

April 9, 2026

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

Opposition to: Senate Bill 2890, 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 forcing health insurers to cover all types of treatment for menopause.

Blue Cross covers a wide range of menopause treatment options, including at least one choice in each modality, including oral drugs, devices, and transdermal patches, sprays and gels. While we share the sponsors' interest in securing access to a range of medication options, mandates such as this one drive up the cost of healthcare coverage. The cost of healthcare has skyrocketed in recent years, and we cannot support additional mandates.

Reading parts (a) and (b) together, this proposal imposes a requirement for insurers to pay for any menopause treatment recommended by any practitioner licensed in Rhode Island, so long as the treatment is supported in a scientific study and approved by the FDA. This mandate risks forcing health plans to pay for any drug brought to market for menopause treatments. Limiting insurers' ability to design evidence-based, affordable coverage increases health insurance costs for employers and individuals. These concerns increase when considering other current legislative proposals, such as those to mandate coverage for a full year of menopause medications dispensed at once (SB 2863), to limit prescription reviews (SB 2468), and to strengthen drug-makers "coupon" marketing schemes (SB 2253, passed by the Senate).

Drug manufacturers bring new drugs to market at high prices, and some with significant safety concerns. Two new medications to treat menopausal vasomotor symptoms (also known as hot flashes) illustrate these concerns:

Veozah from Astella pharmaceutical comes with the FDA's strongest "black box" warning due to its safety concerns. Bayer released Lynkuet, and while it does not have the same safety warning, both drugs have side-effect risks presenting a danger for women with liver conditions, end-stage renal disease, or a history of seizures, conditions which might not be known if the prescriber is not their primary care provider or specialists for those conditions. Of critical concern given the cost of healthcare, each treatment costs over \$7,000 annually.¹

We welcome the opportunity to work with the sponsor and advocates on approaches that ensure a woman's access to a comprehensive array of menopause treatment while preserving safety and affordability.

Thank you for your consideration.

Respectfully submitted,
Richard Glucksman, Senior Government Affairs Counsel

¹ [BCBSRI policy on Veozah and Lynkuet](#)