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April 13, 2026

The Honorable Senator Melissa A. Murray
Chair of the Senate Committee on Health and Human Services
82 Smith Street
Providence, RI 02903

Re: Support for Senate Bill 2034 – Accident and Sickness Insurance Policies

Dear Chair Murray and Members of the Committee:

I am writing in strong support for Senate Bill 2034, which would ensure that insurance plans would cover at least one form of Buprenorphine without copays or deductibles.

I have been in the field of integrated behavioral health and substance use disorders professionally for 4 years, and personally for over 20 years. In that time, I have worked as a toxicologist and drug researcher as well as an intake specialist. As a toxicologist, I stand at the intersection of hope and heartbreak, witnessing both the hard-earned victories of recovery and the devastating consequences of relapse in real time. With immediate and timely access to life saving medications such as Buprenorphine illicit drug use quickly decreases or is eliminated.

Too often, people become stable on Buprenorphine and re-enter the work force, which can lead to them no longer qualifying for Medicaid. They go from not having a copay or deductible to having medication costs they cannot afford. This can lead to them losing access to their medication, threatening their stability. People should not have to sacrifice their recovery to survive, nor their survival to pursue recovery. People should not be punished for taking steps forward, such as finding employment. Removing copays and deductibles from Buprenorphine is one step toward giving people the power of choice when it comes to their treatment, which leads to more engagement in treatment and better outcomes.

Many times, people will choose to go on a long-acting injectable. They make these decisions for a myriad of reasons ranging from being unhoused to being unable to compliant with medications

to simply convenience. The copay cost of Sublocade (injectable buprenorphine) can be up to \$1800 a month. The cost does not stop there as the medication must be administered by a provider. This means a person must pay a copay for the medication on top of the cost for a provider visit.

Last week this committee heard testimony to remove prior authorizations for medical assisted treatment. In my testimony I wrote “Over the past 6 months I have seen the drug supply go from large quantities of Fentanyl with small portions of adulterants such as xylazine to increased quantities of xylazine, medetomidine, nitazene and bromazolam. Xylazine is an animal tranquilizer that causes skin lesions and sores when injected, and there is no approved reversal agent for humans. Medetomidine is used as sedation for animal surgery and has no approved human reversal agent. Nitazene is an analgesic that was never approved for medical use due to its high risk of addiction and safety risks. Nitazine can be up to 1000 times more potent than morphine. Bromazolam is a synthetic benzodiazepine that causes severe sedation, amnesia and respiratory depression. According to reporting by the Executive Office of Health and Human Services of RI the presence of xylazine, medetomidine, nitazene and bromazolam has increased the complexity and lethality of non-fatal and fatal overdoses.” Supporting this bill is about removing barriers to life saving medications.

Thank you for your time and attention to this matter. I hope that you will vote to save lives by passing Senate Bill 2034. If you have any questions regarding this matter, please feel free to reach out to me at xwilkinson@hotmail.com.

Respectfully,

Xander Wilkinson, MLT(ASCP)^{CM}