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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 2109 - Benefit Determination and Utilization Review Act

Dear Chair Murray and Members of the Committee:

I am writing to request your support for Senate Bill 2109, which would prohibit prior authorization and certain utilization review barriers for medications used to treat opioid and alcohol use disorders. (Thank you, Senator Lori Urso, for introducing this legislation.)

I hold an Associates of Applied Science in Medical Laboratory Technology as well as an Associates of Art in Health and Human Services with a concentration of Substance Use Disorders. 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 toxicologist and drug researcher as well as an intake specialist. As a toxicologist, I personally see the positive and negative outcomes of clients in real time. When clients have access to life saving medications such as Buprenorphine and Methadone I watch as their toxicology test shows more negative results – meaning when they have access to this medication their use of illicit drugs goes down. Conversely, I also see when there are delays in access to medications their illicit drug use increases. As an intake specialist, I know if I am unable to have a person seen and started on Methadone or Buprenorphine the same day, I may not see that person again.

When a person comes in the door it means that they are ready to make a change. Unfortunately, if that person leaves the building without services being rendered at that time, the chances of them returning are cut drastically. Delays in access to medications result in clients feeling deflated, which can cause them to give up hope. Voting to remove the barrier of prior authorizations will allow us to give better care to clients when they are fully motivated for the

care. Faster access to medication assisted treatment will mean faster access to saving lives. If prior authorization requirements are removed, clients will have better access to life saving treatment, and they will have better treatment retention and engagement. The current systems fail our clients. The system works against them by creating delays in treatment. It also makes cumbersome work for employees. Instead of spending time nurturing relationships with our clients, we are spending hours on hold with insurance companies fighting to get permission to do our jobs. Our practice manager has spent as many as 3 hours on hold and being sent to as many as 10 different representatives only to have 1 prior authorization filed. Then we find out days later that the prior authorization needs more information, and the process begins all over again.

Personally, I have had countless numbers of people die trying to get the lifesaving medication they so desperately needed. I got into this work is because, 24 years ago, the love of my life did not have access to medical assisted treatment. As a result, he died the day he left residential treatment. I continue in this work, because I see how much needs to be done for our clients. I have been able to test samples of the ever-changing drug supply. 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 the complete opposite. I have seen increases in quantity 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. Nitazene 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. We must combat these deadly concoctions and the best way to do that is to increase access to life saving medications.

Thank you for your time and attention to this matter. I hope that you will vote to save lives by supporting Senate Bill 2109. If you have any questions regarding this matter, please feel free to reach out to me at [xwilkinson@hotmail.com](mailto:xwilkinson@hotmail.com).

Respectfully,

Xander Wilkinson, MLT(ASCP)<sup>CM</sup>