



Physicians Caring for Texans

**Eliminating Physician Practice Waste: Gold Carding and Peer-to-Peer Reviews**  
**House Insurance Committee**  
**House Bill 3459 by Rep. Greg Bonnen, MD**  
**Physician Testimony by Zeke Silva, MD**  
**April 13, 2021**

Thank you, Mr. Chairman and committee members, for allowing me to testify today. My name is Dr. Zeke Silva, and I am a physician from San Antonio specializing in radiology. 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 would like to begin by thanking Chair Bonnen for filing this legislation, which addresses unnecessary burdens, delays, and costs in the health care system caused by the overutilization of health plan prior authorization processes.

This legislation reins in health plan prior authorization practices that impede the appropriate and timely delivery of medically necessary care by inserting two important efficiencies into the process.

First, the bill requires health plans to grant “gold card” status for commonly approved procedures on a physician-by-physician basis.

“Gold carding” means that a physician who performs a procedure at least five times a year and has that procedure approved at least 80% of the time, based on the previous calendar year, would not be subject to prior authorization requirements for that procedure. The exemption or “gold card” status would be valid for one year.

This is an important measure because it (1) eliminates the delays to patient care that would otherwise be caused by prior authorization requirements imposed on services that are regularly approved when performed by a particular physician, and (2) removes the waste and administrative burdens placed on physician practices for these services.

A nationwide prior authorization study released last week by the American Medical Association found that physician practices are having to do 40 prior authorizations per week, and 40% of physicians have staff that exclusively work on prior authorizations.

Eighty-five percent of physicians say the burden, in general, is extremely high and on average spend 16 hours a week or two full working days on prior authorizations.

The more time our staffs and fellow physicians spend on prior authorizations, the less time we spend with our patients. HB 3459's "gold carding" provision is a common-sense approach to addressing the current proliferation of prior authorization requirements for services commonly approved when performed by a particular physician.

Second, HB 3459 would increase efficiencies in utilization reviews by requiring peer-to-peer calls, which under current Texas law are required prior to an adverse determination, to be conducted by a physician in the same or similar specialty as the treating physician. This is an important change, because reviews by physicians in unrelated specialties can lead to unnecessary initial adverse determinations and delays in medically necessary care. In many instances, care is likely to be approved upon appeal when reviewed by a same or similar-specialty physician, so it is inefficient to delay this level of review to a later stage in the utilization review process.

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