

HB 676 -- Prescription Eye Drop Refills

Sponsor: Wells

This bill prohibits a health carrier that offers or issues plans which are delivered, issued, continued, or renewed on or after January 1, 2012, from denying coverage for a refill of prescription eye drops if the renewal was requested within 30 days of the original prescription or the date the last renewal was dispensed or if the prescribing health care professional indicates on the original prescription that additional refills are needed. The coverage must not be subject to any greater deductible or co-payment than other similar health care services provided by the plan.

Certain supplemental insurance policies are exempt from the provisions of the bill.