H-0664.1

HOUSE BILL 1211

State of Washington 65th Legislature 2017 Regular Session

By Representatives Jinkins, DeBolt, Tharinger, Harris, and Wylie

Read first time 01/13/17. Referred to Committee on Health Care & Wellness.

AN ACT Relating to prescription drug insurance continuity of care; and adding a new section to chapter 48.43 RCW.

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

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

(1) Except as provided in subsection (2) of this section, for health plans that include prescription drug coverage, 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:

(a) The enrollee or the participating prescribing provider contacts the issuer requesting continued coverage for the prescription drug for the remainder of the plan year;

(b) The drug had previously been covered by the plan for the enrollee's medical condition during the enrollee's current plan year;

(c) 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;

(d) The drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition; and

(e) The enrollee continues to be enrolled in the plan.

(2) Nothing in this section prohibits:

(a) The issuer from requiring generic substitution during the current plan year;

(b) The issuer from adding new drugs to its formulary during the current plan year, as long as the changed formulary applies only to new prescriptions and not existing prescriptions in violation of subsection (1) of this section;

(c) A participating prescribing provider from prescribing a different drug that is covered by the plan and medically appropriate for the enrollee; or

(d) The issuer from removing a drug from its formulary for reasons of patient safety concerns, drug recall, or removal from the market as determined by the United States food and drug administration.

(3) This section applies to plans issued or renewed on or after January 1, 2019.

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