

BILL ANALYSIS

C.S.H.B. 3102
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Insurance
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Concerns have been raised regarding a significant increase in the number of prescription eye drops and other topically applied eye medications subjected to a prior authorization process. Interested parties are concerned that a patient's eyesight could be jeopardized due to a delay of care stemming from the requirement to receive prior authorization for such eye medications. C.S.H.B. 3102 seeks to address this issue by prohibiting certain health benefit plans from requiring prior authorization for such eye medications.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 3102 amends the Insurance Code to prohibit a health benefit plan that covers prescription eye drops or other topical medications used to treat a disease or condition of the eye or adnexa from requiring that an enrollee or prescribing provider receive prior authorization for the eye drops or other topical medications. The bill applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2018.

EFFECTIVE DATE

September 1, 2017.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 3102 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Subchapter A, Chapter 1369, Insurance Code, is amended by adding Section 1369.006 to read as follows:
Sec. 1369.006. PRIOR AUTHORIZATION

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Subchapter A, Chapter 1369, Insurance Code, is amended by adding Section 1369.006 to read as follows:
Sec. 1369.006. PRIOR AUTHORIZATION

85R 24884

17.110.747

Substitute Document Number: 85R 18160

OF CERTAIN PRESCRIPTION DRUGS PROHIBITED. A health benefit plan that covers prescription eye drops or other topical medications used to treat a disease or condition of the eye or adnexa may not require that an enrollee receive prior authorization for the eye drops or other topical medications.

SECTION 2. Section 1369.006, Insurance Code, as added by this Act, applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2018. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2018, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 3. This Act takes effect September 1, 2017.

OF CERTAIN PRESCRIPTION DRUGS PROHIBITED. A health benefit plan that covers prescription eye drops or other topical medications used to treat a disease or condition of the eye or adnexa may not require that an enrollee or prescribing provider receive prior authorization for the eye drops or other topical medications.

SECTION 2. Same as introduced version.

SECTION 3. Same as introduced version.