



Senate Health & Human Services Committee Testimony in Support of Senate Bill 2468

TO: Sen. Melissa A. Murray, Chair,
Sen. Pamela J. Lauria, Vice Chair,
Sen. Lori Urso, Secretary,
& Members of the Senate Health & Human Services Committee

FROM: American Cancer Society Cancer Action Network (ACS CAN)

DATE: April 16, 2026

RE: Support for Senate Bill 2468

The American Cancer Society Cancer Action network (ACS CAN) is the non-partisan, non-profit advocacy affiliate of the American Cancer Society. We advocate for evidence-based public policies to reduce the cancer burden for everyone.

On behalf of ACS CAN, I would like to thank the Committee for the opportunity to provide testimony in support of Senate Bill 2468, which reforms step therapy protocols here in Rhode Island to provide a balance between protecting patients from adverse outcomes and allowing for the use of step therapy to control costs.

Scientific breakthroughs mean that, in many cases, a cancer diagnosis can now be managed and treated. Patients need the ability to quickly assess their condition with their doctors and find the best course of treatment for their individual medical needs. However, step therapy is a tool that insurers use to limit how much they spend covering patients' medications. Under a step therapy protocol, a patient must try one or more drugs chosen by their insurer—usually based on financial, not medical, considerations—before coverage is granted for the drug prescribed by the patient's health care provider.

Patients may be required to try one or more alternative prescription drugs that are of lower cost to the insurer but may not be the best therapy for some patients. This is particularly concerning, given that the provider prescribing the medication is best equipped with the patient knowledge to determine an adequate treatment plan, based on a patients' medical history and success, or lack thereof, on certain prescription drugs. Drug prescription decisions should be based on clinical guidelines, not financial benefits.

Additionally, delays in access to the best treatment available, that could be experienced as a result of patients having to go through a step therapy protocol, may pose significant risk to the treatment of disease. Step therapy can undermine physicians' ability to effectively treat patients, can lower quality of care, and lead to setbacks and disease progression for patients. There are

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studies that show these delays may result in progression of a chronic diseaseⁱ, lower rates of medication adherence^{ii,iii}, and increased rates of adverse side effects and outcomes^{iv}.

ACS CAN supports Senate Bill 2468 which protects patients by ensuring that they are on the right treatment program for their medical situation. It establishes a basic framework for when it is medically appropriate to exempt patients from step therapy and implements step therapy programs based on clinical guidelines developed by independent experts.

The step therapy reforms that this bill calls for would ensure that patients in a medical emergency get a response back from their insurer within 24 hours and for non-emergency situations, get a response back within 72 hours. These are reasonable timelines that are not problematic in the states that have adopted model step therapy legislation. This is also the timeline that Medicare plans require, so many insurers will already be accustomed to this practice. It's important to emphasize that this bill would not prohibit insurers from using step therapy. It instead seeks to balance cost containment with patient needs.

We urge the Committee to pass Senate Bill 2468 to allow step therapy to continue while simultaneously minimizing adverse health outcomes.

Please feel free to contact ACS CAN's Rhode Island Government Relations Director, Ryan Timothy Strik, at ryan.strik@cancer.org or at (401) 259-1052 for any additional questions or information.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read "Ryan Strik".

Ryan Timothy Strik

Rhode Island Government Relations Director,
ACS CAN

ⁱ Crohn's & Colitis Foundation. National survey of 2,602 respondents. December 2016

ⁱⁱ Boytsov N, Zhang X, Evans KA, Johnson BH. Impact of plan-level access restrictions on effectiveness of biologics among patients with rheumatoid or psoriatic arthritis. *Pharmacoeconomics Open*. 2020;4(1):105-117.

ⁱⁱⁱ Mark TL, Gibson TB, McGuigan KA. The effects of antihypertensive step-therapy protocols on pharmaceutical and medical utilization and expenditures. *American Journal of Managed Care*. 2009;15:123-131

^{iv} Crohn's & Colitis Foundation. National survey of 2,602 respondents. December 2016.