

Dear Chairman Warrey, Vice-Chairmen Ostlie and Johnson, and Members of the House IBL Committee,

My name is Emily Bakkum, and I would first like to thank you for giving me the opportunity to tell my family's story in support of SB2280. It truly demonstrates the importance of this bill and the consequences of our current system's lack of mandates.

I am honored to be the voice for my late cousin, Shanna Barone. The first thing that came to people's minds about Shanna was her smile. It was warm, inviting and just the right amount of mischievous.

Her immediate family didn't think much of her fall in September; they thought maybe she missed a step off the deck. She had a headache but nothing so bad that it needed medical treatment.

That changed on Sept. 19 when Shanna was life-flighted from Carrington to Fargo with stroke symptoms. After imaging, a neurosurgeon performed an emergency craniotomy, removing part of a tumor applying pressure to the brain. They saw three more inoperable spots. Initial reports determined it was likely lymphoma, but her care team was optimistic.

She was a healthy 40-year-old mother, and lymphoma is treatable. I finished my own cancer treatment a year prior. It was breast cancer spread to lymph nodes, so not the same certainly, but I became fiercely protective of my cousin. I was ready to be involved however she needed me to be.

We lost Shanna on Feb. 6, less than five months after the first sign of trouble. It was grueling and heartbreaking and perhaps there was nothing that could have been done to save her life, but dealing with

the insurance company's prior authorization requirements certainly cost us time in a process where – aside from cancer -- time was perhaps our greatest adversary.

Prior authorization was most likely born of necessity with good intentions. Insurers use this, in part, to contain costs. As its evolved, however, physicians report the process can lead to significant delays in care, contributing to negative outcomes in patients, including abandoned treatment. The process was once used sparingly to determine whether costly medical procedures or medications were needed but now providers often must get approval to prescribe even the most routine medications and procedures. As mentioned in discussions on the North Dakota Senate floor regarding North Dakota Senate Bill 2280, providers are now becoming “gun-shy” to any prescriptions and procedures being covered and submitting prior authorization requests for most services.

Her team of oncologists submitted prior authorization requests for aggressive chemotherapy and a PET scan upon admittance. She didn't get approval and receive those services until Oct. 3 – an 11-day wait. The PET scan determined a mass in her abdomen, so a prior authorization request was sent for another chemotherapy regimen that would address that as well. She wasn't approved until Oct. 11 – eight days.

Her oncologists remained vigilant and switched the plan on Nov. 18. They wanted a better response, so they switched to R-ICE, a combination of four chemotherapy drugs given over several days.

They would follow with CAR-T cell therapy, a process that usually takes between three and four weeks to complete.

By Jan. 2 or perhaps sometime sooner, Shanna's oncologists submitted the prior authorization request for CAR-T because they knew she would need it sooner than later. Her symptoms increased daily. She lost vision in her left eye, then movement and feeling on that side, then her speech. Her skull skin was so tight around the growing tumor it was shiny.

Radiation began Jan. 2 to buy time waiting for approval. By Jan. 5, she was admitted and would never leave.

On Friday, Jan. 10 -- Shanna got "soft approval" for CAR-T from the insurance company, but they "couldn't" sign off by the end of the business day and told us to wait until the next week. Formal approval was received on Jan. 14 . The lab expedited their turnaround to complete all processes by Jan. 29.

By then, she had declined, so she had to undergo another surgery to place a shunt in her skull to relieve pressure. We were so encouraged by her response -- she was responsive and spoke clearly for the first time in weeks. But two days later she declined again. Additional cancer cells had been allowed to grow during the period she waited for approval, and the pressure relieved by the fluid being drained had been replaced by the presence of more cancer.

Shanna passed away Feb. 7, 11 days after her 41st birthday.

Shanna knew her battle would be hard, but she went into it with fiery determination, an intelligent, compassionate care team and family support.

This is why placing limits on the amount of time insurers can take to make prior authorization decisions is vital. Such limits could have curtailed at least some of the delays faced by Shanna and possibly reduced her suffering, which was devastating to watch.

I am also in strong support of this bill's directive to require board-certified, licensed providers with relevant experience in the case's particular area of medicine to review prior authorizations. I have not met one oncologist between my own cancer journey or Shanna's who would have sat on their hands and let a patient struggle for this amount of time.

Her life depended on decisions she didn't get to make, ones that increased suffering and anxiety in the interim. If a simple set of laws can prevent this situation from happening to another North Dakotan, the decision to pass this bill is an easy one.