

April 7, 2026

The Honorable Melissa Murray, Chair, Senate Committee on Health and Human Services
Via email to: SLegislation@rilegislature.gov

Opposition to: Senate Bill 2863, relating to insurance

Dear Chairwoman Murray and Members of the Committee:

On behalf of Blue Cross & Blue Shield of Rhode Island (Blue Cross), I am writing to share concerns with this legislation mandating health plans pay for dispensing 365 days of hormone replacement medications at one time.

Blue Cross covers a broad range of these drugs and, while we share your interest in securing access to medications, mandates like this one drive up the cost of healthcare coverage. The cost of healthcare has skyrocketed in recent years and we cannot support additional mandates.

Access concerns can be addressed without costly consequences. Patients today can obtain extended supplies, including 90-day fills, through retail, mail-order, or home-delivery pharmacies, and providers can direct longer fills when clinically appropriate. These options preserve access and continuity of care while avoiding unnecessary waste and cost increases.

Yearlong dispensing frontloads drug spending without evidence that it improves outcomes compared to clinically appropriate, phased refills. Patients receiving hormone therapies may experience dose changes or discontinuation over time, and facilitating full year dispensing increases the likelihood of unused medication. That waste drives higher costs without improving patient care, particularly for higher cost drugs; for example, oral progesterone 200 mg can approach approximately \$14,000 per year. We also note the environmental impact of unused medications, which can enter waste streams or water systems when disposed of improperly. Furthermore, there is a current shortage of transdermal estrogen. Adding this extended supply could inadvertently exacerbate this shortage and make it more difficult for patients to access the medications they need.

Coverage for these hormone replacement therapies differs from contraceptives, the only medication with “365 days dispensing” coverage. Contraceptives are included on the Affordable Care Act’s preventive services list and therefore are provided without cost sharing. By contrast, a mandated 365-day supply of hormone replacement therapy would **trigger twelve months of member cost sharing** at once, potentially creating new affordability challenges for patients.

Finally, this sets a problematic precedent impacting the cost of health insurance. Some members do not remain enrolled in a health plan for a full year. Requiring health plans to pay for a full year of medication while not being assured of premiums for that full period changes the actuarial impact. As a result, more costs will be loaded into premiums.

We welcome the opportunity to work with the sponsor and advocates on approaches that support patient access while preserving affordability and flexibility. Thank you for your consideration and for your continued commitment to the health of Rhode Islanders.

Respectfully submitted,

Richard Glucksman, Senior Government Affairs Counsel Blue Cross & Blue Shield of Rhode Island