



House of Representatives

File No. 962

General Assembly

January Session, 2009

(Reprint of File No. 569)

Substitute House Bill No. 6540
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 14, 2009

AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2010*) Each individual health
2 insurance policy providing coverage of the type specified in
3 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
4 statutes delivered, issued for delivery, amended, renewed or
5 continued in this state on or after January 1, 2010, that provides
6 coverage for prescription eye drops, shall not deny coverage for a
7 renewal of prescription eye drops when (1) the renewal is requested by
8 the insured less than thirty days from the later of (A) the date the
9 original prescription was distributed to the insured, or (B) the date the
10 last renewal of such prescription was distributed to the insured, and
11 (2) the prescribing physician indicates on the original prescription that
12 additional quantities are needed and the renewal requested by the
13 insured does not exceed the number of additional quantities needed.

14 Sec. 2. (NEW) (*Effective January 1, 2010*) Each group health insurance
15 policy providing coverage of the type specified in subdivisions (1), (2),

16 (4), (11) and (12) of section 38a-469 of the general statutes delivered,
17 issued for delivery, amended, renewed or continued in this state on or
18 after January 1, 2010, that provides coverage for prescription eye
19 drops, shall not deny coverage for a renewal of prescription eye drops
20 when (1) the renewal is requested by the insured less than thirty days
21 from the later of (A) the date the original prescription was distributed
22 to the insured, or (B) the date the last renewal of such prescription was
23 distributed to the insured, and (2) the prescribing physician indicates
24 on the original prescription that additional quantities are needed and
25 the renewal requested by the insured does not exceed the number of
26 additional quantities needed.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2010</i>	New section
Sec. 2	<i>January 1, 2010</i>	New section

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: Potential Cost – STATE MANDATE

Explanation

The bill mandates coverage for prescription eye drops. There are no anticipated costs to the state health plans since the state plans currently allow participants to obtain up to 3 months of maintenance eye drops at one time. In instances requiring additional medication, there is an administrative process by which pharmacists can work with state providers to manually override a prescription denial.

The bill's provisions may increase costs to certain fully insured municipal plans that currently do not provide the coverage mandated. The coverage requirements may result in increased premium costs when municipalities enter into new health insurance contracts. Due to federal law, municipalities with self-insured health plans are exempt from state health insurance benefit mandates.

House "A" eliminated a provision of the underlying bill that made this mandate applicable to the programs of the Department of Social Services. The amendment thus eliminated the associated cost.

Sources: Office of the State Comptroller, Municipal Employees Health Insurance Plan (MEHIP) Schedule of Benefits, State Employee Health Plan Subscriber Agreement.

OLR Bill Analysis**sHB 6540 (as amended by House "A")******AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS.*****SUMMARY:**

This bill prohibits certain health insurance policies that provide prescription eye drop coverage from denying coverage for prescription renewals when (1) the refill is requested by the insured less than 30 days from either (a) the date the original prescription was given to the insured or (b) the last date the prescription refill was given to the insured, whichever is later, and (2) the prescribing physician indicates on the original prescription that additional quantities are needed and the refill requested by the insured does not exceed this amount.

The bill applies only to individual and group health insurance policies that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services that are delivered, issued, renewed, amended, or continued in the state on or after January 1, 2010.

*House Amendment "A" (1) removes the definition of "health insurance policy" in the original bill so that the bill no longer applies to an individual policy or benefit plan that provides medical benefits to Medicaid, HUSKY Plan, Charter Oak Health Plan, ConnPACE, or state-administered general assistance recipients; and (2) makes technical changes.

EFFECTIVE DATE: January 1, 2010

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Change of Reference

Yea 11 Nay 0 (03/05/2009)

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 0 (03/23/2009)

Human Services Committee

Joint Favorable

Yea 13 Nay 5 (04/16/2009)

Appropriations Committee

Joint Favorable

Yea 48 Nay 3 (04/27/2009)