

Stop Insurance Hassles That Harm Patient Care

In 2021, Texas took precedent-setting strides to cut down on excessive health plan prior authorizations that hold up routine care and medications.¹ Yet, health insurers continue to exploit loopholes and employ other questionable practices that unnecessarily and detrimentally impede patient care.

For physicians with a 90% approval rate on individual procedures, House Bill 3459 (87th Regular)² was intended to remove the costly administrative burdens and delays to medically necessary patient care that went along with health plans' onerous requirements to review that care before covering it. But numerous physicians have yet to receive their "gold card" exemptions, despite their qualifications under the law and despite those rules taking effect in October 2022.³

That means patients are still not getting care that's truly needed in a timely, efficient manner, and further reform is needed. In the name of cost-saving, health plans are evolving other policies with the same result of care delays, patient-safety concerns, and cost-shifting.

Further Reform Needed

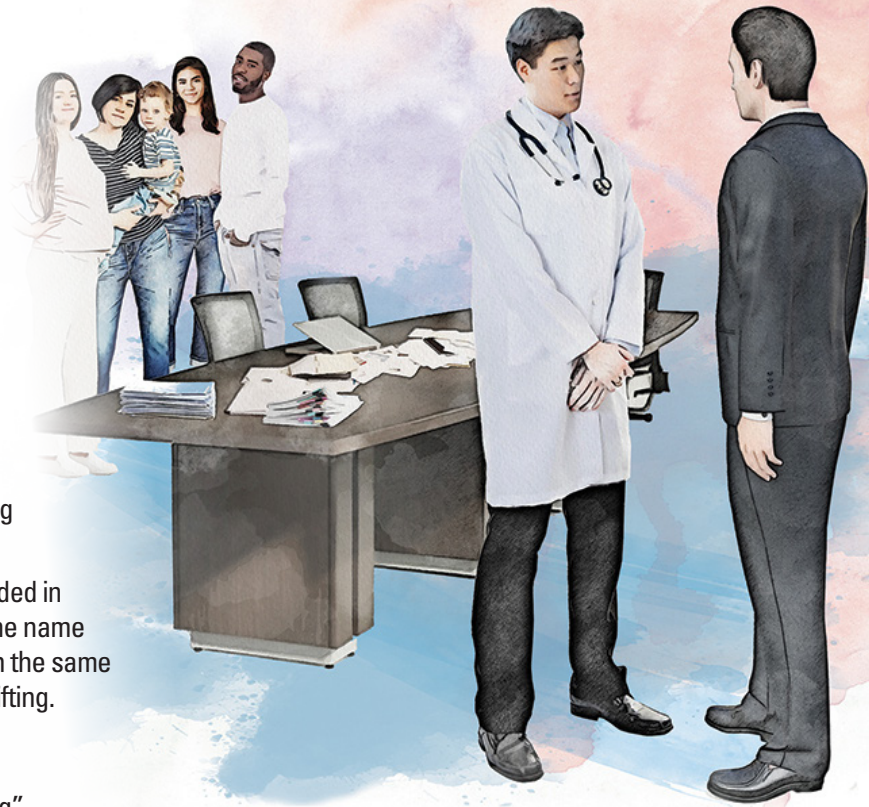
This is especially true with medications and "white-bagging" arrangements that have gained popularity since the COVID-19 pandemic. This occurs when health plans require physicians or facilities to purchase medications through their own specialty pharmacies, versus the traditional route of physician practices purchasing the drugs directly, then billing payers for the treatment.

These arrangements can lead to a lack of drug efficacy, lack of physician supervision, adverse reactions, and waste. Yet, health plans continue these practices, even for sensitive drugs like chemotherapy that require specific dosing, temperature, and storage controls.

Without taking patients' medical needs or drug sensitivities into account, health plans also may abruptly change a stable patient's medication, typically to a less expensive option. Patients, especially those with chronic conditions, rely on their medications. This "nonmedical switching" undermines that access, which helps avoid more costly forms of care, like trips to the emergency department.

Nor can patients apply drug manufacturer coupons to their deductible or out-of-pocket maximum with Texas health plans now using "copay accumulator" policies. This makes many medications unaffordable, often for the sickest of patients who stand to benefit most from the coupons. This also means the health plan is getting paid twice at the expense of the patient.

At a time when Texas is looking to reform health care and control costs, these policies frustrate physicians' medical judgment, interrupt patient treatment, and shift costs to patients. They only benefit health plans' bottom line, not patient care.



TMA's Legislative Recommendations

- Close the loopholes that undermine the prior authorization exemption process in House Bill 3459 (87th Regular) and cause costly delays in patient care.
- Support House Bill 1647 to prohibit "white-bagging" policies, which raise efficacy and patient safety concerns.
- Support House Bill 826 to ensure physicians are involved in decisions to change patients' medications by preventing nonmedical switching.
- Support House Bill 999 to ban "copay accumulators," which add to out-of-pocket costs, especially for very sick patients.

1 [AMA 2021 Prior Authorization Physician Survey](#)

2 [House Bill 3459, 87th Regular Session, enrolled version](#)

3 [Texas Department of Insurance, Information on Implementation of HB 3459](#)



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