

SUBJECT: Prohibiting prior authorization for HIV/AIDS drugs under Medicaid

COMMITTEE: Public Health — favorable, without amendment

VOTE: 10 ayes — S. Thompson, Wray, Allison, Frank, Guerra, Lucio, Ortega, Price, Sheffield, Zedler

0 nays

1 absent — Coleman

SENATE VOTE: On final passage, April 17 — 31-0

WITNESSES: *On House companion bill, HB 4055:*

For — Amy Leonard, Legacy Community Health; (*Registered, but did not testify*): Chase Bearden, Coalition of Texans with Disabilities; Anne Dunkelberg, Center for Public Policy Priorities; Will Francis, National Association of Social Workers-Texas Chapter; John Hawkins, Texas Hospital Association; Adriana Kohler, Texans Care for Children; Tom Kowalski, Texas Healthcare and Bioscience Institute; Myra Leo, GlaxoSmithKline GSK; Michelle Romero, Texas Medical Association; Mark Vane, Gilead Sciences; Sandra Fountain, Robyn Ross, Arthur Simon)

Against — None

On — Ryan Van Ramshorst, Health and Human Services Commission

BACKGROUND: Government Code sec. 531.073(a) establishes the authority of the executive commissioner of the Health and Human Services Commission (HHSC), in the rules and standards governing the Medicaid vendor drug program and the child health plan program, to require prior authorization for the reimbursement of a drug that is not included in the appropriate preferred drug list adopted by HHSC for those programs, except for any drug exempted from prior authorization requirements by federal law.

Concerns have been raised that requiring prior authorization or step therapy for certain HIV or AIDS medication could prevent patients from accessing the best medication as soon as possible.

DIGEST: SB 1283 would prohibit the executive commissioner of the Health and Human Services Commission (HHSC), in the rules and standards governing the Medicaid vendor drug program, from requiring prior authorization, step therapy, or other protocol for an antiretroviral drug that could restrict or delay the dispensing of the drug.

The bill would apply the same prohibition to an outpatient pharmacy benefit plan maintained by a managed care organization under contract with HHSC, for any contract entered into or renewed on or after the effective date of the bill.

The bill would define "antiretroviral drug" to mean a drug that treated human immunodeficiency virus or prevented acquired immune deficiency syndrome, including certain drug types specified in the bill.

If before implementing any provision of the bill a state agency determined that a waiver or authorization from a federal agency was necessary, the agency affected by the provision would have to request the waiver or authorization and could delay implementing that provision until the waiver or authorization was granted.

The bill would take effect September 1, 2019.