

3/12/2023

To Dear Madam Chair Lee, Vice Chairman Cleary and members of the Senate Human Services Committee:

RE: Support of 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. I have lived my entire life in the great state of ND except for the time I had to leave the state to get my dermatology residency training. In my almost 15 years of clinical practice 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. Although I will share direct dermatology access struggles I encounter, my patients also share their struggles with me on access for other general and specialty medical care in the state of ND. I am frequently reminded by my patients that this issue expands way beyond the field of dermatology.

These scenarios occur in all ages from infants to the elderly that we see in our dermatology clinic. Some of the most common scenarios I have seen due to network restrictions are delay of care or lack of time appropriate care due to not having access to a dermatologist across the entire state. A common scenario is seeing patients who have delayed diagnosis of skin cancer or 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. I personally witness all too frequently the unnecessary morbidity of a disease that could have been lessened or all together prevented if a patient had not encountered these unnecessary restricted network barriers. It has been a slow and steady increase in restrictions for my patients over the last 15 years and never have I seen such an administrative barrier to patient access as I have in the last 2-3 years. Patients are now being asked to be their own medical advocate to navigating around these administrative barriers and are being put in scenarios that they are not equipped. Most of these patients do not have the medical knowledge to be taking on the tricky and ever-changing rules and regulations of insurance approvals and requests to be seen outside of their network if medical necessary. Medical Providers including myself are frequently being asked to assist the patients with these approvals and appeals and insurances are now asking medical providers to write more and more letters of appeals and to schedule lengthy phone call appointments with the medical reviewers of these insurance companies to verbally advocate for their patients and explain why these patients need to be seen outside of their restricted network. Many of times, these medical reviewers from the insurance company that I am asked to schedule an appeal phone appointment have no knowledge or expertise in dermatology and some are not even Medical Doctors. Dermatology access for patients in general is difficult right now in the state of North Dakota and definitely exists in many other areas of medicine. The time that all these written and verbal phone appeals are taking from our patient care time are compounding the access issues by taking our time away from just being able to see other patients. Instead of seeing patients, I have now had to increase the percentage of my time spent on these unnecessary administrative steps. I currently chose to do this as my number one priority is great patient care and outcomes. I do not feel the current administrative burden and the pace at which it is increasing is sustainable nor appropriate for medical providers or patients. In the end, the medical care of the residents of North Dakota will be increasingly compromised if something is not changed.

I will be testifying on March 14th, 2023, in support of bill HB 1416 and I will be bringing one of my patients who is currently a victim of this administrative process to testify and tell her personal story. She is a patient who had a recent diagnosis of cancer and has been stuck in the administrative process of her restricted network and unable to get her cancer treated not because she does not have access to a dermatologist to care for her, but because she

has not able to get into the restricted network that her insurance has restricted her to. She has spent countless hours calling her insurance with no reasonable outcomes and is emotionally exhausted and defeated. She is losing sleep over not being able to get her cancer treated and being asked to navigate the complicated medical appeal process as a non-medical person. I wish I could tell you this patient's scenario is unique. Many patients are in this circumstance, and this just happens to be THE patient in this common scenario THIS week as we present this issue in Bismarck. I am advocating for my patients and for ALL the patients of North Dakota. I hope that you do not find yourself, your family, your friends, or your constituents in this situation in the weeks that follow. Unfortunately, there has been and will be others in this situation continually if something does not change.

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 numerous 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 their established dermatologist but instead must wait 6-12 months to get into a new dermatologist unfamiliar with their disease or history in their network when some need to be seen much more often due to urgent disease and rapidly progressive disease. Or they are asked to be seen now by a non-physician provider in their network when their complex disease requires them to see a highly trained board-certified dermatologist.
- Long waits for patients to even get into ANY dermatology provider (non-physician provider, PA or NP in their network), only to learn they have a skin cancer but then can't get into their dermatology surgeon in their network (MD) for 3-9 months for treatment. These patients will often choose 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 needs. (Patient is left with unnecessary stress and financial impacts)
- Patient will drive from hours away for an appointment desperately from across the state of ND 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 diagnosis or 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 that 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. In Healthcare, we are trained 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 has some of the best health care providers 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,

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