

Amend SB 1076 on third reading as follows:

(1) In SECTION 2 of the bill, in added Section 1369.0041, Insurance Code, strike "LIMIT ON PAYMENT REQUIRED UNDER PLAN." and substitute "CERTAIN PAYMENTS AND REFILLS. (a)".

(2) In SECTION 2 of the bill, following added Section 1369.0041(a), Insurance Code, insert the following:

(b) A health benefit plan that covers prescription eye drops to treat a chronic eye disease or condition must allow the refill of prescription eye drops if the enrollee timely pays at the point of sale the maximum amount allowed by Subsection (a) and:

(1) the original prescription states that additional quantities of the eye drops are needed;

(2) the refill does not exceed the total quantity of dosage units authorized by the prescribing provider on the original prescription, including refills; and

(3) the refill is dispensed on or before the last day of the prescribed dosage period and:

(A) not earlier than the 21st day after the date a prescription for a 30-day supply of eye drops is dispensed;

(B) not earlier than the 42nd day after the date a prescription for a 60-day supply of eye drops is dispensed; or

(C) not earlier than the 63rd day after the date a prescription for a 90-day supply of eye drops is dispensed.