
Health Care & Wellness Committee

HB 2310

Brief Description: Concerning prescription drug insurance continuity of care.

Sponsors: Representatives Jenkins, Slatter, Harris, DeBolt, Sullivan, Riccelli, Macri, Tharinger, Robinson, Dolan, Valdez, Chapman, Appleton, Doglio and Young.

Brief Summary of Bill

- Requires health insurers to continue to cover prescription drugs for enrollees under certain circumstances.
- Prohibits health insurers from increasing copayment or coinsurance amounts for prescription drugs under certain circumstances.

Hearing Date: 1/12/18

Staff: Jim Morishima (786-7191).

Background:

A health plan offering coverage to individuals or small groups is required, under the federal Patient Protection and Affordable Care Act (PPACA), to cover 10 categories of essential health benefits, one of which is prescription drugs. To comply with the PPACA's prescription drug coverage requirement, an issuer must cover prescription drugs in a manner substantially equal to a benchmark plan selected by the state. The issuer's formulary is part of the prescription drug category and must be substantially equal to the formulary in the benchmark plan. An issuer must file its formulary quarterly with the Office of the Insurance Commissioner.

Summary of Bill:

For plans issued or renewed on or after January 1, 2019, an issuer may not, outside of an open enrollment period, deny continued coverage or increase the copayment or coinsurance amount for a prescription drug to a medically stable enrollee if:

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- the drug had previously been covered by the plan for the enrollee's medical condition in the current plan year;
- a participating provider continues to prescribe the drug for the enrollee's medical condition and the drug is a maintenance medication or for the treatment of a chronic condition;
- the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition; and
- the enrollee continues to be enrolled in the plan.

The issuer may continue to:

- require generic substitution during the plan year;
- add new drugs to its formulary during the plan year if the changed formulary applies only to new prescriptions; and
- remove drugs from its formulary because of patient safety concerns, drug recall, or removal from the market.

A participating prescriber may prescribe a different drug covered by the plan if it is medically appropriate for the enrollee.

Appropriation: None.

Fiscal Note: Requested on January 4, 2018.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.