicine, nor is any clinical or medical criteria reviewed as part of the authorization process. Instead, providers must call in to one of several numbers, be transferred repeatedly to find the person or department who is actually responsible, be placed on hold for prolonged periods, and spend an average of 45 minutes to provide the representative with a code, date range, and member demographics. Only then is an authorization number generated. This process must be repeated every six months, despite an ongoing overdose epidemic and decades of evidence that MOUD is the gold standard for saving lives.

It is essential that this bill protects providers and individuals from all semantic variations on Prior Authorization requirements.

H7945 would hold third-party payers accountable to ensure that their policies and practices are driven by evidence and expertise. This should be common sense, however in practice there is often wide variation between the MCOs themselves and between generally accepted standards and MCO requirements. Shifting the responsibility to the MCOs to demonstrate that their criteria is in line with appropriate medical necessity would allow providers to develop and implement individualized care plans based on their knowledge of their patient/client and of their practice standards, not the internal policies of each MCO.



H7946 provides protection for both consumers and providers, ensuring that there is real accountability for maintaining parity in coverage for mental health and substance use disorders. Discrimination towards those living with such conditions remains rampant despite the efforts to address stigma, and it is essential that those responsible for covering life-saving care not allowed to participate in such harmful practices.

I would like to thank Representative Tanzi and her cosponsors, for putting forth bills that will make an immediate and positive impact on our behavioral healthcare system. Thank you, Chairwoman Donovan and Committee Members, for taking the time to hear from those most affected. Please vote yes on these bills -- we need your support to continue life-saving work for all Rhode Islanders.

Sincerely,

A handwritten signature in black ink, appearing to be 'Lisa Peterson', with a long horizontal flourish extending to the right.

Lisa Peterson, LMHC/LCDP/LCDS/MAC