



March 24, 2026

Senator Melissa Murray  
Chair, Senate Health and Human Services Committee  
82 Smith Street  
Providence, RI 02903

**Re: Support for S2467**

Dear Chair Murray and Honorable Committee Members,

As Chief Operating Officer at VICTA and Policy Chair for the RI Association for Addiction Professionals, I am writing in strong support of S2467 which would prohibit health insurance companies from requiring Prior Authorization for in-network mental health and substance use treatment services. This legislation will support increased access for individuals seeking services by eliminating wait times and will support our overtaxed behavioral healthcare system, which has been strained to the point of near collapse due to the combined surge in demand and bureaucratic processes within the Managed Care Organizations (MCOs).

While MCOs and their lobbyists claim that the goal of Prior Authorizations is to reduce healthcare costs, the reality is that it drives increased costs across the healthcare system<sup>1</sup>. Multiple studies have demonstrated that eliminating Prior Authorizations increases engagement, reduces overdose rates, and reduces Emergency Department utilization<sup>2</sup>.

This morning, I spent approximately 45 minutes on the phone with Optum to receive an authorization number to provide medication assisted treatment for Opioid Use Disorder (MOUD). Each call takes at least 15 minutes to get to the appropriate representative, who can then only approve three (3) requests per call. Some members have a “dedicated team” who handle these approvals, requiring a separate phone call.

We are currently required to repeat this process every six months for all Commercial and Medicare members. Optum does not call this “prior authorization” but refers to it as a “notification” though the process is the same in practice. During these calls, Optum representatives do not gather any medical information, they simply take member and provider information and fill out a form that generates a magic number that must be included on claims for the service to be reimbursed. Even when this number is obtained and included, the claim frequently denies with a reason code “Precertification/authorization/notification absent”. At that

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<sup>1</sup> <https://www.ama-assn.org/practice-management/prior-authorization/prior-authorization-delays-care-and-increases-health-care>

<sup>2</sup> Murphy, J., Beauchamp, N., Sun, K. J., Lau, B. D., Wilson, R. F., Lobner, K., Conway, S. J., Hill, P. M., & Johnson, P. T. (2026). Adverse effects of health plan prior authorization on clinical effectiveness and patient outcomes: A systematic review. *The American Journal of Medicine*, 139(1). <https://doi.org/10.1016/j.amjmed.2025.08.018>



time, we must file an appeal proving that we had the magic number for the service and wait for them to agree that it was denied in error. The health plan is unable to tell us why this continues to occur intermittently (but not rarely).

Rhode Island is in a prolonged and ongoing overdose epidemic, and decades of evidence support MOUD as the gold standard for saving lives. It is critical that we pass legislation such as S2467 to protect providers and individuals from all semantic variations on Prior Authorization requirements imposed by health insurers. Please support this bill so we can focus on delivering lifesaving care.

If I can be of any further assistance as you consider this important legislation, please contact me via email: [lpeterson@victalife.com](mailto:lpeterson@victalife.com)

Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to be 'Lisa Peterson', with a long horizontal flourish extending to the right.

Lisa Peterson, LMHC/LCDP/LCDS/MAC