

**Testimony in support of H5120: Benefit Determination and Utilization Review Act**

Dr. Hans Scholl, 71 Fales Avenue, Barrington, RI 02806

Date of Hearing: April 1, 2025

To Chair Donovan and the honorable Members of the House Health and Human Services Committee:

I support the bill, because it prohibits health insurers from imposing any prior authorization requirement for any admission, item, service, treatment, or procedure ordered by a primary care provider (with the exception of prescription drugs). This ensures that insurers reduce administrative burdens that may delay medically necessary care.

Looking at the state-of-the art health care systems in most developed countries, I never understood how unnecessarily complicated the US system makes it to obtain the care a patient needs. The arbitrary and cruel requirement to wait for a specialist even after the primary care provider deems it necessary to refer to the specialist, and possibly get rejected by the insurer, is one of the unnecessary administrative and obstructive burdens that bloat the US health care system and lead to avoidable cost increase, suffering and potentially loss of life.

Removing this requirement is also an act of social justice: while more affluent patients will be able to pay for a rejected treatment out of pocket, most working families may not be able to pay, and consequently will not get the medically necessary treatment, putting them at risk, forcing them often to go to work while they are ill—just to not lose their jobs.

Please bring the bill to a vote in 2025, a year when the most vulnerable are hit the hardest by the federal funding cuts and destruction of the services they rely on.

Thank you very much for considering my input, and thank you to Representative Potter for introducing this important bill.



Dr. Hans Scholl

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71 Fales Avenue  
Barrington, RI 02806; (203) 687-6415; [clctt17@mac.com](mailto:clctt17@mac.com)