

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

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

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

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

9

10 ARTICLE 5

11 PRESCRIPTION EYE DROP REFILL COVERAGE

12

13 **26-20-501. Prescription eye drop refill coverage**
14 **required.**

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

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10 (i) A renewal of prescription eye drops if:

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12 (A) The renewal is requested by the insured
13 at least twenty-three (23) days for a thirty (30) day
14 supply of eye drops, forty-five (45) days for a sixty (60)
15 day supply of eye drops or sixty-eight (68) days for a
16 ninety (90) day supply of eye drops from the later of the
17 date that the original prescription was distributed to the
18 insured or the date that the last renewal of the
19 prescription was distributed to the insured; and

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21 (B) The original prescription states that
22 additional quantities are needed and that the renewal

1 requested by the insured does not exceed the number of
2 additional quantities needed.

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

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7 (A) A bottle is requested by the insured or
8 the practitioner at the time the original prescription is
9 filled; and

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

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

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1 (c) This section shall apply to both private and
2 public health benefit plans, as defined in W.S.
3 26-1-102(a)(xxxiii) and (xxxiv), delivered or issued on or
4 after July 1, 2015.

5

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

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8

(END)