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**SUBSTITUTE HOUSE BILL 2319**

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**State of Washington                      64th Legislature                      2016 Regular Session**

**By House Health Care & Wellness (originally sponsored by Representatives Jinkins, DeBolt, Tharinger, and Van De Wege)**

READ FIRST TIME 02/05/16.

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

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

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

6            (1) Except as provided in subsection (2) of this section, for  
7 health plans offered in the individual market that include  
8 prescription drug coverage, an issuer may not, outside of an open  
9 enrollment period, deny continued coverage or increase the copayment  
10 or coinsurance amount for a prescription drug to a medically stable  
11 enrollee if:

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

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

17            (c) A participating provider continues to prescribe the drug for  
18 the enrollee's medical condition and the drug is a maintenance  
19 medication or for the treatment of a chronic condition;

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

1 (e) The enrollee continues to be enrolled in the plan.  
2 (2) Nothing in this section prohibits:  
3 (a) The issuer from requiring generic substitution during the  
4 current plan year;  
5 (b) The issuer from adding new drugs to its formulary during the  
6 current plan year, as long as the changed formulary applies only to  
7 new prescriptions and not existing prescriptions in violation of  
8 subsection (1) of this section;  
9 (c) A participating prescribing provider from prescribing a  
10 different drug that is covered by the plan and medically appropriate  
11 for the enrollee; or  
12 (d) The issuer from removing a drug from its formulary for  
13 reasons of patient safety concerns, drug recall or removal from the  
14 market, or medical evidence indicating no therapeutic effect of the  
15 drug.  
16 (3) This section applies to plans issued or renewed on or after  
17 January 1, 2018.

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