

Rhode Island House Bill 7628  
Kate Tokarski, Hopkinton, RI Resident  
In Favor

Good evening,

My name is Kate Tokarski, and I am a resident of Hopkinton. My daughter Grace, who is 19, has lived with chronic pain for the last 9 years due to an autoimmune disorder coupled with a connective tissue disorder.

I'm here to testify in support of House Bill 7628 with a recommendation to amend the language and share with you how living with chronic pain, when opioids are not an option, can affect someone's life. Grace has had a very long and frustrating road! She has been on every NSAID there is, and has been on several biologic medications, but sadly, none were able to control her pain. About 3 years ago she developed antibodies to her infusion medication rendering her, unable to take any of the TNF inhibitors that so many find success with. We then tried another biologic which left her with a drug induced Lupus and she now lives with 30% of her kidneys damaged by tubular nephritis.

But not only is it the unmanaged pain, it is the unforeseen effects that living with chronic pain has on her life.

Her unmanaged pain has caused her to experience, increased absences from school, difficulties connecting with her peer group, she had to give up horseback riding and running track.

She has been discriminated against at work and at school.

In the middle of her junior year of High School, after more absences had accumulated because of the pain resulting from being unmedicated for 6 weeks due to insurance delays, and the incredible out of pocket expense (\$2800/month). While we waited for insurance to decide if helping to manage her pain was worth their money, Grace received a truancy violation notice from her school. This is the second time this had happened over the course of 2 years.

This time though, because the school district she was in didn't have truancy court; my

daughter, just 16 at the time, had to go before a family court social worker where she had her Miranda rights read to her and was told if she didn't sign, she would have to go before a judge and therefore may end up with a criminal record.

A criminal record.

For having 2 rare diseases causing daily pain that is beyond her control. Those of you who are sitting in front of us tonight have a real opportunity to be champions for people like my daughter Grace. And this Bill teases at the systemic changes we need.

**While I am in support of this bill,** I urge this Committee to strengthen the bill by explicitly addressing how pharmacy benefit managers and step therapy protocols could undermine its intent. The bill's requirement that insurers provide adequate coverage of nonopioid medications, and nonmedication pain management services directly addresses a fundamental problem in our current system.

However, my concern centers on implementation. Without explicit language addressing PBM practices and step therapy requirements, insurers could technically comply with H7628 while still creating significant access barriers. A patient's physician might prescribe physical therapy, acupuncture, or nonopioid medications, only to have a PBM impose prior authorization delays or require the patient to fail on an opioid first through step therapy protocols. This would defeat the entire purpose of the legislation.

I recommend amending Section 27-41-101(b) to require the Commissioner to specifically evaluate whether pain management plans impose prior authorization, step therapy, or other utilization management techniques that create greater barriers to nonopioid treatments than to opioid prescriptions. The bill should explicitly prohibit such preferential barriers.

The January 1, 2027 effective date provides adequate time to develop these protections. I strongly support H7628's goals but I urge you to strengthen it by ensuring that administrative barriers do not undermine the expanded access this legislation promises.

Thank you