

HEALTHY VISION 2025



Hold Health Insurers Accountable for the Products They Sell to Texans

We don't want our patients "stuck in the middle" over a bill for out-of-network services. Nor do we want them to suffer a financial crisis in the wake of a medical crisis. Narrow, inadequate health insurance networks can mean little or no access to critical health care services. The plans themselves determine which physicians will participate in those networks. And narrow, inadequate networks can mean patients receive some very surprising bills after treatment is received.

Some of the most frequent, and most irritating, intrusions into physicians' and patients' daily lives come from health insurance companies. Their arbitrary denials of coverage; increasing demands for prior authorization for procedures, equipment, and medications; and seemingly random changes in pharmaceutical formularies combine to eat massive chunks of physicians' time and interfere in their ability to provide patients with the care they need.

DATA POINTS:

- More than 300 Texas hospitals do not have even one available emergency room physician who is in network with at least one of the state's three largest health insurance companies.
- Eighty-six percent of U.S. physicians say the prior authorization burden has increased or increased significantly over the past five years.
- Two-thirds of Texas physicians tried to join health plan networks but were denied or received woefully inadequate offers.
- On health plan network directories, one in four Texas physicians at times were listed as being in network when they actually were not, and one in three were not listed as a participating physician when they should have been.

(continued)



Physicians Caring for Texans

WE SUPPORT

- **Revised SB 1264 by Hancock.** Institutes baseball-style, binding arbitration for disagreements regarding payment for most surprise medical bills, relies on market-based benchmark data to determine arbitration decision, removes patient from surprise bill dispute resolution process.
- **HB 3911 by Vo and SB 2252 by Campbell.** Requires the Texas Department of Insurance (TDI) to examine network adequacy of PPOs and EPOs at least once every two years. Surprise bills occur when insurers fall short of their obligation to provide adequate networks.
- **HB 2630 by Julie Johnson/SB 1742 by Menéndez.** Requires health plan network directories to clearly identify which radiologists, anesthesiologists, pathologists, emergency physicians, neonatologists, and assistant surgeons are in-network at network facilities. Covers ambulatory surgery centers, birthing centers, hospitals, and freestanding emergency centers.
- **SB 1186 by Buckingham/HB 2327 by G. Bonnen.** Requires HMOs to notify physicians and plan enrollees which procedures require prior authorization and what the process entails. Additionally, physicians whose prior authorization requests are approved routinely by the health plan are exempt from further prior authorization requirements if deemed appropriate by TDI rule.
- **HB 2408 by Julie Johnson/SB 1741 by Menéndez.** Disallows prior authorization requirements for state-mandated health plan benefits, such as mammograms and prostate cancer screening.
- **HB 2520 by Julie Johnson/SB 1740 by Menéndez.** When health plans approve a prior authorization request for elective health care services, requires them to tell patients ahead of time about (1) the network status of physicians or providers who may participate in the service, and (2) the patient's expected financial responsibility.
- **SB 1187 by Buckingham/HB 2387 by G. Bonnen.** Requires a utilization review program to be directed by a physician licensed in the state of Texas.
- **SB 580 by Campbell/HB 2099 by Lambert.** Prohibits a health plan from changing a patient's drug coverage upon plan renewal if the patient has been stable on that medication.



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