

March 31, 2025



The Honorable Susan Donovan
The Honorable Joshua Giraldo
Members, House Health and Human Services Committee
House Lounge - State House
82 Smith St.
Providence, RI 02903

Via email: HouseHealthandHumanServices@rilegislature.gov

RE: H 5024 AN ACT RELATING TO INSURANCE -- BENEFIT DETERMINATION AND UTILIZATION REVIEW ACT {LC318/1} (Prohibits health benefit plans reviewing prescriptions for opioid addiction treatment.): Opposed

Dear Chair Donovan, Chair Giraldo, and Members of the Committee:

Thank you for the opportunity to comment on H 5024. I represent Prime Therapeutics (Prime), a pharmacy benefit manager (PBM) owned by 19 not-for-profit Blue Cross and Blue Shield Insurers, subsidiaries, or affiliates of those Insurers, including Blue Cross & Blue Shield of Rhode Island. H 5024 bans tools used for early intervention which will increase the rates of substance use disorder in Rhode Island. For this reason, Prime opposes H 5024.

Prime helps people get the medicine they need to feel better and live well by managing pharmacy benefits for health plans, employers, and government programs including Medicare and Medicaid. Our company manages pharmacy claims for more than 30 million people nationally and offers clinical services for people with complex medical conditions. Our business model relies on transparency and advocating for simpler, lowest-net-cost pricing for drugs. Importantly, Prime is focused on purpose beyond profits. We are not publicly traded or owned by a private equity firm. As such, it is not our primary motivation to maximize profits; our primary motivation is to do the right thing.

Opioid Epidemic

The ongoing opioid epidemic has devastated communities across the United States. The Centers for Disease Control (CDC) found that drug overdose deaths in 2021 were six times higher than those in 1999 and over 71% of the "nearly 107,000 overdose deaths in 2021 involved an opioid".¹

The Rhode Island Department of Health (RIDOH) reports 358 fatal opioid related overdoses in 2022 with 29% of those fatalities attributed to combined illicit opioid abuse and prescription opioid abuse.²

1

Centers for Disease Control. *Understanding the Opioid Overdose Epidemic*. Website accessed April 4, 2024. <https://www.cdc.gov/opioids/basics/epidemic.html#:~:text=The%20number%20of%20people%20who,in%202021%20involved%20an%20opioid>

2

RIDOH. *Statewide Count and Percent of Opioid Involved Fatal Overdose by Drug Type and Year*. Website accessed April 4, 2024. https://ridoh-overdose-surveillance-rihealth.hub.arcgis.com/datasets/1c95f7775c39491e431a16fc4b8e40_0/explode

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The Best Treatment for Substance Use Disorder is Prevention

The best way to treat substance use disorder is to prevent the formation of addiction. To do this, it is essential to have stakeholders from across the healthcare industry work to combat addiction.

Health Plans & PBMs play a key role in preventing addiction through embracing programs aimed at early detection of substance use disorders and early intervention. AHIP championed one such example of how Health Plans & PBMs help to prevent substance use disorder prevention, early intervention, and treatment and recovery with the STOP Playbook.

STOP Playbook: How Health Plans Are Tackling the Opioid Crisis

AHIP's Safe, Transparent Opioid Prescribing (STOP) Initiative steps³ impacted by H 5024:

- Encouraging proven ways to manage pain, such as nonopioid medications and nonpharmacological approaches.
 - For patients who receive large amounts of narcotic medication, treatment plans may include drugs used to treat substance use disorder.
 - Health Plan protocols may include reasonable medical management techniques, such as step therapy, prior authorization, and quantity limits consistent with industry best practices.
- Promoting the CDC opioid prescribing recommendations including non-opioid pain care, cautious opioid prescribing, and careful patient monitoring.
 - In 2016, the CDC released their Guideline for Prescribing Opioids for Chronic Pain.⁴ Health Plans & PBMs strongly support these recommendations and promote them across provider networks.
 - PBMs also engage patients to provide support programs, such as substance use disorder coaching and pharmacy home programs to coordinate care and medication access, which often rely on prospective or concurrent review of claims.
- Leveraging medical management tools, such as step therapy and prior authorization, to ensure patients receive access to safe, effective care at an affordable cost.
 - Studies have shown that medical management techniques can be successful in curbing opioid misuse. A study from the American Journal of Managed Care⁵ which compared rates of opioid abuse and overdose concluded that enrollees within Medicaid plans that utilize PA policies have lower rates of abuse and overdose following initiation of opioid medication treatment.

Methadone and Buprenorphine have Potential for Misuse and Abuse

Methadone is a synthetic opioid and schedule II narcotic that may be used for pain management treatment and substance use disorder. The Department of Justice (DOJ) has issued an advisory stating that this narcotic poses a risk of abuse.⁶

Buprenorphine is a schedule III narcotic. The DOJ has issued an advisory stating that this narcotic poses a risk of abuse.⁷

³ AHIP. March 2019. *STOP Playbook: How Health Plans are Tackling the Opioid Crisis*. https://ahiporg-production.s3.amazonaws.com/documents/AHIP_STOPPlaybook_2019.pdf

⁴ CDC. *Guidelines for Prescribing Opioids for Chronic Pain*. https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-508.pdf

⁵ AJMC. May 2017. *Medicaid Prior Authorization and Opioid Medication Abuse and Overdose*. <https://www.ajmc.com/view/medicaid-prior-authorization-and-opioid-medication-abuse-and-overdose>

⁶ Department of Justice. September 2003. *Methadone Fast Facts*. <https://www.justice.gov/archive/ndic/pubs6/6096/index.htm>

⁷ DOJ. September 2004. *Intelligence Bulletin: Buprenorphine: Potential for Abuse*. <https://www.justice.gov/archive/ndic/pubs10/10123/index.htm>

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H 5024 Bans Patient Safety Tools

H 5024 bans prospective and concurrent claim review for drugs used to manage substance use disorder. This ban impacts the tools that PBMs use to detect early signs of addiction, early intervention programs, the use of prior authorization for Methadone, a schedule II narcotic, and Buprenorphine, a Schedule III narcotic. Banning these tools will increase the rates of substance use disorder in Rhode Island for this reason, Prime opposes H 5024.

I urge the committee to vote no on H 5024. I welcome the opportunity to further discuss these concerns and work towards evidence-based solutions to help people get the medicine they need to feel better and live well. Thank you for your time and consideration.

Respectfully,



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Government Affairs Principal

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