Representative Susan Donovan, Chair
RI House Health and Human Services Committee

RE: H5119

Dear Chairwoman Donovan and Honorable Committee members,

I am writing to you in strong support of H5119, which would provide exceptions to health insurers' "step therapy" requirements. In my role as Chief Operating Officer at VICTA, an integrated substance use, mental health, and medical facility, I have been a witness to the harms that requirements such as these can cause to our most vulnerable community members.

Our prescribers at VICTA are highly trained and experienced professionals who specialize in the treatment of substance use and/or mental health disorders. While they are mindful of costs (both to third-party payers and to the individual), they are also the most qualified to determine when a specific medication is indicated for their patient. When a medication is ordered, particularly to initiate a treatment, there is urgency to the request. Timeliness of accessing *effective* medication for opioid use disorder, for example, can mean the difference between someone taking an evidence-based, life-saving drug or opting for an unregulated, often toxic supply to manage their symptoms.

Too often, the people making critical decisions about access to healthcare do not have the knowledge or experience to understand what the contraindications of their requirements may be. Last year, we were advised that an individual for whom we ordered Sublocade (a long-acting injectable version of buprenorphine) would need to 'fail' with naltrexone. The person was already on oral buprenorphine, and naltrexone is known to block the effectiveness of this medication.

Another concerning impact of having rigid requirements for medication is the availability of any given formula or dosage on the date the individual needs to fill or refill their prescription. You may be aware that the US has been facing a nationwide shortage of stimulant medications. Restrictions on production of drugs like Adderall led to delays/gaps in treatment, recurrence of symptoms, and undue administrative burden on prescribers and support staff. When the preferred or 'formulary' medication is not available at any local pharmacy, providers need to prescribe alternatives without jumping through additional hoops.

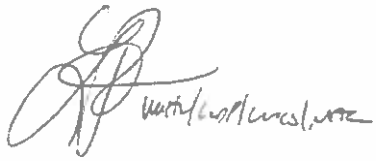
While these are two specific examples of the harms caused both to patients and providers by external regulation of prescriptions, it is critical that we also look at the big picture and our own history. The opioid overdose crisis was driven not solely by the misdeeds of drug manufacturers but also by the collective reaction that resulted in abrupt cessation of medications for people taking prescription opioids. Knee-jerk regulatory interventions threatened prescribers' licenses (and in some cases, freedom) if they were deemed to be 'overprescribing'. Shutting off the supply of regulated medications drove many patients to purchase these pills on the streets, from a friend, or online without knowing exactly what they were taking. In turn, when these became too expensive, people sought out cheaper alternatives including heroin and now fentanyl.

What we are witnessing with the stimulant supply is a near-mirror image of the creation of the current overdose crisis. When people cannot fill their prescriptions, they purchase pills of unknown origin and makeup, or they use other stimulants like cocaine and methamphetamine. The "fourth wave" of the overdose endemic is being driven by stimulants that are unexpectedly contaminated with fentanyl, xylazine, nitazines, and other chemicals. People seeking or using stimulants often do not have a tolerance for opioids, nor have they been routinely encouraged to carry naloxone (Narcan).

This may seem hyperbolic, but the harsh reality is that many people who cannot access the medication that is most effective for their individual treatment ***will*** find and use alternatives to help themselves feel better. Every barrier enacted by bureaucracy and every decision taken out of the providers' hands is a risk to the health, wellbeing and even life of our loved ones.

As always, I am available for and happy to answer any questions or speak further. In the interim, I respectfully urge the Committee to vote in favor of H5119 and let the medical experts make the medical decisions.

Sincerely,



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