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March 26, 2026

The Honorable Melissa A. Murray, Chairwoman
Senate Committee on Health and Human Services
Senate Lounge – State House
Providence, RI 02903

RE: 2026 – S 2385 – An Act Relating to Human Services – Medical Assistance – Prescription Drugs

Dear Chairwoman Murray:

The Executive Office of Health and Human Services/Medicaid would like to share information as well as our concerns relating to **S 2385**. This bill would prohibit the use of prior authorization or step therapy for medications classified as anticonvulsants or antipsychotics for Medicaid patients, including those enrolled in managed care, from January 1, 2027, through December 31, 2029. It would also require the Medicaid program and any managed care organizations to submit a report to the Secretary of EOHHS regarding utilization and expenditures for anticonvulsants and antipsychotics from 2021 through 2029 (it is unclear whether this refers to calendar or fiscal years) and would direct the Department of Health to submit a report to the Secretary of EOHHS detailing expenditures by the state and each city and town on personnel related to mental health emergencies over the same time period. The legislation would further require EOHHS to submit these two reports to the legislature by October 1, 2029.

Rhode Island Medicaid has a robust process for determining utilization management processes for drugs, through the Pharmacy & Therapeutics Committee composed of practicing pharmacists, physicians, faculty members from the University of Rhode Island's College of Pharmacy, and consumer representatives. As part of this committee's work, members have discussed the question of whether to remove prior authorization for drugs of this type. The committee has strongly recommended retaining prior authorization for these drugs. Key concerns include varying prescriber skill and knowledge levels, the risk of potential drug interactions and the need to ensure safe duration of use and appropriate dosing. These issues are relevant in cases of patients who had success with a particular non-preferred drug or had not responded to a preferred drug in the same class.

In addition, a temporary program change within Medicaid is not recommended, since this would introduce significant costs and administrative burden associated with both initiating and subsequently winding down the changes. Medicaid does not recommend testing this approach to pharmacy utilization management within the Medicaid program. The legislation also requires the submission of data reports regarding the program's outcomes prior to the program's sunset date.

Medicaid is committed to ensuring access to needed services, including anticonvulsants and antipsychotics, as well as non-preferred drugs in these classes when clinically appropriate. The state's prior authorization process currently allows Medicaid to respond to requests very promptly. For that reason, this bill is unlikely to increase access to these drugs. Furthermore, this legislation, if passed, may unintentionally introduce additional safety risks for beneficiaries.

Here at Medicaid, we welcome further discussion regarding **S 2385**, and staff are available to assist with any questions or concerns.

Sincerely,

Kristin Pono Sousa
Medicaid Program Director, Executive Office of Health and Human Services

Cc: Honorable Members of the Senate Committee on Health and Human Services
Honorable Jacob Bissaillon
Kristin Silvia, Deputy Chief of Staff and Director of Legislation