

April 15, 2026

The Honorable Melissa Murray, Chair, Senate Committee on Health and Human Services  
Via email to: [SLegislation@rilegislature.gov](mailto:SLegislation@rilegislature.gov)

Opposition to: SB 2032, 2034, 2112, 2382, 2455, 2876, 2877, 3023, relating to insurance

Dear Chairwoman Murray and Members of the Committee:

On behalf of Blue Cross & Blue Shield of Rhode Island (Blue Cross), I am writing in opposition to the above bills to mandate benefits and cost-sharing levels. Blue Cross continuously reviews coverage and plan design including for the various treatments and services in these bills but respectfully urges against new health insurance mandates that would increase costs for employers, workers, and taxpayers.

**Rhode Island residents and businesses are already facing a health insurance cost crisis, and new benefit mandates drive costs higher.** Mandates do not reduce the cost of care or coverage—they drive up the premiums for employers and workers. At a time when premiums are already rising sharply, expanding mandated benefits would further strain families and undermine the stability of the fully insured market.

**State leaders have repeatedly warned against policies that drive up health insurance costs.** Many Rhode Islanders are struggling to maintain coverage, and each new mandate increases the risk their benefits will be reduced, wages frozen, or coverage made entirely unaffordable. A study by the Health Insurance Commissioner found that rising premiums result in Rhode Islanders having less income to spend on housing, education, and other necessities, a finding confirmed by other studies.<sup>1</sup> The Governor, concerned that Rhode Islanders cannot afford higher premiums, has called for a temporary moratorium on new unfunded health insurance mandates.<sup>2</sup>

**Federal rules impose a liability on states to defray the costs of new mandates.** Under the Affordable Care Act and implementing federal regulations (45 C.F.R. § 155.170), the state may be liable to defray the cost of new health insurance benefit mandates, shifting those costs directly to state taxpayers. Recent regulatory notices suggest more active oversight of state compliance with this rule.<sup>3</sup>

In this time of tight budgets, cost concerns across the economy, and rising health care costs, preserving access to coverage requires lawmakers to carefully review existing mandates and resist new or expanded mandates.

In addition, these mandates would add to the incentives for employers to move into self-funded arrangements, removing themselves from the state health insurance laws and regulations—and the premium tax—and undermine uniformity of coverage.

Respectfully submitted, **Richard Glucksman**, Senior Government Affairs Counsel

<sup>1</sup> [OHIC - Affordability Burdens -- March 2026](#) and The Hill, 3/6/2026, [Health insurance costs are cutting into pay raises, experts find](#)

<sup>2</sup> [Governor McKee letter to Office of the Health Insurance Commissioner, September 15, 2025](#)

<sup>3</sup> 90 Fed. Reg. 4424, (Jan. 15, 2025) (final 2026 NBPP) (reaffirming State obligation to defray costs of benefits mandated in addition to EHB under 45 C.F.R. § 155.170 and CMS authority to oversee compliance through Exchange standards) [2025-00640.pdf](#)