STOP PRIOR AUTHORIZATION HEADACHES
INTRODUCTION

Health plans continue to increase the number and frequency of prior authorizations, costing physicians and their patients time and money. The increasing number of prior authorization requirements for everything from novel therapies to generic prescription medication takes physicians away from patient care and often causes patients to delay or abandon their care.

Safe, timely, quality patient care depends on our collective advocacy in supporting the passage of legislation to streamline prior authorization burdens. TMA created this toolkit to arm stakeholders with the information they need to help TMA rein in prior authorization hassles in Texas for physicians and patients. The following messages, research, polling data, graphics, sample posts, and articles are for your social media channels. TMA encourages and appreciates your active participation in this important advocacy effort.
WHAT HEALTH PLANS ARE SAYING ABOUT
PRIOR AUTHORIZATION LEGISLATION

Texas Association of Health Plans (TAHP)

Eliminating prior authorizations undermine important patient protections and give providers a “blank check” for unneeded and even dangerous care. #txlege

HB 907 PUTS PATIENTS LIVES AT RISK

Government mandates that eliminate prior authorizations undermine important patient protections and drive up the cost of health coverage for Texas employers. Say NO to HB 907.

HB 410 WILL INCREASE HEALTH CARE COSTS

HB 410 is an unfunded government mandate that eliminates important safeguards against fraud, waste, and abuse—increasing your healthcare costs and health care costs for Texas employers. Say NO to HB 410. #txlege

The Power of Prior Authorization
tahp.org

Prior authorizations protect patient lives

TAHP Opposes HB 907: Don't Eliminate Protections of PA
tahp.org

Prior authorization requirements are an essential tool to prevent health care waste, fraud and abuse and even more importantly, to protect the health of patients. #txlege

Eliminating prior authorization not only puts patient lives in danger, it also eliminates important protections against fraud, waste, and abuse. Learn more below! 👇 👇 #txlege

Learn more about the power of prior authorizations here: bit.ly/3bRxWez #txlege

Say NO to HB 907
MESSAGING

- **Health plans must provide more transparency** for patients and physicians about their prior authorization requirements to prevent wasting time and money for Texas patients.
- Time physicians spend on administrative burdens like prior authorization is **time not spent on patient care**.
- **Only a physician has a 360° view and perspective** of their patient’s health – not a health plan.
- **Researchers estimate waste**, including administrative costs like prior authorization, **amounts to $245 billion, or $2,497 per person, per year**. (Source: The Hamilton Project)
- Prior authorizations **cost physicians between $10.92 and $14 each to obtain**, that does not include patient costs of time spent and missed work. (Source: The Hamilton Project)

Protecting Patients

- **Prior authorization delays care for Texas patients** – many of whom abandon needed care and take on unnecessary out-of-pocket expenses.
- Protection of the prudent layperson standard is paramount. If a patient believes they are having an emergency, the **provision of emergency care must be assessed** using the prudent layperson standard regardless of the final diagnosis.
- Autoimmune patients who are stabilized on a medicine **should not have to endure repeated prior authorizations for refills**. This hurdle interrupts management of their illness and can cause significant medical setbacks.
- When elective procedures receive prior authorization, **health plans should use the information provided to inform patients** of the network status of the physicians who will be involved in their care, the level of coverage the health plan will provide, and what the patient’s financial responsibility will be.
- **“White bagging” and “brown bagging”** of medication can **negatively impact patient care** by limiting necessary flexibility in administering drugs, and result in patients bearing an inordinate amount of the costs. Drugs administered or provided during inpatient care are not covered by insurance covering inpatient tests and procedures.
- The Texas Department of Insurance (TDI) **needs to perform more frequent compliance audits** to ensure more accountability in health plan utilization reviews, necessity, and appropriateness. Lack of compliance can delay or otherwise negatively affect patient care.
- **The use of copay accumulators is just a health plan paying themselves**, resulting in exorbitant out-of-pocket expenses for the patient. Copay accumulators should be prohibited; patients should be allowed to apply coupons toward their deductibles.
Protecting Physicians

- If a health plan must by law cover specific medical services and procedures, those services and procedures should not be subject to prior authorization and unnecessary delay.
- Physicians whose prior authorization requests are routinely approved should not be subject to prior authorizations.
- If prior authorization is approved by a health plan, later claim denial or nonpayment should be prohibited.
- If prior authorizations can be required 24/7, approvals by health plans should also be available 24/7. Patient health doesn’t wait for weekends and holidays.
- Utilization review and “peer-to-peer” initial prior authorizations and reviews should be conducted by a Texas-licensed physician in the same or substantially similar specialty to the service or procedure being reviewed. It makes little sense to have an orthopedic surgeon conducting utilization reviews or prior authorization on pediatric pulmonary services.
- If a health plan contracts a physician to be part of its network, it should also trust that physician’s medical judgment on the best course of treatment for patients.

