



Honorable Chair Donovan of the
House Committee on Health & Human Services
State House
Providence, RI 02903

Re: RIAFP Support for H5120

April 23, 2025

Dear Chair Donovan and Members of the House Health & Human Services Committee,

I write to you on behalf of the Rhode Island Academy of Family Physicians (RIAFP) in **strong support of House Bill H5120**.

As Family Physicians, we take care of people of all ages and genders. We overwhelmingly practice in Primary Care settings where we manage routine preventative care, chronic illness, and acute illness and injury. As Primary Care doctors we are often the first point of entry to the medical system and, in theory, the person who follows patients over a lifetime. But that is changing, because **physicians are retiring early and leaving primary care in droves because of burnout and moral injury, much of which is driven by increasing administrative burden**.

Allow me to highlight why Prior Authorization (PA) is so intricately linked with burnout and moral injury among Primary Care Physicians, and how reduction in the PA burden will help our healthcare system.

1. Timely Access to Care

Prior authorization processes for services often create unnecessary delays in patient care. In a 2024 study by the American Medical Association (AMA) **29% of physicians reported that PAs led to serious adverse events for patients in their care due to delays**. Every day that a patient is forced to wait for authorization is a day their health may deteriorate or go unaddressed, increasing the likelihood of more complex, costly, and urgent medical interventions later on. Alternatively it drives providers to send people to the Emergency Department at higher rates, because there is a greater guarantee that patients will receive the services that they need in a timely fashion.

By removing prior authorization for primary care services, we would remove a significant barrier to access and ensure that patients can receive timely care. Primary care providers are the first

point of contact for most patients, and **by trusting them to make decisions based on their clinical expertise, we can streamline care and improve health outcomes.**

2. Reduction in Administrative Burdens

Primary care providers are already burdened by numerous administrative requirements, many of which take valuable time away from direct patient care. The current prior authorization system is time-consuming, requiring office staff to fill out complex forms, and spend hours on the phone with insurance companies, all of which delays care and increases administrative costs. In the above-mentioned 2024 AMA study found that **practices process 39 prior authorizations per provider per week and that practices spend the equivalent of 13 hours per provider per week processing prior authorizations.**

Eliminating prior authorizations for primary care services would allow providers to focus on what truly matters: the health and well-being of their patients. Removing this administrative burden could lead to lower operational costs for practices, freeing up resources that could be used to enhance patient care or serve more patients.

3. Reduction of Health Inequities

Prior authorization requirements disproportionately affect vulnerable populations, including those with lower incomes, people of color, and individuals with lower health literacy. These patients may face additional barriers when trying to navigate the authorization process, and may struggle to advocate for themselves in this increasingly complex bureaucratic healthcare system, which means that they are less likely to overcome delays and denials for important services.

By removing prior authorizations for primary care services, we would help reduce these health inequities and ensure that all patients, regardless of their background or socioeconomic status, have equal access to the care they need when they need it.

4. Cost-Effectiveness and Improved Health Outcomes

Research has shown that removing unnecessary prior authorization processes can actually lead to cost savings in the long run 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.

Additionally, prior authorization requirements often create confusion and frustration for patients, sometimes leading to them foregoing care altogether. The simplification of the system and the elimination of barriers would result in more consistent and effective care, improving long-term health outcomes and reducing overall healthcare costs.

House Bill H5120 presents a transformative opportunity to improve access to primary care, reduce administrative burdens, enhance health equity, and improve overall patient outcomes in Rhode Island. By removing prior authorization requirements for primary care services, we are taking an important step toward building a healthcare system that is simpler, more efficient, and more responsive to the needs of the people it serves.

I respectfully urge you to support House Bill H5120 both for the sake of the primary care providers in RI and the communities that we serve. This bill is an essential step toward a more equitable and effective healthcare system.

Thank you for your time and consideration.

Sincerely,

Katharina de Klerk, DO
RIAFP President-Elect and Advocacy Committee Chair