

SENATE BILL REPORT

SHB 1979

As of February 12, 2024

Title: An act relating to reducing the cost of inhalers and epinephrine autoinjectors.

Brief Description: Reducing the cost of inhalers and epinephrine autoinjectors.

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

Brief History: Passed House: 2/6/24, 97-0.

Committee Activity: Health & Long Term Care: 2/15/24.

Brief Summary of Bill

- Requires health plans, including health plans offered to public and school employees, to cap the total out-of-pocket cost for a 30-day supply of at least one inhaled corticosteroid and one inhaled corticosteroid combination product and at least one epinephrine autoinjector product containing at least two autoinjectors at \$35.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Greg Attanasio (786-7410)

Background: A health plan's cost sharing, the enrollee's share of the costs that they must pay out of pocket through a deductible, coinsurance, or copayment, is typically set by the health plan and often organized into tiers. State and federal law require some health services to be provided without cost sharing and state law currently caps the total amount that an enrollee is required to pay for a 30-day supply of insulin at \$35.

Inhalers are small, handheld devices that allow you to breathe medicine in through your mouth, directly to your lungs. They are often used to treat asthma, but providers may

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prescribe them for other conditions. Bronchodilators and corticosteroids are common inhaled medications. An epinephrine autoinjector is a medical device for injecting a measured dose of epinephrine for emergency treatment of anaphylaxis, which is a severe, life-threatening allergic reaction. Epinephrine autoinjectors are generally sold in a two pack, in case of user error, product failure, or if a second epinephrine autoinjector is necessary.

Summary of Bill: Health plans, including health plans offered to public and school employees, issued or renewed on or after January 1, 2025, must cap the total amount that an enrollee is required to pay:

- for a 30-day supply of at least one covered inhaled corticosteroid and at least one covered inhaled corticosteroid combination at \$35; and
- for at least one covered epinephrine autoinjector product containing at least two autoinjectors at \$35.

Prescription asthma inhalers and epinephrine autoinjectors 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, except as provided below for high deductible health plans with a health savings account (HSA).

For a health plan offered as a qualifying health plan for a HSA, the health carrier must establish the plan's cost sharing for asthma inhalers that are not on the federal Internal Revenue Service's (IRS) list of preventive care services and epinephrine autoinjectors at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions and withdrawals from the enrollee's HSA. If the IRS removes asthma inhalers from the list of preventive care services, the health carrier must 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 HSA. If the IRS adds epinephrine autoinjectors to the list of preventive care services, coverage must be provided without being subject to the deductible.

To the extent not prohibited by these requirements, health plans may apply drug utilization management strategies to inhaled corticosteroids, inhaled corticosteroid products, and epinephrine autoinjectors.

Appropriation: None.

Fiscal Note: Requested on February 12, 2024.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.