



March 25, 2026

Senator Megan Murray  
House Committee on Health and Human Services  
Rhode Island State House  
Providence, RI 02903

RE: S2109– Benefit Determination and Utilization Review Act

Dear Chairwoman Murray and honorable Committee members,

As the Chief Operating Officer at VICTA, and Policy Chair for the RI Association for Addiction Professionals, I am submitting this testimony in strong support of S2109. My work at VICTA, where we provide medications for opioid and alcohol use disorders, has kept me very close to the impact that this legislation would have on clients and providers across the state.

Over 6.1 million individuals in the United States meet criteria for an Opioid Use Disorder (OUD)<sup>1</sup>. Medications for the treatment of OUD (MOUD) are known to be the ‘gold standard’ of treatment. Despite the data that demonstrates that MOUD reduces not only opioid-related but all-cause mortality rates, only 20-25% of people with OUD actually receive it<sup>2</sup>. A 2020 study of prescriptions for MOUD that were filled pre- and post-prior authorization removal for Medicare plans showed an average **doubling** of access to buprenorphine.<sup>3</sup>

In the current state, Managed Care Organizations (MCO) determine which services require ‘prior authorization’, or justification from the provider as to why a certain medication is needed. Each MCO, and each line of business (Medicare, Commercial, Medicaid, Dual Medicare/Medicaid) has different policies. Some MCOs have changed their language to refer to ‘notification’ instead of authorization when someone receives medication, but the process and impact remains the same.

Existing prior authorization processes include: requirements to call the payer every six months to request a new authorization number for medications dispensed by an Opioid Treatment Provider (OTP); a varied list of approved “formulary” medications, with any deviation requiring additional demonstration of past failed use of the preferred medication(s); confusing and complicated processes that vary by payer for the authorization, purchase and delivery of long acting injections like buprenorphine and vivitrol; and at times, claims that deny even when authorization is on file.

While payers claim that drug costs are driving premium increases, the reality is that it is administrative and bureaucratic processes that are increasing costs to members, payers, and providers. A 2023 report<sup>4</sup> published by the Council for Affordable Quality Healthcare (CAQH) showed that administrative burdens, including those related to obtaining prior authorization, cost the healthcare system **\$89 billion**. In

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<sup>1</sup> <https://www.fda.gov/drugs/information-drug-class/information-about-medications-opioid-use-disorder-moud>

<sup>2</sup> Dowell D, Brown S, Gyawali S, et al. Treatment for Opioid Use Disorder: Population Estimates — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:567–574.  
DOI: <http://dx.doi.org/10.15585/mmwr.mm7325a1>

<sup>3</sup> Mark TL, Parish WJ, Zarkin GA. Association of Formulary Prior Authorization Policies With Buprenorphine-Naloxone Prescriptions and Hospital and Emergency Department Use Among Medicare Beneficiaries. JAMA Netw Open. 2020;3(4):e203132. doi:10.1001/jamanetworkopen.2020.3132

<sup>4</sup> [https://www.caqh.org/hubfs/43908627/drupal/2024-01/2023\\_CAQH\\_Index\\_Report.pdf](https://www.caqh.org/hubfs/43908627/drupal/2024-01/2023_CAQH_Index_Report.pdf)



addition to costs related to staff time spent on prior authorizations, restrictions on access to these medications lead to increased Emergency Department utilization and hospitalizations.

To be direct: **any** barrier or delay in care risks lives and increases healthcare costs. In support of RI's goal to reduce overdose deaths by 30% by 2023, I urge you to support S2109 so Rhode Islanders can access their treatments and providers can focus on delivering care.

If I may be of further assistance as you consider this legislation, please do not hesitate to contact me via email at [lpeterson@victalife.com](mailto:lpeterson@victalife.com)

Thank you,

A handwritten signature in black ink, appearing to read "Lisa Peterson". Below the signature, the text "with love, Lisa" is written in a smaller, cursive script.

Lisa Peterson, LMHC/LCDP/LCDS/MAC