

TAHP Opposes SB 1380 as Filed

Complete Bans on Medical Reviews Create Safety Concerns
& Lead to Unnecessary Care

The Importance of Prior Authorization (PA):

- **Federal and State laws require health plans to protect against** wasteful, inappropriate and even dangerous care. A PA is essentially a checklist for safe, appropriate care.
- **Why it's needed:** A survey of doctors by the AMA showed widespread unnecessary care including: 25% of tests, 22% of prescriptions, and 11% of procedures.
- **Example - Dangerous Drug Interactions:** Some drugs have fatal reactions if taken together. Insurers view a patient's full health record and use PAs to avoid dangerous interactions.
- **Example - Inappropriate Prescribing:** Physicians can legally prescribe drugs for off-label use and may inappropriately prescribe powerful opiates for back pain.

Reforming Prior Authorization: Shared Goals & Better Approaches:

- **PA reforms** should reduce administrative burdens, not create unworkable barriers, but also protect patient safety and avoid wasteful & unnecessary care.
- **Goldcarding & Prior Auth Reform:** A 2021 Texas law created a mandated process for exempting doctors with a strong track record of approved PAs. This "goldcarding," is built off of private market reforms that aimed to reduce PA requirements for top-performing doctors.
- **TAHP supports reforms that reward top performing doctors**, but blanket PA bans would apply to any physician, even those with a record of unsafe or low quality care.

No Concerns with a Ban on PAs for Some Services:

- **We can agree to PA bans for** emergency care, Intervention-necessary care (urgent care), primary care, outpatient mental health or SUD treatment, and preventative services.
- These services are typically delivered without any prior authorization requirements and TAHP can agree to prohibit prior authorization for these categories of services.

Concerns with a Bans on Other Service Categories in the Bill:

- **Antineoplastic cancer treatments:** Cancer care is rapidly evolving and PAs ensure patients get care that meets the latest medical evidence.
- **Intravitreal prescription drugs and services:** While not often, in some instances a PA ensures that appropriate drugs or treatments (including eye injections) are supported by medical evidence.
- **Pediatric hospice services:** Most insurers cover this and simply use PAs to confirm benefits.
- **Neonatal abstinence syndrome programs:** These treatments require opioids for babies and may need a PA to confirm medical necessity.
- **Health care services provided under a risk-sharing or capitation arrangement:** We can agree to no PAs in value based care arrangements when these arrangements when a physician has accepted full risk and has indicated they do not want a PA.
- **Chronic care:** We oppose a ban on re-checking a PA in later years. Medical evidence changes over time and new treatments are developed including new non-opioid treatments for pain. Texas already has a ban on more than one PA per year for auto-immune disorders.