

Uniform Rx Prior-Authorization Form

House Bill 1032 by Rep. John Zerwas; Senate Bill 644 by Sen. Joan Huffman

Why the bill is needed

HB 1032/SB 644 will streamline prescription drug prior authorizations (PAs) ensuring patients receive their medications in a more timely fashion.

Background:

Currently insurance companies and pharmacy benefit managers require paper prior-authorization forms from physicians when they prescribe medications for their patients. Insurers don't use one standard form. Instead, each insurer has a different PA form — sometimes even several for different medication groups.

All these PA forms and processes take time and money, and delay patients' receiving their medications. The process requires physicians and their staff to take unnecessary steps once notified a prior authorization is needed. **One standard form used by all insurers could eliminate these problems.** A streamlined PA form would allow doctors to use the same form for all insurance plans, saving them and their patients, and insurance companies time and money.

What HB 1032/SB 644 does

- Requires the Texas Department of Insurance (TDI) commissioner to develop a single, standard form for requesting prior authorization of prescription drugs;
- Requires the TDI commissioner to develop the form with a stakeholder group;
- Requires health benefit plan issuers and pharmacy benefit managers to accept the standard form; and
- States the form cannot exceed two pages and must take into consideration existing PA forms and national standards, and requires a response (i.e., approve, deny, or need more information) within two business days of receipt of a PA form, or the prior authorization is automatically approved.

Federal law requires a 24-hour response to prior authorizations or an issuance of a 72-hour emergency supply of a medication in Medicaid. In addition, many Medicare Part D plans promise a 72-hour turnaround on prior authorizations or an expedited process in 24 hours upon request of a doctor.

What HB 1032/SB 644 DOES NOT do

- The bill **DOES NOT** mandate prescribers use an electronic PA form or e-prescribe.
- The bill **DOES NOT** change payers' criteria for the use of medicines or for approval or denial of a prior authorization.
- The bill **DOES NOT** impede an insurer's ability to define or redefine PA policy or prohibit prior authorization.
- The bill **DOES NOT** eliminate prior authorization as a utilization management tool for payers.
- The bill **DOES NOT** change medications subject to prior authorizations.



ACTION: PLEASE SUPPORT AND SIGN ON TO HB 1032 and SB 644