

Support for Senate Bill 2467 Prohibiting Prior Authorization
3/24/2026

Dear Chairwomen Donovan and Health and Human Services Committee Members

I am a Child and Adolescent psychiatrist living and practicing in Rhode Island for almost 36 years, writing this in support of Senate Bill 2467 a bill that would prohibit health insurers from requiring preauthorization for in network mental health or substance use disorder services. If enacted, I believe this bill can help to improve psychiatric and general medical health care in our state. This bill can do so by removing significant barriers to treatment by avoiding delays, reducing administrative and cost burdens to clinicians, encouraging clinician/patient collaboration and freeing up clinician time to be with patients. It can also give psychiatric caregivers more flexibility to use their best clinical judgement rather than trying to conform to the dictates of an insurance company.

In an AMA physician survey administered in December 2024 relating to prior authorizations, 31% of physicians surveyed reported that PAs (prior authorizations) are rarely, if ever based on evidence. 93% reported delays in care, and 77% reported ineffective initial treatment (e.g. due to step therapy requirements).

According to the *Administrative Simplification Task Force Report to the Rhode Island Health Insurance Commissioner February 13, 2023*, Payers view prior authorization as a "utilization management tool to promote evidence-based care, reduce wasteful spending, and promote patient safety and affordability for health care purchasers." However, providers view prior authorization as "causing increased administrative burden, increased operating costs, and potentially jeopardizing patient safety. Providers have identified prior authorization as a contributor to clinician burnout." It also indicated that patient experience of care "can be materially and adversely impacted when the application of prior authorization creates real, or perceived, barriers and delays in accessing care."

Prior authorizations for insurance preferred medications, do not ensure improvement in care, safety or health. A prior authorization often requires "step" treatment in which patients are required to fail 1 or even 2 of an insurance company's preferred medications before a medicine not on the insurance formulary can be tried. This can be cruel and even dangerous if a patient has to endure weeks or more of further symptoms waiting for their physician's recommended medicine. This requirement typically dismisses the clinical judgement of their own physician, who can individualize treatment decisions, consider potential side effects, family history, the likelihood of better patient compliance, or other subtle determinants of medical care. In my experience the prior authorization process has at times been adversarial and encourages a "one size fits all" approach to treatment rather than addressing unique patient needs. The prior authorization also takes valuable time away from direct patient care and interferes with the patient/doctor relationship which can impair a patient's trust in that relationship and consequently, patient's outcomes. I believe the prior authorization process is burdensome, unnecessary, and costly to providers as well as to insurance companies.

OHIC's *Report Pursuant to House Resolution 6524* (March 1, 2024) recommended "To reduce barriers in access to care and alleviate administrative burden facing providers, OHIC strongly recommends that other commercial health insurers align with BCBSRI's policy to discontinue utilization review for behavioral health care services." I agree and strongly support this

legislation that prohibits insurance companies from requiring providers to obtain prior authorizations for in network behavioral health and medical treatment.

I would like to thank: Senators Ujifusa, Ciccone, Tikoian, de la Cruz, DiMario, Kallman, Mack, Lauria, Valverde, and Murray for introducing this legislation and the committee members for considering it.

Sincerely,

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