

FINAL BILL REPORT

SHB 1508

C 253 L 93
Synopsis as Enacted

Brief Description: Regulating prescription claims for insurance coverage that were initially approved over the telephone or by other means.

By House Committee on Financial Institutions & Insurance
(originally sponsored by Representatives Zellinsky and Pruitt).

House Committee on Financial Institutions & Insurance
Senate Committee on Health & Human Services

Background: Disability insurance companies, health care service contractors, and health maintenance organizations (HMOs) issue policies or contracts that include coverage for prescription drugs. Many companies, contractors, and HMOs require approval before a prescription may be filled for certain kinds of drugs. When such prior approval is required but not obtained by the consumer, the company, contractor, or HMO may deny coverage of the drug.

Summary: Authorized representatives of disability insurance companies, health care service contractors, and HMOs who initially approve an individual prescription claim, however such approval is indicated, cannot later deny the claim.

Pharmacists and drug dispensing outlets who obtain preapproval of a prescription claim must maintain a record of such approval.

Votes on Final Passage:

House	97	0
Senate	45	0

Effective: May 7, 1993