

Testimony of the  
Connecticut Society of Eye Physicians  
Connecticut ENT Society  
Connecticut Urology Society  
Connecticut Dermatology and Dermatologic Surgery Society  
SB 879A Act Concerning Prescription Eye Drops  
Before the Insurance and Real Estate Health Committee  
On

February 10, 2011

Good afternoon Senator Crisco, Representative Megna and other distinguished members of the Insurance and Real Estate Committee. My name is Dr. Steven Thornquist and I am a board certified Pediatric Ophthalmologist working in, Trumbull Connecticut. I am here representing over 1200 M.D.s in various medical fields in support of SB 879 AAC Prescription Eye Drops.

Physicians, in particular the ophthalmologists (Eye M.D.s) would like to thank you for putting into law in 2009 Public Act 09-136, which provided a protection for those who needed to renew their eye drop prescriptions before a full calendar month has run its course. The passing of that key piece of legislation has made a significant difference in the lives of geriatric patients who struggle with drop application and who suffer from sight threatening conditions, like glaucoma. Today we are asking you to take this bill one step further and help the children, adolescents and adults who are in supervised care situations like school or day care, who must have two separate locations for drop administration. Many young patients require eye drops for sight threatening conditions like corneal infections or uveitis, an inflammation of the inside of the eye which can lead to glaucoma, cataract, and permanent vision loss. Under the current law, they cannot get two bottles of medication to meet their daily needs for home and school.

Whenever possible, physicians treat ocular conditions with eye drops to avoid the side effects of systemic treatment. In many cases, this requires many drops throughout the day. Since some patients spend a significant amount of time away from their home, the drops must be administered at school as well as at home. Children and adults with dementia often cannot administer eye drops themselves, or are not allowed to by administrative rules. For the same reasons, they cannot reasonably be expected to reliably transport the drops to and from school or day care. School buses and other travel arrangements often preclude involvement of the parents or other family members in the transfer of medication, and the school nurse or other administering authority may not be available at the appropriate time for the transfer to occur. While pills and even elixirs can be easily divided into two or more containers and labeled by the pharmacy or the parent, eye drops; come in pre-measured bottles that cannot be easily divided. Two locations require two bottles. But insurance plans rarely cover a second bottle for these circumstances, leaving the parents to pay for the additional medication. For some parents and some medications, this represents a significant cost and presents a financial hardship. This can lead to prolonged and sometimes even failed treatment, requiring more aggressive therapies that increase both the disease and financial burden.

A simple solution would be to require coverage of a second bottle of eye drops for use at school or daycare, when specifically requested by the ordering provider, in a manner similar to what you have already done for early refills for those who have difficulty self-administering drops. This bill does just that.

We thank you for addressing the problem the elderly have using eye drops effectively and efficiently, and we urge quick passage of this bill that provides a similar remedy for our children in day care or school and for adults in day care as well. This should place little burden on the insurers, as it would only apply to those few prescriptions on which the prescriber

specifically writes to provide an additional bottle, which would be negotiated between the provider and the patient on a case by case basis. Whenever possible, Physicians try to prescribe a medication schedule that does not involve school or day care personnel, but for those patients who need it this would provide welcome relief from what can be a significant burden. Thank you for your time and consideration of this important piece of legislation and for your convenience we have attached Public Act 09-136 for your review.

Substitute House Bill No. 6540

Public Act No. 09-136

AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS.

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

Section 1. (NEW) (Effective January 1, 2010) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, 2010, that provides coverage for prescription eye drops, shall not deny coverage for a renewal of prescription eye drops when (1) the renewal is requested by the insured less than thirty days from the later of (A) the date the original prescription was distributed to the insured, or (B) the date the last renewal of such prescription was distributed to the insured, and (2) the prescribing physician indicates on the original prescription that additional quantities are needed and the renewal requested by the insured does not exceed the number of additional quantities needed. Sec. 2. (NEW) (Effective January 1, 2010) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, 2010, that provides coverage for prescription eye drops, shall not deny coverage for a renewal of prescription eye drops. Substitute House Bill No. 6540

Public Act No. 09-136 2 of 2

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Approved June 18, 2009