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**SUBSTITUTE HOUSE BILL 2465**

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**State of Washington**

**64th Legislature**

**2016 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Robinson, Stambaugh, Wylie, Walsh, S. Hunt, Frame, Sawyer, Rossetti, Riccelli, Magendanz, Harris, Reykdal, Senn, Kagi, Lytton, Tharinger, Caldier, Stanford, Farrell, Cody, Kilduff, Peterson, Kuderer, Bergquist, Ormsby, and Santos)

READ FIRST TIME 02/05/16.

1 AN ACT Relating to requiring private health insurers and the  
2 medicaid program to reimburse for a twelve-month supply of  
3 contraceptive drugs; amending RCW 74.09.520; adding a new section to  
4 chapter 48.43 RCW; and creating a new section.

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

6 NEW SECTION. **Sec. 1.** The legislature finds that a significant  
7 percentage of pregnancies are unintended and could be averted with  
8 broader access to health care and effective contraception. Providing  
9 broader access to contraceptive drugs for women covered by medicaid  
10 programs could avert up to twenty-six percent of unintended  
11 pregnancies and result in an estimated four million dollars per  
12 biennium in savings for Washington health care programs. Research  
13 suggests that moving from twenty-eight day dispensing of  
14 contraceptive drugs to twelve-month dispensing improves adherence to  
15 maintenance of the drugs and effective use of the contraceptives. It  
16 is therefore the intent of the legislature to require private health  
17 insurers, the health care authority, and all medicaid programs, fee-  
18 for-service and managed care, to require dispensing of contraceptive  
19 drugs with up to a twelve-month supply provided at one time.

1        NEW SECTION.    **Sec. 2.**    A new section is added to chapter 48.43  
2    RCW to read as follows:

3        A health benefit plan issued or renewed on or after January 1,  
4    2017, that includes coverage for contraceptive drugs must provide  
5    reimbursement for a twelve-month refill of contraceptive drugs  
6    obtained at one time by the enrollee after the enrollee has completed  
7    the initial supply of the drugs, unless the enrollee requests a  
8    smaller supply or the prescribing provider instructs that the  
9    enrollee must receive a smaller supply. The health plan must allow  
10   enrollees to receive the contraceptive drugs on-site at the  
11   provider's office, if available. Any dispensing practices required by  
12   the plan must follow clinical guidelines for appropriate prescribing  
13   and dispensing to ensure the health of the patient while maximizing  
14   access to effective contraceptive drugs. For purposes of this  
15   section, "contraceptive drugs" means all drugs approved by the United  
16   States food and drug administration that are used to prevent  
17   pregnancy, including, but not limited to, hormonal drugs administered  
18   orally, transdermally, and intravaginally.

19        **Sec. 3.**    RCW 74.09.520 and 2015 1st sp.s. c 8 s 2 are each  
20    amended to read as follows:

21        (1) The term "medical assistance" may include the following care  
22    and services subject to rules adopted by the authority or department:  
23    (a) Inpatient hospital services; (b) outpatient hospital services;  
24    (c) other laboratory and X-ray services; (d) nursing facility  
25    services; (e) physicians' services, which shall include prescribed  
26    medication and instruction on birth control devices; (f) medical  
27    care, or any other type of remedial care as may be established by the  
28    secretary or director; (g) home health care services; (h) private  
29    duty nursing services; (i) dental services; (j) physical and  
30    occupational therapy and related services; (k) prescribed drugs,  
31    dentures, and prosthetic devices; and eyeglasses prescribed by a  
32    physician skilled in diseases of the eye or by an optometrist,  
33    whichever the individual may select; (l) personal care services, as  
34    provided in this section; (m) hospice services; (n) other diagnostic,  
35    screening, preventive, and rehabilitative services; and (o) like  
36    services when furnished to a child by a school district in a manner  
37    consistent with the requirements of this chapter. For the purposes of  
38    this section, neither the authority nor the department may cut off

1 any prescription medications, oxygen supplies, respiratory services,  
2 or other life-sustaining medical services or supplies.

