Texas Society of Clinical Oncology
Overview of 83rd Texas Legislature and Federal Discussion

September, 2013
The 83rd Texas Legislative Session
At a Glance
FACTS AND FIGURES

January, 2013
Tax Relief
Infrastructure
Water
Education

Sine Die
1,437 bills passed
26 bills vetoed
14 bills filed without signature

2014/2015 budget: $94.6b in (GR) and $197b in (AF)

$19.1b in GR was appropriated to HHSC for 2014-15 biennium – a 6.4% growth for the previous biennium

Interim
Billing and Transparency
Provider Protections
Tax and Medicare Deduction
CPRIT
Healthcare Profile
Key Issues to Oncologists

• All price transparency, price reporting, practice altering legislation was quashed
• Biosimilar protection legislation failed but members are now attune to the science of biosimilars
• Oral drug formularies remain the same across Medicaid and managed Medicaid – one formulary – until 2018
• Standardized prior authorization was mandated on commercial and Medicaid health plans
• A provider protection plan – 1998 Take II – is to be created
  • There are some potential dangers, many from lack of proper education about practice operations, channel partners and financial management, existing in the mandate to HHSC to undergo certain changes in an effort to streamline budgets. Bundling for example as well as co-pays for CLFS services.
• Fraud and abuse, privacy and other small changes are net positive
TMA in Oncology

- Support and work alongside Marc Samuels and Marsha Jones
- Committee on Cancer
- Science and Public Health
- POEP
- TexMed

POEP lost CPRIT funding and while has been incorporated into the Committee on Cancer, it is substantially reduced. POEP will no longer provide education for local medical societies.

TexMed, formerly a cancer track, will now be more generalized and also include oncology instead of being dedicated to oncology.
Key Issues to Medicine

- Tobacco - Smoke Free Texas
- Oral Parity - passed 2011
- Education - Breast Cancer Education
- Practice
  - Silent PPOs
  - OIG
  - Balanced Billing
  - Senate Bill 406 (APNs)
### Cost Containment Initiatives in the Budget, SB 1

| (1) | Implement payment reform and quality based payment adjustments in fee-for-service and in managed care premiums | $25.9/$62.3 | $12.46/$31.15 |
| (3) | Increase efficiencies in the vendor drug program | $78.9/$189.1 | $0/$0 |
| (6) | Maximize co-payments in all Medicaid programs (look to lab services, DME including infusion pumps, etc. – we will stay diligent here too) | $0/$0 | $0/$0 |
| (12) | Strengthen prior authorization requirements | $62.0/$149.2 | $8.96/$22.4 |
| (13) | Strengthen and expand utilization and prior authorization reviews |  |  |
| (18) | Develop a dynamic premium development process for managed care organizations that has an ongoing methodology for reducing inappropriate utilization, improving outcomes, reducing unnecessary spending, and increasing efficiency |  |  |

Seeks savings of:  
$400,000,000 GR  
$961,602,696 AF

Scored as  
$505,900,000 GR  
$1,205,300,000 AF

From hospitals:  
$185,880,000 GR  
$445,500,000 AF
Key Items and Recommendations for Interim

- Create political outreach and Interim plan and involve TMA
- Create one page document for member outreach
- Write a letter to Dr. Bonnen once we have a solid policy on transparency and what it means to oncology in the context of his legislation
- Create a biologics task force
- Create an insurance task force
- Establish a biosimilars policy and create a biosimilars task force
Engagement with TMA

- Need community oncology on cancer committee
- Can be nominated by your local medical society
- Must be a TMA member
- The best way to be a part of medical policies and regulations that will impact our oncology practices
Contact Us

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