
SENATE BILL 6147

State of Washington

65th Legislature

2018 Regular Session

By Senators Rivers, Cleveland, Walsh, Kuderer, Nelson, Carlyle, and Angel

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

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

5 NEW SECTION. **Sec. 1.** INTENT. The legislature finds that
6 innovation has become a growing tool in modern medicine, which has
7 allowed Washington's citizens to lead a better quality of life. The
8 legislature further finds that these medical innovations are tools
9 that should be encouraged and fostered. The legislature also
10 recognizes that innovation often increases the overall cost of health
11 care, and both costs and innovations should be balanced carefully.

12 The legislature finds that managing diseases, particularly for
13 chronic or debilitating conditions, is often a difficult process that
14 may require physicians to make several changes to a patient's
15 medication before finding the one that is the most effective for the
16 patient with the least amount of side effects. The legislature finds
17 many patients have been through years of trial-and-error with their
18 health care providers to find the therapy that works for them and on
19 which they are stable.

20 The legislature further finds that patients' formularies often
21 change during the plan year, which leads to less access, inefficient

1 use of services, and overall instability of a patient's condition.
2 The legislature further finds that Washington's patients deserve
3 consistent protections that patients enjoy in medicare and other
4 states, which ensures the best use of health care dollars,
5 maintenance of health, and stability of patients.

6 The legislature further finds that putting the patient first by
7 ensuring access to a recommended course of therapy that the patient
8 has been stabilized on is imperative, especially for patients
9 fighting chronic, debilitating conditions that affect their ability
10 to work or be contributing family or community members. Therefore, it
11 is the intent of the legislature to implement a cost-effective
12 requirement that ensures patients can rely on the prescription
13 formulary they enter into with their insurance carrier through the
14 entirety of the plan year.

15 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
16 RCW to read as follows:

17 (1) Except as provided in subsection (2) of this section, for
18 health plans that include prescription drug coverage, an issuer may
19 not, outside of an open enrollment period, deny continued coverage or
20 increase the copayment or coinsurance amount for a prescription drug
21 to a medically stable enrollee if:

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

24 (b) A participating provider continues to prescribe the drug for
25 the enrollee's medical condition and the drug is a maintenance
26 medication or for the treatment of a chronic condition;

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

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

30 (2) Nothing in this section prohibits:

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

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

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

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

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

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