

April 30, 2026

House Health and Human Services Committee  
State House  
82 Smith Street  
Providence, RI 02903-1105



Via email: [HouseHealthandHumanServices@rilegislature.gov](mailto:HouseHealthandHumanServices@rilegislature.gov)

**RE: H 8245 RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE  
POLICIES: Opposed**

Dear Chair Donovan and members of the House Health and Human Services Committee:

Thank you for the opportunity to comment on H 8245. I represent Prime Therapeutics (Prime), a pharmacy benefit manager (PBM) owned by 19 not-for-profit Blue Cross and Blue Shield Insurers, subsidiaries, or affiliates of those Insurers, including Blue Cross & Blue Shield of Rhode Island. As a PBM, helping patients to maintain therapy compliance is a top priority. H 8245 intends to remove barriers to medication compliance by requiring reimbursement for a full year's supply of prescription hormone therapy. Dispensing a year's supply all at one increases the risk of waste, poses safety concerns with medication storage, and concerns over the environmental or abuse potential for unused portions of medication. For this reason, Prime opposes H 8245.

Prime helps people get the medicine they need to feel better and live well by managing pharmacy benefits for health plans, employers, and government programs including Medicare and Medicaid. Our company manages pharmacy claims for more than 30 million people nationally and offers clinical services for people with complex medical conditions. Our business model relies on transparency and advocating for simpler, lowest-net-cost pricing for drugs. Importantly, Prime is focused on purpose beyond profits. We are not publicly traded or owned by a private equity firm. As such, it is not our primary motivation to maximize profits; our primary motivation is to do the right thing.

**A year's supply of hormone therapy can increase waste in the healthcare system.**

A state mandate requiring the dispensing of a 365-day supply of hormone therapy medications raises significant concerns about medication waste and misuse. Treatment plans, dosages, and individual clinical needs can change throughout the year based on follow-up appointments, lab monitoring, side effects, or changes in health status. Dispensing a full year of medication at once could result in large quantities of unused products if therapy is adjusted or discontinued, creating avoidable waste and unnecessary costs within the healthcare system.

**Many patients may not have appropriate storage for a 365-day supply of medication.**

A 365-day supply may also create practical challenges for consumers managing and storing that quantity of medication safely over an extended period. Large supplies can be misplaced, damaged, expire before use, or become difficult to organize. These barriers may be compounded for patients taking multiple medications, those with limited storage space, or those with unstable housing conditions. If the medication is lost, stolen, or compromised, there could be significant burden to cover replacements. This could potentially leave patients without access until they are eligible for their next refill.

**If a patient changes therapy mid-year, unused medication causes concern with proper disposal.**

Large quantities of unused medications raise environmental concerns and abuse concerns. Unused medications often require specialized disposal to avoid contamination of water systems and accidental exposure in the home, yet many consumers are unaware of proper disposal methods.

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I welcome the opportunity to further discuss these concerns and work towards evidence-based solutions to help people get the medicine they need to feel better and live well. Thank you for your time and consideration.

Respectfully,

A handwritten signature in black ink that reads "Michelle Crimmins". The signature is fluid and cursive, with the first name being more prominent.

Michelle Crimmins  
Government Affairs  
Prime Therapeutics

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