

HCS HB 315 -- PRESCRIPTION EYE DROP REFILLS

SPONSOR: Rowland

COMMITTEE ACTION: Voted "Do Pass" by the Committee on Health Insurance by a vote of 11 to 0.

Beginning on January 1, 2014, this substitute requires a health carrier that offers or issues plans that provide coverage for prescription eye drops to provide coverage for refilling the eye drop prescription prior to the last day of the insured's dosage period as long as the prescribing health care provider authorizes the early refill and the health carrier or health benefit plan is notified. Coverage must not be subject to any greater deductible or co-payment than other similar health care services provided by the health plan. The substitute exempts specified supplemental insurance policies from these provisions.

The provisions of the substitute expire on January 1, 2017.

PROPONENTS: Supporters say that the bill applies to prescription eye drops for chronic conditions, such as glaucoma, and does not apply to prescription eye drops that treat acute conditions. Eye drops are inherently difficult to administer, and as a result there can be a great deal of waste each time eye drops are used or even when a patient opens the eye drops for the first time. Many patients who use prescription eye drops for chronic conditions are over the age of 65 and often have other medical conditions that cause difficulty and waste when administering the eye drops. There is no medical reason to prohibit eye drop refills until the 30-day period has ended and the decision is purely financial.

Testifying for the bill were Representative Rowland; Dean Hanesworth, Missouri Society of Eye Physicians and Surgeons; and Jeff Gamble.

OPPONENTS: Those who oppose the bill say that the bill could set precedent to allow early refills for all other prescriptions. Eye drops do present a unique problem that needs to be addressed; however, early refills will increase the cost of health insurance because the copayment amount for a prescription is less than the actual cost of the drug. For statutory health care mandates passed after 2010, the federal Affordable Care Act requires states to pay for any increased costs that result, meaning Missouri could be forced to pay for the mandate out of the General Revenue Fund.

Testifying against the bill were Missouri Insurance Coalition; America's Health Insurance Plans (AHIP); and Coventry Health Care.