

Chairman Warrey and Members of the House IBL Committee –

Good Afternoon – my name is Dylan Wheeler and I serve as Head of Government Affairs for Sanford Health Plan. I’m speaking today in a neutral position on SB2280. I would note that as an integrated health system and health plan, my position today is also demonstrative of Sanford Health – we do not take separate policy positions on legislation; meaning that Sanford Health is neutral on SB2280.

Sanford initially opposed SB2280 as drafted and presented in the Senate – this was for a number of reasons. Primarily – our opposition was premised on the bill being too one-sided and not demonstrative of a middle ground. As an integrated health system and health plan, we worked to share our concerns, draft an amendment, and work towards compromise. The bill, as amended and before you today, represents significant work with the proponents and other stakeholders to identify areas of opportunity to bring the bill more towards the middle. We believe the SB2280 – as now amended – represents that middle ground.

We want to thank Senator Meyer and the proponents for the receptiveness of hearing our concerns and also thank the proponents for largely taking Sanford Health amendments on the Senate side. We understand and acknowledge, too that concerns remain for opponents on other sections of the bill. To be clear on our position, if an amendment may shift the current version one way or the other, we may re-evaluate our position – as we would with any large reform legislation. Make no mistake, SB2280 is bringing substantial reform regarding prior-authorization and deserves thoughtful consideration.

Some may now ask – if it was Sanford’s amendments that were mostly adopted in the Senate – why have they only moved to neutral and are not supporting SB2280? Simply put – this is due to the scope of the legislation. As we shared in the Senate, we have concerns with the bill not applying these reforms across all state-regulated markets. As written, the legislation precludes application to Medicaid, Medicaid Expansion, WSI and NDPERS. This exclusion prohibits application of the standards set forth SB2280 from applying to well over 100,000 North Dakotans. We acknowledge and appreciate the study language to NDPERS. Yet by not including these large markets of covered lives, the bill seemingly contradicts the proponents’ argument that inconsistent prior authorization requirements are a barrier to providing care. This specific provision precludes Sanford from moving to support.

Again – we thank the hard work in the Senate from all parties, understand some concerns may remain from opponents and are still committed to working on SB2280 to ensure this meaningful reform is in the best form to benefit our providers and health system. Most importantly, that they can benefit the patients – the citizens of North Dakota.

Mr. Chairman – I thank you and the committee for the time and welcome any questions.

Thank you.

Dylan C. Wheeler  
Head of Government Affairs  
Sanford Health Plan