

LEGISLATIVE FISCAL OFFICE
Fiscal Note

ACT 206

Fiscal Note On: SB 258 SLS 16RS 414

Bill Text Version: ENROLLED

Opp. Chamb. Action:

Proposed Amd.:

Sub. Bill For.:



Table with 2 rows and 2 columns. Row 1: Date: June 21, 2016 9:38 AM, Author: LUNEAU. Row 2: Dept./Agy.: Office of Group Benefits/Louisiana Department of Insurance, Analyst: Willis Brewer. Subject: Insurance coverage for prescription eye drops refills.

HEALTH/ACC INSURANCE EN NO IMPACT SG EX See Note Page 1 of 1
Provides for coverage for refills for prescription eye drops (01/01/17).

Proposed law requires insurance plan coverage for the costs of refilling a topical ophthalmic prescription under certain circumstances.

Proposed law requires the prescriber to indicate on the original prescription that additional quantities are necessary. Requires the original prescription not exceed the number of additional quantities needed for treatment.

Proposed law limits the refills to a quantity not to exceed the remaining dosage initially approved for coverage, provided the limited refills do not limit or restrict coverage with regard to any previously or subsequently approved topical ophthalmic prescription.

Table with 7 columns: EXPENDITURES, 2016-17, 2017-18, 2018-19, 2019-20, 2020-21, 5 -YEAR TOTAL. Rows include State Gen. Fd., Agy. Self-Gen., Ded./Other, Federal Funds, Local Funds, and Annual Total. Similar structure for REVENUES.

EXPENDITURE EXPLANATION

The proposed law will allow plan members to receive a refill for a 30-day prescription 23 days after the prescription was filled (or after 76.7% of the renewal time has passed). This measure exceeds what OGB currently allows plan members to refill a topical ophthalmic prescription. OGB allows refills after 75% of the renewal time has passed or after 22.5 days for a 30-day prescription. Therefore, there is no anticipated fiscal impact to OGB’s prescription claims as a result of the proposed bill.

There is no anticipated state general fund impact to agencies as a result of this measure since Office of Group Benefits does not anticipate at this time that this will require an increase to premiums charged to active and retired plan members or to state agencies.

REVENUE EXPLANATION

There is no anticipated direct material effect on governmental revenues as a result of this measure.

Senate Dual Referral Rules House
13.5.1 >= \$100,000 Annual Fiscal Cost {S&H} 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}
13.5.2 >= \$500,000 Annual Tax or Fee Change {S&H} 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

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