

To whom it may concern,

RE: HB 1416 Legislative Bill to eliminate restrictive networks and improve patient access

I am writing on behalf of my patients and to serve as their healthcare access advocate. I am a board-certified dermatologist from North Dakota, graduate of University of North Dakota Medical School and I have provided dermatology care to the patients of North Dakota since 2008. In my almost 15 years of clinical practice and running an independent clinic in ND, I have been able to see the evolving negative impacts over the years as restricted insurance networks have increased in numbers and narrowed in access and greatly affected patient access. I will speak specifically to the negative ramifications I have seen in dermatology with these restricted insurance networks, but my patients also share their struggles with me on access for other general and specialty medical care in the state of ND. These scenarios occur in all ages from infants to the elderly that we see in our clinic. Some of the most common scenarios I have seen due to network restrictions are delay of care or lack of care due to not having access to a dermatologist across the entire state. I see patients who have delayed diagnosis of skin cancers, advanced stage melanoma skin cancers that could have had different outcomes if they had been given access to diagnosis and treatment earlier. I see delay in severe atopic dermatitis, psoriasis, rashes, autoimmune skin disease that have led to advanced disease requiring unnecessary hospitalizations and requiring systemic immunosuppressant drugs due to delay or lack of dermatology access. It has been a slow and steady increase in restrictions for my patients over the last 5 years and never have I seen such an access issue as I have in the last 1-2 years.

Common scenarios I have seen over the last couple of years:

- Dermatology patients that I have seen for over a decade and taken care of their skin cancers or severe complicated skin diseases that are now being told by their network insurance restrictions that they can NO longer be seen by our dermatology clinic but instead but wait 6-12 months to get into a dermatologist in their network when some need to be seen much more often due to urgent disease.
- Long waits for patients to even get into any dermatology provider (PA or NP in their network), only to learn they have a skin cancer/melanoma but then can't get into their dermatology surgeon in their network (MD) for 6-12 months. These patients will often chose to leave their network as their anxiety tells them appropriately that they should not wait many months to treat a skin cancer or other urgent need. (patient is left with unnecessary stress and financial impacts)
- Patient will come for an appointment desperately from across the state to see us via their only cash pay option for their office visit, then they are faced with a decision on how to afford their needed procedures, biopsies, and skin cancer removal procedures that we deem medically necessary. (their restrictive insurance networks would rather have their network patients wait many months and delay their cancer treatments instead of covering their medical care available at an out of network facility)
- There is a small percentage of patients that are financially fortunate enough that get so desperate for care, they chose to go outside of their restrictive networks and elect to cash pay for services at our clinic because they become so desperate to treat their diseases. Unfortunately most patient do not have this financial ability.

I have tried to be an advocate for my patients. The insurance I see the most patient dermatology access issues is with the Sanford Health Plan and it's restrictive networks. Our clinic has sent an annual letter to the Sanford Health Plan for the last 4 years and have called 2-3 times per year for the last 4 years to find out the status of our inquiry and we have yet to receive a response in 4 years. We are simply inquiring to see if we can help these patients that are showing up in our clinic and calling to get urgent dermatology care (that is available in our office but not in their network). We have advocated to see if we can have these patient's urgent dermatology care be covered under their restricted network that is unable to get these patients in for 6-12 months at times in their own network. There of course are times when access is better than others but this delayed access to care has been consistent for several years and whenever the wait times get to be 6 months or more, we send correspondence to see if we can help these patients to their network with no response. The patients nor our clinic can get any response from their restricted health plans. In Healthcare, we are to put the patient first. I ask all those reading this letter to put themselves or their family members in this situation. Would you not hope someone would advocate for you or your family member if you have cancer or a debilitating dermatological condition that affects your ability to work or affects your daily quality of life.

Please reach out to me with any further information or questions as I would feel fortunate to continue to advocate for my fellow North Dakota patients. I feel that North Dakota provides some of the best health care in the country and want to make sure all our citizens have the ability to access this great care.

Thank you for your time and consideration,

Rachel Ness

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