



Senate

General Assembly

File No. 24

February Session, 2010

Senate Bill No. 92

Senate, March 11, 2010

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING PRESCRIPTION EYE DROPS.

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

1 Section 1. Section 38a-492m of the 2010 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective January 1, 2011*):

4 Each individual health insurance policy providing coverage of the
5 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
6 469 delivered, issued for delivery, amended, renewed or continued in
7 this state, [on or after January 1, 2010,] that provides coverage for
8 prescription eye drops, shall [not deny] provide coverage for: [a]

9 (1) A renewal of prescription eye drops when [(1)] (A) the renewal is
10 requested by the insured less than thirty days from the later of [(A)] (i)
11 the date the original prescription was distributed to the insured, or
12 [(B)] (ii) the date the last renewal of such prescription was distributed
13 to the insured, and [(2)] (B) the prescribing physician indicates on the
14 original prescription that additional quantities are needed and the

15 renewal requested by the insured does not exceed the number of
16 additional quantities needed; and

17 (2) One additional bottle of prescription eye drops when (A) such
18 bottle is requested by the insured or the prescribing physician at the
19 time the original prescription is filled, and (B) the prescribing
20 physician indicates on the original prescription that such additional
21 bottle is needed by the insured for use in a day care center or school.
22 Such additional bottle shall be limited to one every three months.

23 Sec. 2. Section 38a-518l of the 2010 supplement to the general
24 statutes is repealed and the following is substituted in lieu thereof
25 (*Effective January 1, 2011*):

26 Each group health insurance policy providing coverage of the type
27 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
28 delivered, issued for delivery, amended, renewed or continued in this
29 state, [on or after January 1, 2010,] that provides coverage for
30 prescription eye drops, shall [not deny] provide coverage for: [a]

31 (1) A renewal of prescription eye drops when [(1)] (A) the renewal is
32 requested by the insured less than thirty days from the later of [(A)] (i)
33 the date the original prescription was distributed to the insured, or
34 [(B)] (ii) the date the last renewal of such prescription was distributed
35 to the insured, and [(2)] (B) the prescribing physician indicates on the
36 original prescription that additional quantities are needed and the
37 renewal requested by the insured does not exceed the number of
38 additional quantities needed; and

39 (2) One additional bottle of prescription eye drops when (A) such
40 bottle is requested by the insured or the prescribing physician at the
41 time the original prescription is filled, and (B) the prescribing
42 physician indicates on the original prescription that such additional
43 bottle is needed by the insured for use in a day care center or school.
44 Such additional bottle shall be limited to one every three months.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>January 1, 2011</i>	38a-492m
Sec. 2	<i>January 1, 2011</i>	38a-518l

INS *Joint Favorable*

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:

Municipalities	Effect	FY 11 \$	FY 12 \$
Various Municipalities	STATE MANDATE - Cost	Potential	Potential

Explanation

This bill results in no fiscal impact to the state because the state employee and retiree health 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.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

Sources: Office of the State Comptroller, State Employee Health Plan Subscriber Agreement

OLR Bill Analysis**SB 92*****AN ACT CONCERNING PRESCRIPTION EYE DROPS.*****SUMMARY:**

This bill requires certain health insurance policies that provide prescription eye drop benefits to cover one additional bottle of drops when (1) it is requested by the insured or the prescribing physician when the original prescription is filled and (2) the prescribing physician indicates on the original prescription that the insured needs an additional bottle for use in a day care setting or school. The bill limits coverage of the additional bottle to one every three months.

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including coverage under an HMO plan.

Due to federal law (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

Current law requires these insurers to provide coverage for prescription eye drop 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.

EFFECTIVE DATE: January 1, 2011

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 15 Nay 2 (02/23/2010)