

April 15, 2026

The Honorable Melissa A. Murray, Chair  
Senate Health and Human Services Committee  
Rhode Island State House  
82 Smith Street  
Providence, RI 02903  
Delivered via email

**RE: Opposition to Senate Bill 2468 – An Act Relating to Insurance — Benefit Determination and Utilization Review**

Dear Senator Murray and Members of the Committee:

On behalf of Harvard Pilgrim, a Point32Health company, which provides health insurance for thousand of Rhode Island residents, I am writing to express our opposition to **Senate Bill 2468**. While we share the goal of ensuring patients receive timely and effective medical care, the restrictions this legislation places on step therapy protocols will drive up health care costs for Rhode Island employers and their employees without necessarily improving clinical outcomes.

As the state grapples with rising premiums, the primary concern for the employers we serve is affordability. One of the fastest growing areas of healthcare spending remains pharmaceutical spending. Step therapy is a critical tool that allows us to manage these costs by ensuring that clinically effective, lower-cost treatments are utilized before moving to more expensive, branded medications. By severely limiting this practice, S2468 removes a key mechanism for controlling the double-digit healthcare inflation that threatens the viability of small and large businesses across our state.

Our specific concerns regarding the bill include:

**Impact on Premium Affordability:** The mandate to grant exceptions within 24–72 hours and the restriction that a patient cannot be required to "fail" more than one drug will lead to a rapid shift toward high-cost specialty medications. For many Rhode Island employers, these increased pharmacy costs will necessitate higher premiums or reduced benefits, ultimately making it harder for them to provide quality coverage to their workforce.

**Arbitrary 30-Day Limit:** Section (6) of the bill mandates that no step therapy protocol can last longer than 30 days. This "one-size-fits-all" timeline ignores clinical realities. Many chronic conditions require longer than 30 days to determine if a medication is truly effective. Forcing a shift to a new, likely more expensive drug prematurely is not sound clinical practice and leads to wasteful spending.

**Administrative Complexity and Costs:** The requirement that exception reviews be conducted only by healthcare professionals with expertise in the specific medical condition (Section (3)) creates a significant and costly administrative burden. In a small state like Rhode Island, finding available specialists to conduct every routine utilization review will delay decisions and increase the operational overhead that is eventually passed on to the consumer.

At a time when Rhode Island families and businesses are already feeling the strain of increased costs, S2468 risks making health insurance even less accessible. We urge the Committee to consider the financial impact this bill will have on the employer-based market and respectfully ask for an unfavorable report on S 2468.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Marttgnetti", is centered within a light gray rectangular box.

Adam Marttgnetti  
Vice President, State Government Affairs