SUBJECT: Requiring coverage of certain accelerated eye drop prescription refills

COMMITTEE: Insurance — committee substitute recommended

VOTE: 9 ayes — Phillips, Muñoz, R. Anderson, Gooden, Oliverson, Paul,

Sanford, Turner, Vo

0 nays

WITNESSES: For — Peter Cass, Texas Optometric Association; Wanda Northam;

(Registered, but did not testify: Robert Peeler, Allergan; Stephanie

Simpson, Texas Association of Manufacturers; Thomas Kowalski, Texas

Healthcare and Bioscience Institute; Lori Anderson, Renu Anupindi, Steven Hays, Charles Malone, Hector Miranda, Carolyn Parcells, and

Clayton Stewart, Texas Medical Association; Victor Gonzalez, Jay

Propes, and Rachael Reed, Texas Ophthalmological Association; Tommy

Lucas and Steve Nguyen, Texas Optometric Association; Bobby Hillert and David Teuscher, Texas Orthopaedic Association; Bonnie Bruce,

Texas Society of Anesthsiologists; Sunshine Moore, TMA Alliance;

Patricia Loose, TMA, TMAA; Isabel C. Menendez Martinez, TMA, TRS;

Stephanie Triggs, Travis County Medical Society; James Eskew, Travis

County Medical Society, Texas Medical Association; and 14 individuals)

Against — (Registered, but did not testify: Wendy Wilson, Prime

Therapeutics)

On — (Registered, but did not testify: Pat Brewer, Texas Department of

Insurance)

BACKGROUND: Concerns have been raised that health plans may not cover early refills of

prescription eye drops, which can be accidentally wasted when people

have difficulty using them, including elderly glaucoma patients.

DIGEST: CSHB 2262 would prohibit a health benefit plan covering prescription eye

drops to treat a chronic disease or condition from denying coverage for a

refill of the eye drops because the prescription was refilled before the

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plan's general refill date if:

- the original prescription stated that additional eye drops were needed; and
- the refill did not exceed the total dosage authorized by the prescribing provider.

A health benefit plan would have to cover a refill dispensed:

- at least 21 days after the prescription for a 30-day supply of eye drops was dispensed;
- at least 42 days after the prescription for a 60-day supply of eye drops was dispensed; or
- at least 63 days after the prescription for a 90-day supply of eye drops was dispensed.

The bill would take effect September 1, 2017, and would apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2018.

NOTES:

A companion bill, SB 1040 by Buckingham, was referred to the Senate Committee on Business and Commerce on March 6.