

**Testimony:  
Senate Bill 2280  
House Industry, Business and Labor Committee  
Representative Jonathan Warrey, Chair  
March 17, 2025**

Chairman Warrey, Vice Chairman Johnson, and Members of the Committee:

I am Shelly Ten Napel, and I am CEO of Community HealthCare Association of the Dakotas (CHAD). On behalf of CHAD and our member health centers I am asking for your support of SB 2280 with a do pass recommendation.

CHAD is a non-profit membership organization that serves as the Primary Care Association for North Dakota and South Dakota, supporting community health centers across both states in their efforts to provide health care to underserved and low-income populations. The health centers we represent have locations in both urban and rural communities.

Community health centers (CHCs) are non-profit, community-driven primary care clinics that serve all individuals, regardless of their insurance status or ability to pay. The community health center integrated care model includes primary care, mental health and substance use treatment, dental care, pharmacy services, and a range of case management services that can include help with transportation, finding community resources, or assistance with insurance and financial enrollments.

North Dakota is home to five community health center organizations that provide comprehensive, integrated care to more than 36,000 individuals with over 126,000 visits at 22 locations in 20 communities across the state. Nearly 40% of those patients have Medicaid; 31% utilize private insurance; and 16% are uninsured; Over half earn incomes below the federal poverty level. I've included an attachment that indicates where health centers are located and what services they offer in North Dakota.

Our member health centers have expressed several concerns with the prior authorization process of commercial insurance plans and North Dakota Medicaid, including delays to urgently needed care and medications and a significant amount of staff time invested in securing authorizations that drive up the cost of health care and reduce staff satisfaction.

Delayed approval of prior authorization leads to delays in patient care. Patients being

treated for emergent health and mental health disorders typically need medications urgently and don't have time to wait for a lengthy prior authorization process. Health centers indicated that a reduction in the response time and a consistently applied time limit for the authorization process, as included in SB 2280, would help alleviate some of the barriers to care they are currently experiencing.

With the integrated care model health centers offer, they have many patients who need mental health and substance use treatment. For these patients, barriers to medication can sometimes be the difference between life and death. One health center specifically pointed to their patients experiencing distress such as those who are suicidal and postpartum patients with psychosis, and how delays in medication could be especially harmful or even fatal.

Health center providers indicate they spend a significant amount of time on the prior authorization process, which reduces the time they are able to spend in patient care. Kayla Abrahamson, DNP, FNP-C, a family practice nurse practitioner at Northland Health Centers in McClusky has this to say about prior authorization: "The time it takes to complete prior authorization for patients is significant, taking away from direct patient care and contributing to provider burnout." She continues "One of the major challenges we face today is the lack of staff available to assist with completing these prior authorization requests, which places an undue burden on providers whose time could be better spent focusing on treating patients. Urgent action is needed to streamline these processes, reduce administrative burdens, and prioritize patient care."

On behalf of our member health centers, I ask for your support of Senate Bill 2280 to improve the prior authorization process.

Respectfully submitted,

Shelly Ten Napel, CEO  
Community HealthCare Association of the Dakotas