



7 April 2026

Testimony in Support of Senate Bill 2109
An Act Relating to Insurance—Benefit Determination and Utilization Review Act

Madam Chair and Honorable Members of the Committee,

My name is Siena Napoleon, and I am a doctoral candidate in Behavioral and Social Health Sciences at the Brown University School of Public Health. My research focuses on overdose prevention and improving access to evidence-based treatment for substance use disorders, including medications for opioid use disorder. I write in strong support of Senate Bill 2109, which would remove prior authorization requirements for these medications.

Medications for opioid use disorder, like suboxone, buprenorphine, and methadone, are among the most cost-effective tools we have to reduce overdose risk and support recovery. Their efficacy is well established.¹ But their impact depends on something more fundamental: whether people can access treatment when they need it.

In opioid use disorder treatment, timing matters. People are often ready to begin treatment after an overdose, an emergency department visit, or another moment of crisis. That readiness is fragile. Even short delays can result in missed opportunities to initiate care, increasing the risk of return to use, disengagement from treatment, and overdose.

Prior authorization requirements create delays at exactly the moment when speed matters most. These requirements may appear administrative, but their consequences are clinical. When treatment is delayed, risk increases. When access is timely, lives are saved.

The research literature consistently shows that prior authorization functions as a barrier to accessing medications for opioid use disorder.²⁻⁴ Studies across Medicaid and other insurance settings have found that these requirements can delay treatment initiation and reduce treatment availability. In response, many states and health plans have moved toward reducing or eliminating prior authorization for these medications, recognizing them as essential, evidence-based care.⁵

In my own research with clinicians providing medications for opioid use disorder to adolescents and young adults, providers consistently described prior authorization as a predictable barrier to timely treatment. As one clinician explained, “Prior authorization is our biggest speed bump.” That observation



reflects a common reality in clinical practice: administrative requirements can slow the delivery of care at critical moments.

Removing prior authorization for medications for opioid use disorder through Senate Bill 2109 is a practical and evidence-informed policy step. It addresses a clear and preventable barrier to treatment and supports Rhode Island's ongoing efforts to reduce overdose deaths and improve access to care.

For these reasons, I respectfully urge you to support Senate Bill 2109.

Thank you for your consideration and for your continued leadership on this issue.

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