

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 973,
2 Page 1, In the Title, Line 3, by deleting the word "maintenance"; and

3
4 Further amend said bill and page, Section 338.202, Line 13, by inserting after all of said section and
5 line the following:

6
7 "376.1237. 1. Each health carrier or health benefit plan that offers or issues health benefit
8 plans which are delivered, issued for delivery, continued, or renewed in this state on or after January
9 1, 2014, and that provides coverage for prescription eye drops shall provide coverage for the
10 refilling of an eye drop prescription prior to the last day of the prescribed dosage period without
11 regard to a coverage restriction for early refill of prescription renewals as long as the prescribing
12 health care provider authorizes such early refill, and the health carrier or the health benefit plan is
13 notified.

14 2. For the purposes of this section, health carrier and health benefit plan shall have the same
15 meaning as defined in section 376.1350.

16 3. The coverage required by this section shall not be subject to any greater deductible or co-
17 payment than other similar health care services provided by the health benefit plan.

18 4. The provisions of this section shall not apply to a supplemental insurance policy,
19 including a life care contract, accident-only policy, specified disease policy, hospital policy
20 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term
21 major medical policies of six months' or less duration, or any other supplemental policy as
22 determined by the director of the department of insurance, financial institutions and professional
23 registration.

24 5. The provisions of this section shall terminate on January 1, [2017] 2020."; and

25
26 Further amend said bill by amending the title, enacting clause, and intersectional references
27 accordingly.
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Standing Action Taken _____ Date _____

Select Action Taken _____ Date _____