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March 24, 2026

The Honorable Susan R. Donovan, Chairwoman
Of the House Health and Human Services Committee
Rhode Island State House Providence,
RI 02903

RE: AHIP Comments on H.7942, An Act Relating to Insurance – Benefit Determination and Utilization Review Act -- OPPOSE

To Chairwoman Donovan and Members of the House Health and Human Services Committee,

AHIP appreciates the opportunity to provide comments on H.7942, legislation that would require health plans to prove that a healthcare service or procedure is not medically necessary. As drafted, AHIP opposes H.7942 because it undermines health plans' ability to ensure patients have access to highquality, affordable health care.

Utilization management tools, such as prior authorization (PA), are important safeguards used by both public and private payers to help ensure patients receive care that is safe, evidence-based, and affordable – ultimately ensuring Americans' health care dollars are spent wisely. For example, PA protects patients by:

- preventing low-value or inappropriate services,¹
- preventing dangerous drug interactions, and
- ensuring drugs are used as clinically indicated.

Proposed Section 27-18.9-17 establishes a rebuttable presumption of medical necessity when a health care service is ordered by a health care professional acting within their scope of practice.

We are concerned with the addition of this standard to the adverse determination and utilization review processes. This is a legal term to mean something is considered true (or in this case, medically necessary) until someone contests and proves otherwise, thereby placing a higher burden of proof on the party making a rebuttal. This paves the way for a "no questions asked" approach, even if a utilization reviewer reaches a solid determination that demonstrates a lack of medical necessity.

Medical knowledge doubles every 73 days² and, to keep up with these changes, studies show that primary care providers would need to practice medicine nearly 27 hours per day.³ This is why it is so important that health plans, providers, and hospitals work together to ensure treatments delivered to patients align with nationally recognized, evidence-based clinical criteria, protecting patients from unnecessary, potentially harmful drugs and services. Promoting partnerships and providing opportunities for discussion are the best ways to put the patients' interests first.

¹ Prior Authorization Promotes Evidence-Based Care That Is Safe and Affordable for Patients. AHIP. November 2023.

² Densen, Peter. Challenges and Opportunities Facing Medical Education. Transactions of the American Clinical and Climatological Association 2011.

³ Porter J, Boyd C, Skandari MR, Laiteerapong N. Revisiting the Time Needed to Provide Adult Primary Care. Journal of General Internal Medicine. January 2023.

In addition to promoting safe, evidence-based care, these tools help ensure coverage is as affordable as possible. At a time when experts agree that roughly a quarter of all medical spending is wasteful or low-value, PA is instrumental in combating rising costs by addressing overuse and low-value treatments and services that cost the U.S. \$340 billion annually.⁴ Eighty-seven percent of doctors have reported negative impacts from low-value care⁵ and an AHIP clinical appropriateness project with John Hopkins found that about 10% of physicians provided care inconsistent with consensus and evidence-based standards.⁶

Health plans advocate for the people they serve by ensuring that the right care is delivered, at the right time, in the right setting, and covered at a cost that patients can afford. Utilization management tools that assess medical necessity (such as PA) protect patients from low-value treatments and services, reduce wasteful spending and help ensure health care dollars are used efficiently.

Our Recommendation: AHIP urges the Committee not to pass H.7942. Health plans – and our customers – continue to struggle against rising health care costs. Unfortunately, this bill would only lead to increased health care costs for all of Rhode Island.

Thank you for your consideration of these comments. AHIP stands ready and willing to work with policymakers in Connecticut and we look forward to more opportunities to provide input in this area. If you have any questions or concerns regarding our comments and would like to discuss these matters further, please contact Sarah Lynn Geiger at slgeiger@ahip.org or by phone (609) 605-0748.

Sincerely,



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cc: Members, House Health and Human Services Committee

ABOUT AHIP

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit www.ahip.org to learn how working together, we are **Guiding Greater Health**.

⁴ Low-Value Care. University of Michigan V-BID Center. February 2022.

⁵ Ganguli, Ishani. Characteristics of Low-Value Services Identified in US Choosing Wisely Recommendations. JAMA Internal Medicine. February 1, 2022.

⁶ Clinical Appropriateness Measures Collaborative Project. AHIP. December 2021.