

RCW 48.43.780 Insulin drugs—Cap on enrollee's required payment amount—Cost-sharing requirements. (1) Except as required in subsection (2) of this section, 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.

(2) 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 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. The office of the insurance commissioner must provide written notice of the change in internal revenue service guidance 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. [2023 c 16 § 1; 2022 c 10 § 1. Prior: 2020 c 346 § 5; 2020 c 245 § 1.]

Effective date—2022 c 10 § 1: "Section 1 of this act takes effect January 1, 2023." [2022 c 10 § 3.]

Intent—2020 c 346: See note following RCW 70.14.165.