RESEARCH/POLLING FINDINGS

- 87% of Texas physicians report prior authorization burden has increased over the past 5 years. (Source: Texas Medical Association survey of 37,151 physicians in active medical practice, Feb. 2020)
- 85% of Texas physicians say prior authorization delayed access to necessary care for a patient. (Source: AMA survey of 500 Texas voters, Jan.-Feb. 2021)
- 81% of Texas physicians say prior authorization interfered with the continuity of ongoing care. (Source: Texas Interested Citizens Statewide Survey of 1,200 registered Texas voters, Nov. 2020)
- 78% of Texas physicians say many patients abandoned their recommended course of treatment due to prior authorization hassles. (Source: Texas Medical Association survey of 37,151 physicians in active medical practice, Feb. 2020)
- 50% of Texas voters think the main reason health insurance companies review physicians’ orders is to increase their own profits. (Source: WPAi survey of 800 registered Texas voters, Jan. 2020)
PRIOR AUTHORIZATION BILLS IMPORTANT TO MEDICINE

- **HB 410** by Rep. Julie Johnson: No prior authorizations for state-mandated covered procedures like mammograms, cancer screenings, and diabetes management, etc.

- **HB 907** by Representative Johnson and **SB 2043** by Sen. Jose Menéndez: No repetitive prior authorizations for autoimmune medications.

- **HB 1586** by Rep. Eddie Lucio III and **SB 1161** by Sen. Charles Schwertner, MD: No “brown bagging” or “white bagging,” requiring medications be purchased by a specialty pharmacy.

- **HB 2035** by Representative Johnson: Protects the prudent layperson standard regardless of final diagnosis.

- **HB 2142** by Rep. Hubert Vo: Require annual Texas Department of Insurance audits of health plans’ prior authorization compliance.

- **HB 2668** by Rep. Four Price and **SB 523** by Sen. Dawn Buckingham, MD: Eliminate copay accumulators, allowing patients to apply coupons toward their deductibles and out-of-pocket costs.

- **HB 3459** by Rep. Greg Bonnen, MD, and **SB 1883** by Senator Buckingham: Gold card physicians whose prior authorizations are approved more than 80% of the time; require a peer-to-peer utilization review to be done by a physician in the same or a similar medical specialty.

- **HB 3542** by Representative Johnson and **SB 2048** by Senator Menéndez: Require insurers, HMOs, and utilization review agents to have phone personnel available for prior authorization review 24/7.
SOCIAL MEDIA GRAPHICS FOR FACEBOOK/LINKEDIN/TWITTER

**85%** of Texas physicians say prior authorization delayed access to necessary care for a patient.

Source: AMA survey of 500 Texas-licensed physicians, Jan. - Feb. 2021

**81%** of Texas physicians say prior authorization interfered with the continuity of ongoing care.

Source: Texas Medical Association’s Community Health Survey of 1,200 registered Texas-licensed physicians, Nov. 2020

**78%** of Texas physicians say patients abandoned their recommended course of treatment due to prior authorization.

Texas Medical Association survey of 27,152 physicians in active medical practice, Feb. 2020

**PRIOR AUTHORIZATIONS HARM PATIENT CARE**

**PRIOR AUTHORIZATIONS DELAY PATIENT CARE**

**PRIOR AUTHORIZATIONS COST TIME AND MONEY**

**VOTE YES.**

Physicians and their staff spend an average of almost two business days (14.4 hours) each week completing prior authorizations.

Source: American Medical Association survey of 1,000 practicing physicians, Dec. 2019
CAMPAIGN HASHTAGS

#PriorAuth
#PriorAuthorization
#FixPriorAuth
#HealthPlansArentPhysicians
#TMAadvocacy
#txlege

Example TMA posts

Texas Medical Association @texmed

Prior authorizations cost essential workers and all Texas patients more time and money while reaping profits for health plans. YES on #HB907. #txlege
6:06 PM · 16 Mar 21 · Twitter for iPhone

6 Retweets 19 Likes

Texas Medical Association @texmed

TMA leaders Debra Patt, MD, and David Fleeger, MD, testified today in front of the House Insurance Committee. The two testified in support of HB 410 by @juliejohnsonTX which would prohibit #priorauthorization for state mandated insurance coverage benefits.
#TMAadvocacy #txlege
PRIOR AUTHORIZATION
SAMPLE SOCIAL MEDIA POSTS

- Prior authorizations delay important and necessary care for patients. Give autoimmune patients their Rx – Keep them stable and healthy. YES on #HB907 #txlege #HealthCantWait #FixPriorAuth #TMAadvocacy

- Reform health plan abuse and use of prior authorizations to delay and prevent care. Keep Texas patients on prescriptions that are working. YES on #HB907 #txlege #FixPriorAuth #TMAadvocacy

