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March 12, 2026

Committee on Health and Human Services
Rhode Island House of Representatives
State House
82 Smith Street
Providence, RI 02903

Re: Support H7539 – Remove Step Therapy Barriers to Care

Chair Donovan and members of the Committee on Health and Human Services:

The Coalition of State Rheumatology Organizations (CSRO) supports H7539, which would establish exceptions to step therapy protocols and ensure patient access to essential medications for select health plans. CSRO serves the practicing rheumatologist and is comprised of over 40 state and regional professional rheumatology societies nationwide whose mission is to advocate for excellence in the field of rheumatology, ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease.

Rheumatologic diseases, such as rheumatoid arthritis, psoriatic arthritis and lupus, are systemic and incurable, but innovations in medicine over the last several decades have enabled rheumatologists to better manage these conditions. With access to the right treatment early in the disease, patients can generally delay or even avoid damage to their bones and joints, as well as reduce reliance on pain medications and other ancillary services, thus improving their quality of life.

Step therapy is a utilization management protocol designed to control healthcare costs by requiring patients to try and fail on an insurer-preferred medication before their health plan will cover the provider-prescribed medication. CSRO supports H7539 as it creates step therapy protocols that ensure transparent, streamlined, and consistent exceptions pathways available to physicians and their patients. To be clear, this legislation **does not** ban the use of step therapy, but instead creates a limited, common sense exception process in select scenarios in which the patient and their provider have demonstrated that the prescribed medication is the most clinically effective drug to treat that patient's condition.

As rheumatologists, we frequently navigate prescription drug formularies created by health plans and their pharmacy benefit managers (PBMs). Far too often, the patient's treatment plan is based on their pharmacy benefit formulary design instead of purely on clinical decision making by their health care team.

Rheumatologists throughout Rhode Island and across the country have seen patients "whipsawed" back and forth on medications at the whim of their health plan and PBM. The plan may choose to change its formulary several times within the same calendar year, often without any warning to the patient or their provider, thus altering the step therapy protocol. These midyear changes and corresponding new steps are harmful to the patient's management of their health condition and can ultimately cost the healthcare system more due to unnecessary complications from delays in care.

Unfortunately, many patients and prescribing practitioners encounter unnecessary hurdles when navigating the process to request exceptions, which can lead to delays in treatment, potential worsening of conditions, and increased frustration for both patients and healthcare providers. Patients who suffer from complex chronic conditions, such as rheumatoid arthritis and other rheumatologic diseases, require continuity of care to successfully manage their condition. Patients may spend months or years of trial and error, working with their physician to find a treatment regimen that properly manages their condition. The resulting course of treatment must carefully balance each patient's unique medical history and co-morbidities, as well as balance the side-effects of other drug interactions. Slight deviations in treatment and variations between drugs caused by step therapy protocols can cause serious adverse events.

While PBMs and health plans downplay the impact of step therapy protocols, patients and physicians know these protocols can have long lasting effects. According to a recent study[i], step therapy protocols can cause patients to miss work and drive greater out-of-pocket costs compared to patients who were not subject to these "fail first" methods. When patient out-of-pocket expenses increase, their rates of adhering to their medication regime significantly decrease.

Adversely, studies show that when a patient's rheumatoid arthritis is well-controlled, the health system actually *saves* money.[ii] Patients in remission have proven to incur one-third less in total medical costs compared with patients in high disease activity. These patients in remission also paid 56% less in out-of-pocket costs compared to those with active flare ups.

In addition to the step therapy protocol exceptions outline in the bill, this legislation requires the approval of the step therapy exception to be maintained for at least 12 months. CSRO strongly supports this language as this better ensures the patient's continuity of care and decreases health care practice administrative burdens. We also appreciate the legislature's commitment to timely responses to step therapy exceptions by requiring the health plan to respond within 72 hours for non-urgent and 24 hours for urgent requests. While these timelines may seem trivial to some, prolonged delays in approval can be the difference between a stable patient and one that is admitted to the hospital for adverse events caused by missed medication.

While we support efforts to control patient out-of-pocket costs, these programs must be balanced with the need for timely, effective and clinically driven patient care. On behalf of practicing rheumatologists throughout Rhode Island and the patients we care for, we request that you support H7539. We thank you for your consideration and are happy to further detail our comments to the Committee upon request.

Respectfully,

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President
Board of Directors

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[i] Xcenda. "The Impact of Step-Therapy Policies on Patients." December 2019.
[ii] Rheumtaol Ther. "The Economic Benefit of Remission for Patients with Rheumatoid Arthritis." July 2022.