HOUSE BILL NO. HB0183

Insurance coverage-early refills of prescription eye drops.

Sponsored by: Representative(s) Petroff and Senator(s) Von Flatern

A BILL

for

AN ACT relating to insurance; requiring coverage of early refills of prescription eye drops under health insurance policies as specified; providing for applicability; and providing for an effective date.

Be It Enacted by the Legislature of the State of Wyoming:

Section 1. W.S. 26-20-501 is created to read:

ARTICLE 5

PRESCRIPTION EYE DROP REFILL COVERAGE

26-20-501. Prescription eye drop refill coverage required.

(a) All individual and group health insurance policies providing coverage on an expense incurred basis, individual and group service or indemnity type contracts issued by any insurer including any nonprofit corporation and individual and group service contracts or certificates issued by a health maintenance organization which provide coverage for prescription eye drops shall provide coverage for the following:

(i) A renewal of prescription eye drops if:

(A) The renewal is requested by the insured at least twenty-one (21) days for a thirty (30) day supply of eye drops, forty-two (42) days for a sixty (60) day supply of eye drops or sixty-three (63) days for a ninety (90) day supply of eye drops from the later of the date that the original prescription was distributed to the insured or the date that the last renewal of the prescription was distributed to the insured; and

(B) The original prescription prescribed by the physician or optometrist states that additional quantities are needed and that the renewal requested by the

insured does not exceed the number of additional quantities needed.

(ii) One (1) additional bottle of prescription eye drops if:

(A) A bottle is requested by the insured or the physician or optometrist at the time the original prescription is filled; and

(B) The original prescription prescribed by the physician or optometrist states that one (1) additional bottle is needed by the insured for use in a day care center or school. The additional bottle shall be limited to one (1) every three (3) months.

(b) The benefits provided under this section shall be subject to the same annual deductibles, copayments or coinsurance established for all other covered benefits within a given policy. Private third party payors may not reduce or eliminate coverage due to the requirements of this section. Enforcement of this section shall be performed by the commissioner or his designee.

(c) This section shall apply to both private and public health benefit plans, as defined in W.S. 26-1-102(a)(xxxiii) and (xxxiv), delivered or issued on or after July 1, 2015.

Section 2. This act is effective July 1, 2015.

(END)