CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1979

Chapter 226, Laws of 2024

68th Legislature 2024 Regular Session

ASTHMA INHALERS AND EPINEPHRINE AUTOINJECTORS—HEALTH PLAN COVERAGE

EFFECTIVE DATE: June 6, 2024

Passed by the House February 6, 2024 Yeas 97 Nays 0

LAURIE JINKINS

Speaker of the House of Representatives

Passed by the Senate March 1, 2024 Yeas 49 Nays 0

DENNY HECK

President of the Senate

Approved March 25, 2024 1:41 PM

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1979** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

March 26, 2024

JAY INSLEE

Governor of the State of Washington

Secretary of State State of Washington

SUBSTITUTE HOUSE BILL 1979

Passed Legislature - 2024 Regular Session

State of Washington 68th Legislature 2024 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Paul, Leavitt, Duerr, Reed, Ormsby, Callan, Kloba, Doglio, Fosse, Ortiz-Self, Hackney, and Shavers)

READ FIRST TIME 01/26/24.

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- AN ACT Relating to reducing the cost of inhalers and epinephrine autoinjectors; and amending RCW 48.43.780.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 48.43.780 and 2023 c 16 s 1 are each amended to read 5 as follows:
 - (1) (a) Except as required in ((subsection (2))) (b) of this ((section)) subsection, a health plan issued or renewed on or after January 1, 2023, that provides coverage for prescription insulin drugs for the treatment of diabetes must cap the total amount that an enrollee is required to pay for a covered insulin drug at an amount not to exceed \$35 per 30-day supply of the drug. Prescription insulin drugs must be covered without being subject to a deductible, and any cost sharing paid by an enrollee must be applied toward the enrollee's deductible obligation.
 - $((\frac{(2)}{(2)}))$ (b) If the federal internal revenue service removes insulin from the list of preventive care services which can be covered by a qualifying health plan for a health savings account before the deductible is satisfied, for a health plan that provides coverage for prescription insulin drugs for the treatment of diabetes and is offered as a qualifying health plan for a health savings account, the carrier must establish the plan's cost sharing for the

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coverage of prescription insulin for diabetes at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions from his or her health savings account under internal revenue service laws and regulations.

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(2) (a) Except as provided in (b) of this subsection, a health plan issued or renewed on or after January 1, 2025, that provides coverage for prescription asthma inhalers for the treatment of asthma shall cap the total amount that an enrollee is required to pay for at least one covered inhaled corticosteroid and at least one covered inhaled corticosteroid combination that is federal food and drug administration approved for the treatment of asthma at an amount not to exceed \$35 per 30-day supply of the drug. A health plan must ensure that a covered inhaled corticosteroid and a covered inhaled corticosteroid combination is always available to a patient at the amount required by this subsection. Except as provided in (b) of this subsection, prescription asthma inhalers must be covered without being subject to a deductible, and any cost sharing paid by an enrollee must be applied toward the enrollee's deductible obligation.

(b) For a health plan that is offered as a qualifying health plan for a health savings account, the health carrier shall establish the plan's cost sharing for asthma inhalers that are not on the federal internal revenue service's list of preventive care services at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions and withdrawals from the enrollee's health savings account under internal revenue service laws and regulations. If the federal internal revenue service removes asthma inhalers from the list of preventive care services which can be covered by a qualifying health plan for a health savings account before the deductible is satisfied, for a health plan that provides coverage for prescription asthma inhalers for the treatment of asthma and is offered as a qualifying health plan for a health savings account, the carrier shall establish the plan's cost sharing for the coverage of prescription asthma inhalers at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions from the enrollee's health savings account under internal revenue service laws and regulations.

(3) (a) Except as provided in (b) of this subsection, a health plan issued or renewed on or after January 1, 2025, that provides coverage for prescription epinephrine autoinjectors for the treatment of allergic reaction shall cap the total amount that an enrollee is

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- 1 required to pay for at least one covered epinephrine autoinjector product containing at least two autoinjectors at an amount not to 2 exceed \$35. A health plan must ensure that a covered epinephrine 3 autoinjector is always available to a patient at the amount required 4 by this subsection. Except as provided in (b) of this subsection, 5 6 prescription epinephrine autoinjectors must be covered without being 7 subject to a deductible, and any cost sharing paid by an enrollee must be applied toward the enrollee's deductible obligation. 8
- (b) For a health plan that is offered as a qualifying health plan 9 for a health savings account, the health carrier shall establish the 10 plan's cost sharing for epinephrine autoinjectors at the minimum 11 level necessary to preserve the enrollee's ability to claim tax 12 exempt contributions and withdrawals from the enrollee's health 13 savings account under internal revenue service laws and regulations. 14 If the federal internal revenue service adds epinephrine 15 autoinjectors to the list of preventive care services which can be 16 covered by a qualifying health plan for a health savings account 17 before the deductible is satisfied, coverage must be provided as 18 19 described in (a) of this subsection without being subject to the 20 <u>deductible</u>.
 - (4) The office of the insurance commissioner must provide written notice of ((the change)) any changes in internal revenue service guidance regarding any prescription drug covered in this section to affected parties, the chief clerk of the house of representatives, the secretary of the senate, the office of the code reviser, and others as deemed appropriate by the office.

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27 (5) To the extent not prohibited under this section, health plans
28 may apply drug utilization management strategies to prescription
29 drugs covered under subsections (2) and (3) of this section.

Passed by the House February 6, 2024. Passed by the Senate March 1, 2024. Approved by the Governor March 25, 2024. Filed in Office of Secretary of State March 26, 2024.

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