



## Senate Industry Business & Labor

### SB 2280

February 5, 2025

Chairman Barta and respected committee members,

I'm Dr. J'Patrick Fahn and have been practicing medicine for over 18 years.

It should be fairly evident that prior authorization is being recognized, across America, as a concern. Recent events have definitely shed light on this. People across the country, including here in North Dakota, are desperate for change in this area due to examples such as the summaries below:

1. **Delay in Cancer Treatment:** A woman with an aggressive form of breast cancer was prescribed a targeted therapy drug by her oncologist. However, her insurance company denied prior authorization, requiring her to try a less expensive, older chemotherapy regimen first. This delay allowed the cancer to progress, reducing the effectiveness of the targeted therapy when it was finally approved.
2. **Interruption of Mental Health Medication:** A young man with bipolar disorder found a medication that effectively managed his mood swings and allowed him to function normally. However, his insurance company denied prior authorization, insisting he try a series of older, less expensive medications first. This forced him to endure weeks of debilitating mood episodes, impacting his ability to work and maintain relationships.
3. **Denial of Physical Therapy:** A senior citizen recovering from a stroke was prescribed a course of intensive physical therapy to regain lost mobility. However, her insurance company denied prior authorization, citing cost concerns and a lack of "medical necessity." This denial hindered her recovery progress,

leaving her with limited mobility and decreased independence.

These are just a few examples of how prior authorization can fail patients. While intended to control costs and ensure appropriate care, the process often creates unnecessary barriers, delays critical treatments, and ultimately harms patients.

The American Society for Radiation Oncology (ASTRO) recently released a nationwide survey of more than 750 radiation oncologists, which confirms that prior authorization harms people with cancer by causing treatment delays, abandoned treatments, hospitalizations, and patient deaths.

[https://www.astro.org/ASTRO/media/ASTRO/News%20and%20Publications/PDFs/PriorAuthSurvey\\_2024ExecutiveSummary.pdf](https://www.astro.org/ASTRO/media/ASTRO/News%20and%20Publications/PDFs/PriorAuthSurvey_2024ExecutiveSummary.pdf)

Prior authorization is a tool intended to control costs and ensure appropriate care. Just like any tool, safeguards are sometimes needed. Take a look at a table saw. Tables are an important piece of equipment for carpenters and both amateur and professional woodworkers. Table saw safeguards include SawStops, blade guards, and antikickback devices, to name a few. I don't need to tell you the risks of ignoring the safeguards.

I believe that prior authorizations were created with good intentions and as another layer to help prevent patients from receiving treatments they don't need. However, when this tool, just like any other tool, is put in the wrong hands, it can be used, potentially, for a purpose that deviates from its original intended purpose. So, we find ourselves here today.

This bill puts in place some safeguards to ensure that the tool will still function as intended but hopefully reduces the risk of hurting people. For example, you don't put a reciprocating saw blade on a table saw so why would an orthopedic surgeon do a peer to peer prior authorization for a gynecologist?

The recent public outcry should be indication enough that this tool is not working correctly. If prior authorization were a physical product that you could purchase for your home at a local small business, it would have already been recalled.

I implore you to listen to the testimony of the real people, country wide and right here at home, who have been affected by the delays and denials that the current prior authorization processes have caused. I think you would be hard-pressed to find a

patient who would insist that the current prior authorization process has saved their life or changed it in a meaningfully positive way.

To close, at least 23 states already have some form of prior authorization reform in place and many more are working on it. And, while I believe that this bill is not nearly comprehensive enough, this bill puts North Dakota at the forefront as a leader in prior authorization reform and you have my gratitude for that.

I kindly ask for your support for SB 2280.

With appreciation,

J'Patrick Fahn, DO