

## Steven Sepe

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**From:** Shanna Sedgwick <ssedgwick1960@gmail.com>  
**Sent:** Tuesday, April 1, 2025 8:27 AM  
**To:** House Health and Human Services Committee  
**Subject:** Support HB 5120

Dear Honorable Members of the House Health and Human Services Committee:

I write in support of **HB 5120**, which directs health insurers not to impose prior authorization requirements for any service ordered by an in-network primary care provider.

- Prior authorizations (PAs) and their associated administrative burden are one of the leading drivers of burnout among physicians. A 2024 American Medical Association study found that on average there are 39 PAs per provider per week and that doctors' offices spend the equivalent of 13 hours per provider per week processing prior authorizations. This represents a large investment in time and money that could be better used in patient healthcare — and is contributing to RI's shortage of primary care providers.
- 89% of physicians report that PAs somewhat or significantly increase physician burnout.
- Prior authorizations lead to unnecessary delays in medical care for patients, which can have dangerous health outcomes. In the AMA study referenced above, 29% of physicians reported that PAs led to serious adverse events for patients in their care.
- Also, this is an equity issue. PAs disproportionately affect vulnerable and marginalized communities, who have fewer resources to fight insurance companies.
- By delaying or blocking care in the primary care setting, the burden of care gets shifted to other parts of the healthcare system, resulting in more referrals to specialists and higher emergency room use.
- Removing PAs can lead to cost savings for the system by preventing costly emergency room visits and hospitalizations. When primary care providers are empowered to make timely decisions without waiting for insurance company approval, patients are more likely to receive the appropriate care early on, preventing conditions from worsening and reducing the need for expensive interventions later.
- By eliminating prior authorization for the services outlined in this bill, we expect that primary care providers will be better able to focus on providing the high quality medical care that they were trained to deliver, based on evidence-based guidelines, rather than arbitrary insurance rules.

For these reasons I urge you to support HB 5120.

Thank you.

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