3 "Medical assistance," notwithstanding any other provision of law,  
4 shall not include routine foot care, or dental services delivered by  
5 any health care provider, that are not mandated by Title XIX of the  
6 social security act unless there is a specific appropriation for  
7 these services.

8 (2) The department shall adopt, amend, or rescind such  
9 administrative rules as are necessary to ensure that Title XIX  
10 personal care services are provided to eligible persons in  
11 conformance with federal regulations.

12 (a) These administrative rules shall include financial  
13 eligibility indexed according to the requirements of the social  
14 security act providing for medicaid eligibility.

15 (b) The rules shall require clients be assessed as having a  
16 medical condition requiring assistance with personal care tasks.  
17 Plans of care for clients requiring health-related consultation for  
18 assessment and service planning may be reviewed by a nurse.

19 (c) The department shall determine by rule which clients have a  
20 health-related assessment or service planning need requiring  
21 registered nurse consultation or review. This definition may include  
22 clients that meet indicators or protocols for review, consultation,  
23 or visit.

24 (3) The department shall design and implement a means to assess  
25 the level of functional disability of persons eligible for personal  
26 care services under this section. The personal care services benefit  
27 shall be provided to the extent funding is available according to the  
28 assessed level of functional disability. Any reductions in services  
29 made necessary for funding reasons should be accomplished in a manner  
30 that assures that priority for maintaining services is given to  
31 persons with the greatest need as determined by the assessment of  
32 functional disability.

33 (4) Effective July 1, 1989, the authority shall offer hospice  
34 services in accordance with available funds.

35 (5) For Title XIX personal care services administered by aging  
36 and disability services administration of the department, the  
37 department shall contract with area agencies on aging:

38 (a) To provide case management services to individuals receiving  
39 Title XIX personal care services in their own home; and

1 (b) To reassess and reauthorize Title XIX personal care services  
2 or other home and community services as defined in RCW 74.39A.009 in  
3 home or in other settings for individuals consistent with the intent  
4 of this section:

5 (i) Who have been initially authorized by the department to  
6 receive Title XIX personal care services or other home and community  
7 services as defined in RCW 74.39A.009; and

8 (ii) Who, at the time of reassessment and reauthorization, are  
9 receiving such services in their own home.

10 (6) In the event that an area agency on aging is unwilling to  
11 enter into or satisfactorily fulfill a contract or an individual  
12 consumer's need for case management services will be met through an  
13 alternative delivery system, the department is authorized to:

14 (a) Obtain the services through competitive bid; and

15 (b) Provide the services directly until a qualified contractor  
16 can be found.

17 (7) Subject to the availability of amounts appropriated for this  
18 specific purpose, the authority may offer medicare part D  
19 prescription drug copayment coverage to full benefit dual eligible  
20 beneficiaries.

21 (8) Effective January 1, 2016, the authority shall require  
22 universal screening and provider payment for autism and developmental  
23 delays as recommended by the bright futures guidelines of the  
24 American academy of pediatrics, as they existed on August 27, 2015.  
25 This requirement is subject to the availability of funds.

26 (9) The authority shall make arrangements for all medicaid  
27 programs offered through managed care plans or fee-for-service  
28 programs to require the dispensing of contraceptive drugs with a  
29 twelve-month supply provided at one time, unless a patient requests a  
30 smaller supply or the prescribing provider instructs that the patient  
31 must receive a smaller supply. Contracts with managed care plans must  
32 allow on-site dispensing of the prescribed contraceptive drugs at  
33 family practice clinics. Dispensing practices must follow clinical  
34 guidelines for appropriate prescribing and dispensing to ensure the  
35 health of the patient while maximizing access to effective  
36 contraceptive drugs. For purposes of this subsection, "contraceptive  
37 drugs" means all drugs approved by the United States food and drug  
38 administration that are used to prevent pregnancy, including, but not

1 limited to, hormonal drugs administered orally, transdermally, and  
2 intravaginally.

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