- Texas law says health plans must cover specific procedures, so why delay patient care further with unnecessary prior authorizations? Health care cannot wait! #txlege YES on #HB410 #FixPriorAuth #TMAadvocacy

- Health plans must cover certain medical procedures by law. So why are they requiring prior auth on these very procedures. Padding pockets for profits. Eliminate #priorauth obstacles so patients can get timely required care. #txlege #HB410 #FixPriorAuth #TMAadvocacy

- If a TX patient believes they’re having a health emergency, it’s an emergency. Health plans denying care after the fact violates the prudent layperson standard and enriches health plans at the expense of TX patients. #txlege #HB2035 #FixPriorAuth #TMAadvocacy

- Number crunchers who’ve never treated a patient should not determine if patient care is a medical emergency. Second guessing medical treatment benefits only the health plan’s bottom line while harming patients. #txlege #HB2035 #FixPriorAuth #HealthCantWait #TMAadvocacy

- Physicians want to spend their time treating patients, not jumping thru hoops. If more than 80% of prior authorizations for a physician are approved, “gold card” the physician and let them practice medicine, not shuffle papers. #txlege #HB3459 #SB1883 #FixPriorAuth #TMAadvocacy

- Specialty physicians are just that: specialized. When a prior authorization peer-to-peer review is required, both physicians should be in the same specialty. #txlege #HB3459 #SB1883 #FixPriorAuth #TMAadvocacy

- Chronically ill patients on expensive medications risk financial hardship. Copay accumulators make patients pay more money out-of-pocket when they can least afford it. Protect vulnerable patients and eliminate copay accumulators. #txlege #SB523 #HB2668 #FixPriorAuth #TMAadvocacy

- If patients and physicians must comply with #priorauthorization, health plans must be audited to ensure compliance and transparency. #txlege YES on #HB2142 #TMAadvocacy #FixPriorAuth
PRIOR AUTHORIZATION SAMPLE SOCIAL MEDIA POSTS (CONT.)

• 48% of Texas physicians have had to hire staff to exclusively work on prior authorizations. That’s an investment that can’t be made in expanding patient care. #txlege #FixPriorAuth #PriorAuth #TMAadvocacy

• Physician practices spend two full days per week to complete on average 33 prior authorizations. That’s 33 patients whose necessary health care gets delayed. #txlege #FixPriorAuth #PriorAuth #HealthCantWait #TMAadvocacy

• Only a physician has a 360° view and perspective of their patient’s health – not a health plan. Reviewing paperwork is not providing health care. Treating the patient is providing health care. #txlege #TMAadvocacy #FixPriorAuth #HealthPlansArentPhysicians

• Researchers estimate waste, including administrative costs like prior authorization, amounts to $245 billion, or $2,497 per person, per year. That’s money that can’t be spent on health care. #txlege #FixPriorAuth #TMAadvocacy

• 87% of Texas physicians report prior authorization burden has increased over the past 5 years. That’s time not spent on patient care. #txlege #TMAadvocacy #FixPriorAuth #HealthPlansArentPhysicians

• 85% of Texas physicians say prior authorization delayed access to necessary care for a patient. Patient health is too important to be delayed due to red tape. #txlege #TMAadvocacy #FixPriorAuth #HealthPlansArentPhysicians

• 81% of Texas physicians say prior authorization interfered with the continuity of ongoing care. Patient health is too important to be interrupted by red tape. #txlege #TMAadvocacy #FixPriorAuth #HealthPlansArentPhysicians

• 50% of Texas voters think the main reason health insurance companies review physicians’ orders is to increase their own profits. #txlege #TMAadvocacy #FixPriorAuth #HealthPlansArentPhysicians

• 78% of Texas physicians say patients abandoned their recommended course of treatment due to prior authorization. #txlege #TMAadvocacy #FixPriorAuth #HealthPlansArentPhysicians

• If #priorauthorization can be required 24/7, approvals by health plans should also be available 24/7. Patient health doesn’t wait on weekends. #txlege #FixPriorAuth #TMAadvocacy #HB3542 #SB2048
RESOURCES

Streamlining Prior Authorization Burdens
https://www.texmed.org/Template.aspx?id=55602

Prior Auth for Chronic Disease Drugs Goes Before Insurance Panel
https://www.texmed.org/Template.aspx?id=55992

TMA To Target Prior Authorization in Tuesday’s House Insurance Hearing
https://www.texmed.org/Template.aspx?id=55920

Proposed CMS Payer Requirements Shouldn’t Burden Physicians, TMA Says
https://www.texmed.org/Template.aspx?id=55532

AMA Advocates for 24/7 Prior Authorization Processing
https://www.texmed.org/Template.aspx?id=54871

Mixed Bag: Some Payers Capitalize on COVID Chaos; Others Help Make Care Easier
https://www.texmed.org/Template.aspx?id=54818

Extend Medicaid Changes Throughout, After Emergency, Medicine Tells State
https://www.texmed.org/Template.aspx?id=53640