

April 1, 2025

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

Re: House Bills:

5024, relating to insurance (review of treatments for substance use disorder)

5119, relating to insurance (step therapy)

5623, relating to insurance (review of treatment for rehabilitative care)

5862, relating to insurance (justification for utilization review decisions)

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, express concerns, and offer suggestions about these proposals, all generally relating to health plans' review prior to payment.

Blue Cross listened to the Assembly, primary care practitioners and patients, resulting in our announcement to eliminate nearly **65%** of prior authorization requirements for medical services ordered by primary care providers in 2025.¹ This reduction was based on a detailed analysis of high-volume services and will provide real, noticeable relief.

The Office of the Health Insurance Commissioner (OHIC) recently issued new regulations related to the issues raised by these bills.²

- It requires insurers to reduce prior authorization, measured across all practice types, by 20%, compared to levels from 2023. This too will provide real, noticeable, relief.
- It creates a standing committee with representation from plans and providers with experience and expertise, to analyze data and make recommendations to improve the utilization review process applicable to services and drugs.

These actions reflect a balance. They reduce administrative burdens on providers while preserving a process that promotes evidence-based care, reduces wasteful spending, and enhances patient safety. Individuals and employers paying premiums – your constituents and communities – value being assured they are paying for the right care, at the right time, in the right place.

Recognizing this complexity, the Committee might consider these bills in conjunction with the proposal directing OHIC to study the application of prior authorization to medications (House Bill 5433, heard March 6). As noted above, OHIC has the expertise and authority as a convenor to create the opportunity for constructive conversations among payers, providers, and patient advocates. OHIC is well positioned to air the issues, take appropriate action, and report to the Assembly.

¹ [BCBSRI to reduce prior authorization for primary care | Blue Cross Blue Shield of Rhode Island](#)

² [OHIC Regulation 230-RICR 20-30-4, explanation and rule issued February 13, 2025](#)

An amendment to HB 5433 might be considered to explicitly include the concerns raised in HB 5119, regarding the practice of step therapy and HB 5862, regarding justification for utilization review decisions:

At page 5, lines 1-2, change the proposed phrase (in blue) to add the text in green "and a report that focuses on prescription drug prior authorizations and step therapy, including justification for decisions, by ~~January~~ March 1, 2025."

Additional bill-specific concerns include:

HB 5024, relating to review of treatments for substance use disorders. Blue Cross does not apply clinical reviews for the medicines for the treatment of alcohol or opioid use disorder. Removing utilization reviews is one of the many steps Blue Cross has already taken to facilitate access to treatment for substance use disorders, after careful consideration of the safety and cost of various pharmaceutical options based on current knowledge.

That said, statutorily prohibiting plans from conducting reviews is problematic. The use of the term "or" among the three elements compounds the concern (line 13).

- Prior authorization is applied when methadone is prescribed for pain, due to safety reasons as part of the long-acting opioid program.
- The Assembly should allow plans to adapt to changes in medical knowledge. Prior authorization is an important safety tool. It can be used to ensure that the drugs a patient receives are supported by current, credible medical evidence. These review programs may also prevent misuse or overutilization and identify instances where use for a particular patient is dangerous due to other factors.
- The Assembly should allow plans to adapt to changes in drug prices. Drug costs are driving premiums higher, resulting in significant patient expenditures. Management tools can be used to reduce costs for plans and patients by facilitating access to high quality, lower cost, equally efficient options.

Mandating no review (HB 5024) or limiting reviews (HB 5623) for a specific service or condition creates a difficult legislative dilemma. With each successive effort, the Assembly will be pushed to erode these safety and cost control provisions for other conditions or services. Across the landscape of medications and services, clinical review is an important tool for safety and cost considerations.

Blue Cross is committed to working with the Committee, patient advocates, the Rhode Island Medical Society and other providers, to continue to reduce administrative burdens and streamline these review processes.

Blue Cross recognizes the concern of the sponsors and advocates. We appreciate your consideration and welcome these conversations.

Sincerely,



Richard Glucksman,
Assistant General Counsel