H-3027.1

HOUSE BILL 2319

State of Washington 64th Legislature 2016 Regular Session

By Representatives Jinkins, DeBolt, Tharinger, and Van De Wege

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1 AN ACT Relating to prescription drug insurance continuity of
2 care; and amending RCW 48.43.515.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 48.43.515 and 2000 c 5 s 7 are each amended to read
5 as follows:
6 (1) Each enrollee in a health plan must have adequate choice
7 among health care providers.
8 (2) Each carrier must allow an enrollee to choose a primary care
9 provider who is accepting new enrollees from a list of participating
10 providers. Enrollees also must be permitted to change primary care
11 providers at any time with the change becoming effective no later
12 than the beginning of the month following the enrollee's request for
13 the change.
14 (3)(a) For each carrier that has entered into a health care
15 service plan contract with an enrollee that covers prescription drug
16 benefits:
17 (i) For existing enrollees, carriers shall not limit or exclude
18 coverage of a drug for any enrollee who is medically stable according
19 to the prescribing physician, if (A) the drug previously had been
20 approved for coverage by the plan for a medical condition of the
21 enrollee; (B) the plan's prescribing provider continues to prescribe

the drug for the medical condition, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition; and (C) the patient continues to be an enrollee of the health care service plan;

(ii) For new enrollees, carriers shall continue to cover a prescription drug if an enrollee is medically stable according to the prescribing physician and has been receiving the specific prescription drug from the prescribing physician prior to enrollment in the new plan; and

(iii) Except during open enrollment periods, carriers shall not increase the out of pocket cost for a drug if the drug previously had been approved for coverage and the plan's prescribing provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

(b) This subsection (3) does not preclude the prescribing provider from prescribing another drug covered by the health care service plan that is medically appropriate for the enrollee, nor does this subsection (3) prohibit generic drug substitutions.

(4) Each carrier must have a process whereby an enrollee with a complex or serious medical or psychiatric condition may receive a standing referral to a participating specialist for an extended period of time.

((~~(4)~~)) (5) Each carrier must provide for appropriate and timely referral of enrollees to a choice of specialists within the plan if specialty care is warranted. If the type of medical specialist needed for a specific condition is not represented on the specialty panel, enrollees must have access to nonparticipating specialty health care providers.

((~~(5)~~)) (6) Each carrier shall provide enrollees with direct access to the participating chiropractor of the enrollee's choice for covered chiropractic health care without the necessity of prior referral. Nothing in this subsection shall prevent carriers from restricting enrollees to seeing only providers who have signed participating provider agreements or from utilizing other managed care and cost containment techniques and processes. For purposes of this subsection, "covered chiropractic health care" means covered benefits and limitations related to chiropractic health services as stated in the plan's medical coverage agreement, with the exception of any provisions related to prior referral for services.

(((6))) (7) Each carrier must provide, upon the request of an enrollee, access by the enrollee to a second opinion regarding any medical diagnosis or treatment plan from a qualified participating provider of the enrollee's choice.

(((7))) (8) Each carrier must cover services of a primary care provider whose contract with the plan or whose contract with a subcontractor is being terminated by the plan or subcontractor without cause under the terms of that contract for at least sixty days following notice of termination to the enrollees or, in group coverage arrangements involving periods of open enrollment, only until the end of the next open enrollment period. The provider's relationship with the carrier or subcontractor must be continued on the same terms and conditions as those of the contract the plan or subcontractor is terminating, except for any provision requiring that the carrier assign new enrollees to the terminated provider.

(((8))) (9) Every carrier shall meet the standards set forth in this section and any rules adopted by the commissioner to implement this section. In developing rules to implement this section, the commissioner shall consider relevant standards adopted by national managed care accreditation organizations and state agencies that purchase managed health care services.

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