



Physicians Caring for Texans

Streamlining Prior Authorization: Gold Carding and Peer-to-Peer Reviews
House Insurance Committee
House Bill 3459 by Rep. Greg Bonnen, MD
Physician Testimony by John Flores, MD
April 13, 2021

Thank you, Mr. Chairman and committee members, for allowing me to testify today. My name is Dr. John Flores, and I am an internist from the Dallas-Fort Worth metroplex. Today, I am testifying on behalf of the Texas Medical Association and its more than 55,000 physician and medical student members across Texas **in support of** House Bill 3459.

I want to begin by thanking Chair Bonnen for filing this legislation, which will enable me to (1) spend more time with my patients, and (2) get approvals for their medically necessary care in a more efficient and timely manner.

Last week, the American Medical Association (AMA) released the results of a nationwide survey of physicians, which highlighted the burden of health plan prior authorization requirements on patients and physicians.

Some key takeaways are as follows:

- 94% of physicians saw delays in care;
- 79% reported that prior authorization sometimes leads to total abandonment of care for the patients they treat;
- 21% say a prior authorization has led to hospitalization of a patient;
- 18% say that a prior authorization has led to a life-threatening event or required intervention to prevent permanent damage or impairment; and
- 9% report that prior authorization has led to a patient's disability or permanent bodily damage, congenital anomaly, birth defect, or death.

While health plans assert that prior authorization and other utilization review processes are used to address fraud, waste, and abuse, the proliferation of prior authorization processes often works at cross purposes with the timely and appropriate delivery of patient care. It frequently inserts waste into the health care system.

HB 3459 would address these concerns by (1) streamlining the prior authorization process for physicians who regularly get approval for certain procedures by granting them "gold card" exemption status, and (2) moving up the same-or-similar-specialty review to the peer-to-peer call component of a utilization review.

Thank you again for allowing me to testify on this important bill, and I am happy to answer any questions.