

## CHAPTER 47

## ( SB 118 )

AN ACT relating to prescription eye drops.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304 IS CREATED TO READ AS FOLLOWS:

- (1) *As used in this section, "practitioner" has the same meaning as in KRS 217.015.*
- (2) *Any health benefit plan issued or renewed on or after the effective date of this Act that provides coverage for prescription eye drops shall not deny coverage for a refill of a prescription if:*
  - (a) *The refill is requested by the insured:*
    1. *For a thirty (30) day supply, between twenty-five (25) days and thirty (30) days from the later of:*
      - a. *The original date the prescription was distributed to the insured; or*
      - b. *The date the most recent refill was distributed to the insured; and*
    2. *For a ninety (90) day supply, between eighty (80) days and ninety (90) days from the later of:*
      - a. *The original date the prescription was distributed to the insured; or*
      - b. *The date the most recent refill was distributed to the insured; and*
  - (b) *The prescribing practitioner indicates on the original prescription that additional quantities are needed and the refill requested by the insured does not exceed the number of additional quantities needed.*
- (3) *Any health benefit plan issued or renewed on or after the effective date of this Act that provides coverage for prescription eye drops shall provide coverage for one (1) additional bottle of prescription eye drops, pursuant to KRS 304.17A-165, when:*
  - (a) *The additional bottle is requested by the insured or the prescribing practitioner at the time the original prescription is distributed to the insured; and*
  - (b) *The prescribing practitioner indicates on the original prescription that such additional bottle is needed by the insured for use in a day care center or school.*

*Coverage for an additional bottle shall be limited to one (1) bottle every three (3) months.*

- (4) *The coverages required by this section shall not be subject to a greater deductible or copayment than other similar health care services provided by the health benefit plan.*

➔SECTION 2. A NEW SECTION OF SUBTITLE 17C OF KRS CHAPTER 304 IS CREATED TO READ AS FOLLOWS:

- (1) *As used in this section, "practitioner" has the same meaning as in KRS 217.015.*
- (2) *Any limited health service benefit plan issued or renewed on or after the effective date of this Act that provides coverage for prescription eye drops shall not deny coverage for a refill of a prescription if:*
  - (a) *The refill is requested by the insured:*
    1. *For a thirty (30) day supply, between twenty-five (25) days and thirty (30) days from the later of:*
      - a. *The original date the prescription was distributed to the insured; or*
      - b. *The date the most recent refill was distributed to the insured; and*
    2. *For a ninety (90) day supply, between eighty (80) days and ninety (90) days from the later of:*
      - a. *The original date the prescription was distributed to the insured; or*

- b. The date the most recent refill was distributed to the insured; and*
- (b) The prescribing practitioner indicates on the original prescription that additional quantities are needed and the refill requested by the insured does not exceed the number of additional quantities needed.*
- (3) Any limited health service benefit plan issued or renewed on or after the effective date of this Act that provides coverage for prescription eye drops shall provide coverage for one (1) additional bottle of prescription eye drops, pursuant to KRS 304.17A-165, when:*
- (a) The additional bottle is requested by the insured or the prescribing practitioner at the time the original prescription is distributed to the insured; and*
- (b) The prescribing practitioner indicates on the original prescription that such additional bottle is needed by the insured for use in a day care center or school.*
- Coverage for an additional bottle shall be limited to one (1) bottle every three (3) months.*
- (4) The coverages required by this section shall not be subject to a greater deductible or copayment than other similar health care services provided by the limited health service benefit plan.*

➔Section 3. This act takes effect on January 1, 2015.

**Signed by Governor April 7, 2014.**