

North Dakota 2025 Legislative Session  
Senate Bill 2280 Regarding Prior Authorization

Chairman Warrey and members of the House Industry, Business and Labor Committee:

My name is Susan Finneman. I live in Bismarck, ND. I was born and raised in North Dakota. I worked for 20 plus years as a Purchasing and Production Planning manager at a multinational manufacturing firm. My mother was a nurse. I have two siblings and one brother-in-law that are physicians.

My personal values regarding healthcare choice started when I was young. My first-grade teacher suspected that I had hearing issues. It was discovered that I had 0% hearing in one ear and 10% in the other. Our insurance allowed us to seek out and use specialists to identify and treat the problem. My parents did not have to jump through hoops to find and obtain the necessary care and restore my hearing to normal levels. I did not lose ground in school.

In March of 2015, I had surgery in Colorado to repair a disc in my spine. This surgery initially seemed to work but in April I started to have pain and numbness in my lower body. By the end of June, I was no longer able to get in and out of bed without assistance. I had to bend over a walker to get around and had to crawl up and down the steps of my home. My pain was usually 9 or 10 on a scale of 10. Blood work repeatedly indicated a serious infection. Throughout this period of time, my physician repeatedly asked for preauthorization for MRI and CAT scan imaging. The insurance company did not respond.

When I lost control of my bladder and bowel, I went to the ER. Due to the emergent situation, preauthorization was not required for the imaging. It was discovered that I had an infection in my spine. The infection had destroyed all the repaired disc, 50% of the vertebrae above it and 30% of the vertebrae below it. If I had fallen or moved incorrectly, my spinal cord could have been severed. Reconstruction surgery was now necessary.

Additionally, I began what would become a 6-month course of two IV antibiotics that needed to be infused twice a day. That course was followed by a year on oral antibiotics. Oxycodone and morphine were prescribed to manage the pain. The consequences of use of these drugs are well known.

The long-term use of the antibiotics caused dental problems as well as intestinal issues that persisted for more than 5 years. The extended use of the narcotics caused me to understand addiction. I was physically addicted to the meds. I desperately wanted to be off the narcotics as they fogged my brain and prevented me from driving myself to appointments. This burdened my husband. It took an additional 2 months of work to fully discontinue their use.

On October 30<sup>th</sup>, my reconstruction surgery was scheduled for Monday, November 16<sup>th</sup>. The surgeon's office immediately began working on obtaining authorization from the insurance company. On Friday, November 13<sup>th</sup> I

received a call from the surgeon's office. They had still not received authorization from the insurance company. They were told that it was on the Medical Director's desk. The surgery would need to be rescheduled. The next spot on the schedule was not until March of 2016.

I went to the insurance company's web site and found the name and phone for the highest-ranking MD on their executive staff. I made one phone call and had authorization within 30 minutes.

I was able to do this because I have medical and system knowledge. It should be noted that many insurance companies have now made this information very difficult to find. This further degrades the ability of patient and provider to obtain authorization for needed care.

Within a day of the surgery, I was able to walk upright with little pain. Within a week, I no longer needed the walker. I firmly believe that had I not forced the issue, I would not be standing here today. Had the insurance company provided authorizations in a timely manner, I would have been spared months of ongoing pain and trauma.

Chairman Warrey and Committee members: This happened ten years ago. Things are far worse today. Insurance companies have increased time delays and are requiring physicians to spend an increasing amount of time and energy on this type of problem. This becomes time that is not devoted to patient care and outcomes. I do not believe that a patient should have to go to these lengths to obtain necessary care. I wonder what happens to those who do not have the resources and background that I have.

As a manager in a manufacturing firm, I learned that having benchmarks and standards of performance are absolutely necessary to assure good outcomes. It makes sense to hold insurance companies accountable for the timing of their decisions. Insurance companies can and should do better.

I encourage you to vote DO PASS on Senate Bill 2280 which allows me as a health care consumer to obtain care in a timely fashion from providers that I know and trust.

Thank you for your time.