

## **BILL ANALYSIS**

Senate Research Center  
89R26897 DNC-D

C.S.S.B. 1525  
By: Menéndez  
Health & Human Services  
4/30/2025  
Committee Report (Substituted)

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Prior authorization is a decision by health insurers or plans that determine whether a health care service, treatment plan, prescription drug, or durable medical device is medically necessary. Some health insurance plans require preauthorization for certain services, except in the cases of emergencies. Chronically ill patients in the state of Texas maintain their health, quality of life, and livelihood through medications that allow them to manage their illnesses. Once a patient is stable on medication that must be taken regularly, health benefit plans can still require a prior authorization for that medication, which interrupts the continuity of care and negatively affects a patient's health. Patients stable on their medications should not be subject to prior authorization requirements that interrupt their care and put their health at risk.

This bill would prohibit insurance companies from requiring prior authorization for prescription drugs used to treat chronic health conditions and neurodegenerative diseases more than once annually. This would promote continuity of care and allow patients to lead productive lives while managing their illnesses.

Committee Substitute:

- Removes chronic illnesses in the bill.
- Provides clarity that one year prohibition on requiring prior authorizations are for medications already prescribed to the patient.

C.S.S.B. 1525 amends current law relating to prior authorization for prescription drug benefits related to the treatment of neurodegenerative diseases.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends the heading to Subchapter N, Chapter 1369, Insurance Code, to read as follows:

#### **SUBCHAPTER N. COVERAGE OF PRESCRIPTION DRUGS FOR AUTOIMMUNE AND NEURODEGENERATIVE DISEASES AND CERTAIN BLOOD DISORDERS**

SECTION 2. Amends Section 1369.654, Insurance Code, by amending Subsection (a) and adding Subsection (c), as follows:

(a) Prohibits a health benefit plan issuer that provides prescription drug benefits from requiring an enrollee to receive more than one prior authorization annually of the prescription drug benefit for a prescription drug prescribed to treat an autoimmune disease, a neurodegenerative disease, hemophilia, or Von Willebrand disease.

(c) Authorizes a health benefit plan issuer, notwithstanding Subsection (a), to require an enrollee who is prescribed a new prescription drug to treat a neurodegenerative disease to obtain a prior authorization for the prescription drug.

SECTION 3. Makes application of this Act prospective to January 1, 2026.

SECTION 4. Effective date: September 1, 2025.