

April 26, 2021

Honorable Senator Joshua Miller  
Chair, Senate Committee on Health and Human Services  
Rhode Island State Capitol  
Providence, RI

**RE: Senate Bill 647 – Support**

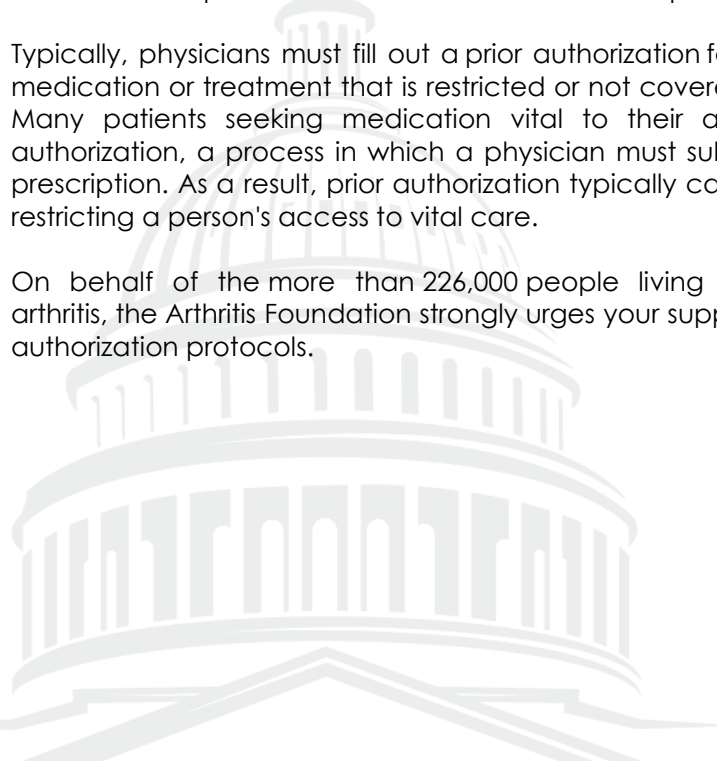
Dear Chair Joshua Miller,

The Arthritis Foundation thanks you for your sponsorship of Senate Bill 647 and urges the support of SB 647 from your fellow members of the Senate Committee on Health and Human Services. This bill would require the office of the health insurance commissioner to adopt a uniform set of medical criteria for prior authorization and create and disseminate a standardized electronic or written prior authorization form that must be used by a health insurer whenever prior authorization is required by the health insurer.

In a December 2020 survey by the American Medical Association<sup>1</sup>, almost 70% of 1,000 practicing physicians surveyed reported that health insurers had either reverted to past prior authorization policies or never relaxed these policies in the first place. More than nine in 10 physicians (94%) reported care delays while waiting for health insurers to authorize necessary care, and nearly four in five physicians (79%) said patients abandon treatment due to authorization struggles with health insurers. Patients surveyed by the Arthritis Foundation in 2017, then again in following years, indicated that prior authorization was one of the top two most burdensome insurance issues.

Typically, physicians must fill out a prior authorization form whenever they prescribe a specialty medication or treatment that is restricted or not covered under an insurance carrier's formulary. Many patients seeking medication vital to their arthritis treatment are held up by prior authorization, a process in which a physician must submit tedious paper work before writing a prescription. As a result, prior authorization typically causes lengthy delays in treatment, thereby restricting a person's access to vital care.

On behalf of the more than 226,000 people living in Rhode Island with doctor-diagnosed arthritis, the Arthritis Foundation strongly urges your support of SB 647 to continue to improve prior authorization protocols.



Sincerely,



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CC: Members, Senate Committee on Health and Human Services



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Honorable Senator Joshua Miller  
Chair, Senate Committee on Health and Human Services  
Rhode Island State Capitol  
Providence, RI

**RE: Senate Bill 302 – Support**

Dear Chair Joshua Miller,

The Arthritis Foundation urges your support of SB 302 when it comes before the Senate Committee on Health and Human Services. This bill would help restore the balance between an insurer's oversight and the provider's discretion to ensure Rhode Island patients receive the most appropriate treatment for their condition. Senate Bill 302 seeks to ensure that step therapy protocols are fair, transparent, evidence-based, and best support the health needs of the patient. In addition, SB 302 establishes standard timeframes for a step therapy exception request.

An increasing number of health insurers are step therapy or fail first policies that require patients to try and fail one or more medications before providing coverage for the originally prescribed medications. Rather than taking into account the needs of the individual patient, insurers determine drug sequences based on cost and expectations about potential treatment responses within a generalized patient population.

As a result, step therapy can lead to delays in access to the medications that offer the greatest potential medical benefit to people with arthritis. Arthritis is a chronic, degenerative disease, and delays in treatment can worsen disease progression and even cause permanent damage and disability. In some cases, patients may have no alternate therapy for an extended period of time, if the drug that was initially prescribed was rejected. Accordingly, the standard timeframes established within SB 302 will help to ensure that patients receive access to their necessary treatments within a reasonable timeframe.

Further, arthritis is a complex disease to treat and a drug may work well for one person but not for another who has the seemingly same disease profile. Personalized, individual care is critical for people with arthritis. The required fail first drugs may cause adverse reactions or complications to the patient due to side effects or other drugs they may be taking to treat the disease or co-morbidities. There is currently no consistency in how insurers establish and apply fail first protocols.

On behalf of the more than 226,000 people living in Rhode Island with doctor-diagnosed arthritis, the Arthritis Foundation strongly urges your support of SB 302 to ensure that providers and patients have a say in what would be medically appropriate for treatment.

Sincerely,



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CC: Members, Senate Committee on Health and Human Services

