



GREAT PLAINS
CHAPTER

AMERICAN COLLEGE of CARDIOLOGY®

March 16, 2025

Dear Chair Warrey and Members of the House Committee on Industry, Business and Labor,

Good afternoon, my name is Aaron Smith. I am a practicing cardiologist at Sanford Health in Fargo, as well as a member of the North Dakota-Great Plains Chapter of the American College of Cardiology (ACC). Today, I am testifying on behalf of the North Dakota-Great Plains Chapter to lend our full support to **Senate Bill 2280**.

Prior authorization is a utilization management process that requires healthcare providers to obtain approval from insurance companies before prescribing a specific medication or delivering certain types of care. Prior authorization is overused, and existing processes present significant administrative and clinical concerns. A study from the American College of Cardiology found that 77 percent of providers spent less time on patient care because they were dealing with the documentation involved in the prior authorization process. Senate Bill 2280 is a positive step to streamline prior authorization requirements so that patients can receive timely, quality, medical care.

One of the central provisions of Senate Bill 2280 is the modification of the timeframe in which an insurer must decide on a prior authorization request or an adverse determination (denial). Under Senate Bill 2280, insurers must make these decisions more promptly, aiming to reduce delays that could affect patient care. On several occasions, my patients have directly experienced hardship and frustration as a result of untimely decision-making with regard to prior authorization from insurers. I have patients who have been scheduled for cardiac stress testing only to find out that their test has been denied by insurance when they arrive. This puts patients in a position where they have to decide whether to pay for the test out-of-pocket, not knowing what the cost to them will be, or not undergo testing and potentially put their health at risk. Additionally, this legislation mandates that if a denial is made, the insurer must provide clear reasoning for the decision and inform patients about their right to appeal.

I urge the committee to pass Senate Bill 2280. The state's current prior authorization guidelines are contributing to greater physician burnout, reduced employee productivity, and significant costs incurred across the entire healthcare system. It is time to put patients first and ensure all North Dakotans receive the quality healthcare they deserve, without unnecessary obstacles.

Thank you.

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