

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 1058-04  
Bill No.: Truly Agreed To and Finally Passed SS for HCS for HB 315  
Subject: Insurance - Medical; Insurance Department; Health Care Professionals; Pharmacy; Physicians; Nurses; Dentists  
Type: Original  
Date: June 7, 2013

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Bill Summary: This proposal modifies various provisions relating to health care services.

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
General Revenue	\$0 to (\$6,253)	\$0 to (\$13,818)	\$0 to (\$15,268)
<b>Total Estimated Net Effect on General Revenue Fund</b>	<b>\$0 to (\$6,253)</b>	<b>\$0 to (\$13,818)</b>	<b>\$0 to (\$15,268)</b>

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
Insurance Dedicated	Up to \$5,000	\$0	\$0
Road Fund	(Unknown less than \$50,000)	(Unknown less than \$100,000)	(Unknown less than \$100,000)
Other State Funds	\$0 to (\$1,538)	\$0 to (\$3,398)	\$0 to (\$3,755)
<b>Total Estimated Net Effect on Other State Funds</b>	<b>(Unknown less than \$50,000)</b>	<b>(Unknown less than \$100,000)</b>	<b>(Unknown less than \$100,000)</b>

Numbers within parentheses: ( ) indicate costs or losses.

This fiscal note contains 8 pages.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
Federal Funds	\$0 to (\$2,460)	\$0 to (\$5,437)	\$0 to (\$6,007)
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0 to (\$2,460)</b>	<b>\$0 to (\$5,437)</b>	<b>\$0 to (\$6,007)</b>

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
<b>Total Estimated Net Effect on FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>

Estimated Total Net Effect on All funds expected to exceed \$100,000 savings or (cost).

Estimated Net Effect on General Revenue Fund expected to exceed \$100,000 (cost).

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
<b>Local Government</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## FISCAL ANALYSIS

### ASSUMPTION

Officials from the **Office of the State Courts Administrator, Missouri Department of Conservation, Department of Health and Senior Services, Department of Mental Health, Joint Committee on Administrative Rules and Department of Social Services** each assume the proposal would not fiscally impact their respective agencies.

Officials from the **Office of the Secretary of State (SOS)** state many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The SOS is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$2,500. The SOS recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, the SOS also recognizes that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain with the core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

**Oversight** assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process.

Officials from the **Missouri Highway Patrol** defer to Department of Transportation for their anticipated fiscal impact.

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** state that their department currently has a limitation in place for certain eye drop prescriptions. In 2012, Quantity Level Limits (QLL) affected approximately 19 prescriptions that would otherwise have had a cost to the plan of \$4,500.

ASSUMPTIONS (continued)

MCHCP also has a limitation on refilling prescriptions too soon, but allows exceptions for any of the following reasons:

1. Lost, stolen or broken prescriptions
2. A member leaves or enters a nursing home requiring a new prescription
3. An extra dispense is needed for school use for children grades K-12
4. Natural disasters
5. Travel

MCHCP assumes this legislation would allow members to receive additional eye drop prescriptions beyond the exceptions listed above. MCHCP's pharmacy benefit manager indicates there is very little abuse of eye drops. However, there could be some potential waste and stockpiling with multiple refills that would inhibit MCHCP's ability to control plan costs.

In 2012, MCHCP's pharmacy benefit manager rejected approximately 1,700 eye drop prescriptions or approximately \$79,000 in costs to the plan because the member was refilling too soon. The pharmacy benefit manager assumes about 80% of the prescriptions, or \$63,000 in costs to the plan, was approved after the original rejection because the member met exception criteria. MCHCP assumes the other 20%, or \$16,000, would not meet current exception criteria but would be approved under this legislation. Therefore, the fiscal impact to MCHCP is less than or equal to \$20,500 in the first year with minimal increases after the first year due to an estimated 10.5% annual drug trend.

Officials from the **Department of Insurance, Financial Institutions and Professional Registration** state that insurers would be required to submit amendments to their policies to comply with the proposal. Policy amendments must be submitted to the department for review along with a \$50 filing fee. The number of insurance companies writing these policies in Missouri fluctuates each year. One-time additional revenues to the Insurance Dedicated Fund are estimated to be up to \$5,000.

Additional staff and expenses are not being required with this single proposal, but if multiple proposals pass during the legislative session which require policy form reviews the department will need to request additional staff to handle the increase in workload.

In response to similar legislation from last session, officials from the **Missouri Department of Transportation (MoDOT)** stated the proposed legislation prohibits health insurers from denying coverage for certain refills of prescription eye drops after January 1, 2013. The language requires health plans to provide renewal of drops when the renewal is requested by the insured prior to the

ASSUMPTIONS (continued)

date of the last day of the prescribed dosage period without regard to an early refill restriction as long as the prescribing provider authorized an early refill.

