



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

Re: S2464

March 7, 2026

Dear Chair Murray and Members of the Senate Health & Human Services Committee,

I write to you on behalf of the Rhode Island Academy of Family Physicians (RIAFP) in support of Senate Bill S2464.

As Family Medicine physicians, we take care of people of all ages and genders. 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.

Prior Authorizations (PAs) for medications have become an enormous source of administrative burden for primary care providers. A 2024 survey by the American Medical Association (AMA) reported that on average practices process 39 prior authorizations per physician per week and that practices spend the equivalent of 13 hours processing prior authorizations per physician. Primary Care practices have had to hire more staff, in some cases entire departments, in order to process prior authorizations.

The above-mentioned AMA survey also noted that 89% of respondents reported significant increases in physician burnout due to PAs and 29% of providers reported that PAs led to serious adverse events for patients in their care.

The increasing administrative burden associated with PA is causing physicians to spend less time seeing patients and more time doing paperwork. It is also undermining physician clinical decision making and leading to delays in care. This makes physicians feel resentful and frustrated and is making more and more physicians want to become part-time, or leave clinical medicine entirely.

The creation of the OHIC Administrative Simplification Task Force represented an important step forward and has helped to facilitate meaningful dialogue between insurers and providers. However, the need for meaningful reform around prior authorization for medications is imperative and urgent. If you do not want to see members of your community suffer harm, or see the primary care workforce dwindle further, I encourage you to pass Senate Bill S2464 so that we can bring about meaningful prior authorization reform.

Sincerely,

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