

March 18, 2025

The Honorable Susan Donovan, Chair, House Committee on Health and Human Services
Via email to: HouseHealthandHumanServices@rilegislature.gov

Re: House Bills 5432 and 6061, relating to insurance (behavioral health)

Dear Chairwoman Donovan and Members of the Committee:

On behalf of Blue Cross & Blue Shield of Rhode Island (Blue Cross), I am writing to share information and express concern about these proposals relating health plans' determinations to cover behavioral health services, both in general (HB 6061) and for an individual (HB 5432). Blue Cross shares the sponsor's and advocates' commitment to accessible, high-quality, affordable behavioral healthcare services.

Relating to HB 5432, in 2018, Blue Cross took the industry-leading position to eliminate utilization review requirements for behavioral health services. Blue Cross does not apply prior authorizations to network behavioral health services.

That said, prohibiting plans from conducting reviews is problematic. Mandating no review for a specific service or condition creates a difficult legislative policy dilemma. Clinical reviews can be an important tool for safety and cost considerations. With an outright prohibition, the Assembly will be pushed to erode these safety and cost control provisions for other conditions or services.

Relating to HB 6061, Blue Cross makes decisions about which services to cover based on review of nationally respected evidence-based assessments, including the Centers for Medicare and Medicaid (CMS), and American Society of Addiction Medicine guidelines. Furthermore, Blue Cross has been increasing its network of practitioners and collaborating with providers locally and nationally to develop new programs.¹

That said, imposing an overly broad definition of the criteria plans must use to determine what treatments to cover is problematic. State and federal rules and oversight guide the sources and standards plans use for determining benefits and reviewing care. New updates to federal mental health parity rules require plans to cover core treatments for behavioral health conditions. Plans should be allowed to incorporate the latest clinical research and structure coverage in accordance with that federal framework without the potential for conflicts with state requirements. Adding this obligation to the prohibition on prior authorization becomes especially concerning.

Blue Cross recognizes the concern of the sponsors and advocates and welcomes conversations on improving access to appropriate therapies. Please feel free to contact me with any questions.

Sincerely,



Richard Glucksman,
Assistant General Counsel

¹ Examples attached: Resource Guide for BCBSRI Youth and Adult Members brochures; RI Current, [How providers and payers are collaborating to improve behavioral health care](#); BCBSRI newsroom [RI Youth are in Crisis – We Must Act Now & Together](#)