

April 9, 2026

The Honorable Melissa Murray, Chair, Senate Committee on Health and Human Services

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

Re: SB 2109, an act 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 to share support for the intent of this legislation, with anticipation of amendments to ensure the scope of the prohibition is not so broad as to create financial or patient safety risks.

**Blue Cross's policies and practices related to part (a)(1):**

Blue Cross does not conduct prospective medical necessity reviews for medication containing methadone, buprenorphine, or naltrexone for the treatment of alcohol or opioid use disorders.

Blue Cross does, however, review whether methadone is being dispensed at a pharmacy for the treatment of pain, in which case further assessments are necessary. Methadone is a highly regulated drug with dual uses, and the rules when it is dispensed for pain differ substantially from when it is used to treat opioid use disorders. As a result, insurer review processes are necessary to ensure compliance with those rules and guidelines.

- *Please note, Blue Cross does not apply reviews when methadone is dispensed through federally certified and registered Opioid Treatment Programs (OTPs).*

Another type of assessment, known as concurrent review, is also critically necessary. These support patient safety by preventing misuse or overutilization, and they can identify instances where use for a particular patient is dangerous. This is based on records of drugs previously dispensed to the patient, which can help determine if the patient is exceeding recommended dosages, is at risk from drug-to-drug interactions or duplications, or for drug allergy contraindications.

- This procedure is automated and conducted at the point-of-sale. It does not create a “hard stop” preventing the patient from obtaining the drug, rather, it triggers a call to the prescriber or an opportunity for patient education.

**Blue Cross's concerns relating to part (a)(2):**

A blanket ban on utilization management of any alcohol and opioid use disorder medication—currently approved or that may be approved in the future— raises safety and cost concerns. Plans must be allowed to respond to the price and safety profile of new drugs. Drug costs are driving premiums higher and increasing patient out-of-pocket costs. Management tools can be used to reduce costs for plans and patients by facilitating access to high-quality, lower-cost, therapeutically equivalent options, particularly when the price difference is substantial.

Blue Cross recognizes the concern of the sponsor and Committee and appreciates in advance the opportunity to work together on language for this bill to provide protections for access, safety, and affordability.

We appreciate your consideration and welcome those conversations.

Respectfully submitted,

**Richard Glucksman**, Senior Government Affairs Counsel