

SENATE BILL 5334

State of Washington

52nd Legislature

1991 Regular Session

By Senators Nelson, Murray, West, Johnson, Wojahn, Amondson, Niemi, L. Smith, Moore, Newhouse, Snyder, Gaspard, Williams, Conner, Rasmussen and Thorsness.

Read first time January 29, 1991. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to prescription medicine insurance coverage; adding
2 a new section to chapter 48.20 RCW; adding a new section to chapter
3 48.21 RCW; adding a new section to chapter 48.44 RCW; adding a new
4 section to chapter 48.46 RCW; adding a new section to chapter 41.05
5 RCW; and creating a new section.

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

7 NEW SECTION. **Sec. 1.** The legislature finds that many health
8 care insurance policies, that include prescription coverage, severely
9 restrict the citizens' choice of available pharmacies. The legislature
10 further finds that such restrictions infringe on the citizens' right to
11 have their prescriptions filled at the pharmacy and by the pharmacist
12 of their choice.

13 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.20 RCW
14 to read as follows:

1 Each disability insurance policy issued or renewed after January 1,
2 1992, that provides for payment of all or a portion of prescription
3 medicine costs, or reimbursement therefor, may not limit purchase of
4 prescription medicines to a designated pharmacy. The policy may not
5 require the pharmacy patient to make a different or variable copayment
6 or contribution, whether figured as a fixed dollar amount or a
7 percentage of the cost, based on where or from whom the prescription
8 medicines are purchased.

9 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.21 RCW
10 to read as follows:

11 Each group disability insurance policy issued or renewed after
12 January 1, 1992, that provides for payment of all or a portion of
13 prescription medicine costs, or reimbursement therefor, may not limit
14 purchase of prescription medicines to a designated pharmacy. The
15 policy may not require the pharmacy patient to make a different or
16 variable copayment or contribution, whether figured as a fixed dollar
17 amount or a percentage of the cost, based on where or from whom the
18 prescription medicines are purchased.

19 NEW SECTION. **Sec. 4.** A new section is added to chapter 48.44 RCW
20 to read as follows:

21 Each health care service contract issued or renewed after January
22 1, 1992, that provides for payment of all or a portion of prescription
23 medicine costs, or reimbursement therefor, may not limit purchase of
24 prescription medicines to a designated pharmacy. The contract may not
25 require the pharmacy patient to make a different or variable copayment
26 or contribution, whether figured as a fixed dollar amount or a
27 percentage of the cost, based on where or from whom the prescription
28 medicines are purchased.

1 NEW SECTION. **Sec. 5.** A new section is added to chapter 48.46 RCW
2 to read as follows:

3 Each health maintenance agreement issued or renewed after January
4 1, 1992, that provides for payment of all or a portion of prescription
5 medicine costs, or reimbursement therefor, may not limit purchase of
6 prescription medicines to a designated pharmacy. The policy may not
7 require the pharmacy patient to make a different or variable copayment
8 or contribution, whether figured as a fixed dollar amount or a
9 percentage of the cost, based on where or from whom the prescription
10 medicines are purchased. This section does not apply to health
11 maintenance organizations in which all pharmaceutical services are
12 provided by employees of the health maintenance organization.

13 NEW SECTION. **Sec. 6.** A new section is added to chapter 41.05 RCW
14 to read as follows:

15 Each health plan offered to public employees and their covered
16 dependents under this chapter that is not subject to the provisions of
17 Title 48 RCW and is established or renewed after January 1, 1992, that
18 provides for payment of all or a portion of prescription medicine
19 costs, or reimbursement therefor, may not limit purchase of
20 prescription medicines to a designated pharmacy. The plan may not
21 require the pharmacy patient to make a different or variable copayment
22 or contribution, whether figured as a fixed dollar amount or a
23 percentage of the cost, based on where or from whom the prescription
24 medicines are purchased.