



**Alliance for  
Patient Access**

March 19, 2025

The Honorable Donald W. Longmuir  
Chair, Political Subdivisions  
600 East Boulevard Avenue  
Bismarck, ND 58505

The Honorable Clayton Fegley  
Vice Chair, Political Subdivisions  
600 East Boulevard Avenue  
Bismarck, ND 58505

**Re: Support for SB 2249 – Improving Step Therapy Protocols**

Dear Chair Longmuir and Vice Chair Fegley:

On behalf of the Alliance for Patient Access (AfPA), I am writing in support of SB 2249. This legislation will protect the clinician-patient relationship by providing clear guidelines on the use of step therapy, one of the most common health insurer utilization management tools.

Founded in 2006, AfPA is a national network of policy-minded health care providers who advocate for patient-centered care. AfPA supports health policies that reinforce clinical decision making, promote personalized care and protect the clinician-patient relationship. Motivated by these principles, AfPA members participate in clinician working groups, advocacy initiatives, stakeholder coalitions and the creation of educational materials.

Step therapy is a utilization management tool used by insurers to dictate a specific course of care, often to contain health care costs. Sometimes referred to as “fail first,” step therapy protocols require patients to try and fail on one or more medications that are typically lower cost, before the patient can access the medication prescribed by their health care provider. This leads to delays in accessing treatment and can prevent patients from getting the medications prescribed to them. Delays in care produce more negative health outcomes and an increased burden on both patients and clinicians. You can learn more about step therapy best practices that respect the clinician-patient relationship in AfPA’s step therapy [position paper](#).

SB 2249 would improve patient access through the establishment of a clear and accessible process ensuring patients and providers can understand how to secure an exemption from the formulary step requirements. Importantly, the legislation would require exception requests (to override the step protocol) to be granted in a timely manner when the formulary-preferred medicine: (1) is contraindicated, (2) is expected to be ineffectual based on a specific patient, (3) is not in the best interest of the patient based on medical necessity, (4) has already been tried and found ineffective, or (5) when the patient is stable on another medicine.

The bill would also require step therapy protocols be based on clinical review criteria and practice guidelines developed by a multi-disciplinary panel of experts. Step therapy rooted in clinical guidelines would still be permitted - the bill does not prevent insurance companies from using step therapy, nor does it limit the number of steps required by the insurer. However, by requiring clinically based requirements and a clear, timely exception process, this legislation would reduce the burden on patients and providers and support a patient-centered system of care.

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A recent American Journal of Managed Care study including over 500 physicians based across the country found that 79% reported step therapy as a major or significant barrier to clinical and patient care.<sup>1</sup> More than half (52%) of the physicians reported spending between 6 to 21 hours per week on paperwork related to health insurance utilization management, 67% had experienced burnout at some point in their career, and 64% indicated that utilization management practices such as step therapy had been a contributing factor to burnout. Finally, 73% of physicians favored requiring step therapy to be based on science. These findings indicate that utilization management practices such as step therapy have a significant detrimental impact on physicians and the patients they care for.

On behalf of North Dakota patients and the Alliance for Patient Access, we urge your support for SB 2249 to ensure patients can have timely access to the treatments they need.

Sincerely,



Josie Cooper  
Executive Director  
Alliance for Patient Access

**Cc:**

Rep. Jayme Davis	Rep. Dawson Holle
Rep. Laurie Beth Hager	Rep. Jim Jonas
Rep. Patrick R. Hatlestad	Rep. Lawrence R. Klemin
Rep. Matthew Heilman	Rep. Mike Motschenbacher
Rep. Mitch Ostlie	Rep. Nico Rios
Rep. Nathan Toman	Rep. Jonathan Warrey

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<sup>1</sup> <https://doi.org/10.37765/ajmc.2024.89626>