While the MoDOT/Missouri State Highway Patrol (MHP) Medical Plan would not fall under this definition of “health carrier,” the Plan would arguably still be required to comply with the bill’s requirements. If required to comply with the bill’s requirements, this bill could have a fiscal impact on MoDOT/MHP Medical Plan. This bill prohibits the denial of coverage for the renewal of prescription eye drops and the Plan will be required to offer such coverage as well.

In a previous year, Independent Pharmaceutical Consultants, Inc. (IPC) reviewed the legislation on behalf of the MoDOT/MHP Medical Plan. According to IPC’s review, the proposed language would impact the Plan. IPC provided a memorandum from the Centers for Medicare and Medicaid Services (CMS), dated June 2, 2010, discussing early refills edits on topical ophthalmic products. CMS recognizes the early refill edits are an important utilization management tool to promote compliance and prevent waste; however, it is important Part D sponsors implement such edits in a manner that does not put members at risk of interruptions in drug therapy. They suggest Part D sponsors should be prepared to allow overrides of these edits on a case-by-case basis when appropriate and necessary to prevent interruptions in drug therapy. It is suggested to adopt the guidelines from the CMS memo for the entire populations, rather than issuing different guidelines for non-Medicare participants.

It is difficult to estimate the actual cost to the MoDOT Plan because there is no sure way of determining early refills requested at the pharmacy because the member’s supply due to difficulty of administration. IPC pulled early refill rejections from 2010 and if all refills had been processed, the total cost to the Plan and the members would have totaled \$30,500. Also with the additional costs to the prescription drug plan, our member’s rates would need to be increased to ensure that the plan would have the required funds to support the additional costs. The impact cannot be determined; however, it would be less than \$100,000.

**Oversight** assumes the costs estimated by MCHCP would be distributed across state funds in the following percentages:

General Revenue	61% of \$20,500 = \$12,505
Other State Fund	15% of \$20,500 = \$3,075
Federal Funds	24% of \$20,500 = \$4,920

ASSUMPTIONS (continued)

Oversight assumes the provisions of this proposal would become effective January 1, 2014; therefore, we will reflect six months of impact in FY 2014. Also, Oversight will utilize MCHCP's annual growth rate of 10.5% for drug costs.

Officials from the **Administrative Hearing Commission** anticipate that the legislation will not significantly alter its caseload. If similar bills pass, resulting in more cases, there will be fiscal impact.

<u>FISCAL IMPACT - State Government</u>	FY 2014 (6 Mo.)	FY 2015	FY 2016
<b>GENERAL REVENUE FUND</b>			
<u>Cost - MCHCP</u>			
Eye drop refill frequency could potentially increase.	<u>\$0 to (\$6,253)</u>	<u>\$0 to (\$13,818)</u>	<u>\$0 to (\$15,268)</u>
<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>	<b><u>\$0 to (\$6,253)</u></b>	<b><u>\$0 to (\$13,818)</u></b>	<b><u>\$0 to (\$15,268)</u></b>
 <b>OTHER STATE FUNDS</b>			
<u>Cost - MCHCP</u>			
Eye drop refill frequency could potentially increase.	<u>\$0 to (\$1,538)</u>	<u>\$0 to (\$3,398)</u>	<u>\$0 to (\$3,755)</u>
<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>	<b><u>\$0 to (\$1,538)</u></b>	<b><u>\$0 to (\$3,398)</u></b>	<b><u>\$0 to (\$3,755)</u></b>
 <b>ROAD FUND</b>			
<u>Costs - MoDOT</u>			
Increase in state share of health care costs	<u>(Unknown less than \$50,000)</u>	<u>(Unknown less than \$100,000)</u>	<u>(Unknown less than \$100,000)</u>
<b>ESTIMATED NET EFFECT ON ROAD FUND</b>	<b><u>(Unknown less than \$50,000)</u></b>	<b><u>(Unknown less than \$100,000)</u></b>	<b><u>(Unknown less than \$100,000)</u></b>



### FISCAL DESCRIPTION

Beginning on January 1, 2014, this proposal requires a health carrier that offers or issues plans that provide coverage for prescription eye drops to provide coverage for refilling the eye drop prescription prior to the last day of the insured's dosage period as long as the prescribing health care provider authorizes the early refill. Coverage must not be subject to any greater deductible or co-payment than other similar health care services provided by the health plan. The proposal exempts specified supplemental insurance policies from these provisions.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

### SOURCES OF INFORMATION

Missouri Department of Conservation  
Department of Social Services  
Missouri Consolidated Health Care Plan  
Department of Insurance, Financial Institutions and Professional Registration  
Department of Transportation  
Department of Mental Health  
Department of Health and Senior Services  
Missouri Highway Patrol  
Office of the State Courts Administrator  
Office of the Secretary of State  
Joint Committee on Administrative Rules



Ross Strope  
Acting Director  
June 7, 2013