
HOUSE BILL 2465

State of Washington

64th Legislature

2016 Regular Session

By Representatives Robinson, Stambaugh, Wylie, Walsh, S. Hunt, Frame, Sawyer, Rossetti, Riccelli, Magendanz, Harris, Reykdal, Senn, Kagi, Lytton, Tharinger, Caldier, Stanford, Farrell, Cody, Kilduff, Peterson, Kuderer, Bergquist, Ormsby, and Santos

Read first time 01/13/16. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to requiring private health insurers and the
2 medicaid program to reimburse for a twelve-month supply of
3 contraceptive drugs; amending RCW 74.09.520; adding a new section to
4 chapter 48.43 RCW; and creating a new section.

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

6 NEW SECTION. **Sec. 1.** The legislature finds that a significant
7 percentage of pregnancies are unintended and could be averted with
8 broader access to health care and effective contraception. Providing
9 broader access to contraceptive drugs for women covered by medicaid
10 programs could avert up to twenty-six percent of unintended
11 pregnancies and result in an estimated four million dollars per
12 biennium in savings for Washington health care programs. Research
13 suggests that moving from twenty-eight day dispensing of
14 contraceptive drugs to twelve-month dispensing improves adherence to
15 maintenance of the drugs and effective use of the contraceptives. It
16 is therefore the intent of the legislature to require private health
17 insurers, the health care authority, and all medicaid programs, fee-
18 for-service and managed care, to require dispensing of contraceptive
19 drugs with up to a twelve-month supply provided at one time.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43

2 RCW to read as follows:

3 A health benefit plan issued or renewed on or after January 1,
4 2017, that includes coverage for contraceptive drugs must provide
5 reimbursement for a twelve-month supply of contraceptive drugs
6 obtained at one time by the enrollee, unless the enrollee requests a
7 smaller supply or the prescribing provider instructs that the
8 enrollee must receive a smaller supply. The health plan must allow
9 enrollees to receive the contraceptive drugs on-site at the
10 provider's office, if available. Any dispensing practices required by
11 the plan must follow clinical guidelines for appropriate prescribing
12 and dispensing to ensure the health of the patient while maximizing
13 access to effective contraceptive drugs. For purposes of this
14 section, "contraceptive drugs" means all drugs approved by the United
15 States food and drug administration that are used to prevent
16 pregnancy, including, but not limited to, hormonal drugs administered
17 orally, transdermally, and intravaginally.

18 **Sec. 3.** RCW 74.09.520 and 2015 1st sp.s. c 8 s 2 are each
19 amended to read as follows:

20 (1) The term "medical assistance" may include the following care
21 and services subject to rules adopted by the authority or department:
22 (a) Inpatient hospital services; (b) outpatient hospital services;
23 (c) other laboratory and X-ray services; (d) nursing facility
24 services; (e) physicians' services, which shall include prescribed
25 medication and instruction on birth control devices; (f) medical
26 care, or any other type of remedial care as may be established by the
27 secretary or director; (g) home health care services; (h) private
28 duty nursing services; (i) dental services; (j) physical and
29 occupational therapy and related services; (k) prescribed drugs,
30 dentures, and prosthetic devices; and eyeglasses prescribed by a
31 physician skilled in diseases of the eye or by an optometrist,
32 whichever the individual may select; (l) personal care services, as
33 provided in this section; (m) hospice services; (n) other diagnostic,
34 screening, preventive, and rehabilitative services; and (o) like
35 services when furnished to a child by a school district in a manner
36 consistent with the requirements of this chapter. For the purposes of
37 this section, neither the authority nor the department may cut off
38 any prescription medications, oxygen supplies, respiratory services,
39 or other life-sustaining medical services or supplies.

1 "Medical assistance," notwithstanding any other provision of law,
2 shall not include routine foot care, or dental services delivered by
3 any health care provider, that are not mandated by Title XIX of the
4 social security act unless there is a specific appropriation for
5 these services.

6 (2) The department shall adopt, amend, or rescind such
7 administrative rules as are necessary to ensure that Title XIX
8 personal care services are provided to eligible persons in
9 conformance with federal regulations.

10 (a) These administrative rules shall include financial
11 eligibility indexed according to the requirements of the social
12 security act providing for medicaid eligibility.

13 (b) The rules shall require clients be assessed as having a
14 medical condition requiring assistance with personal care tasks.
15 Plans of care for clients requiring health-related consultation for
16 assessment and service planning may be reviewed by a nurse.

17 (c) The department shall determine by rule which clients have a
18 health-related assessment or service planning need requiring
19 registered nurse consultation or review. This definition may include
20 clients that meet indicators or protocols for review, consultation,
21 or visit.

22 (3) The department shall design and implement a means to assess
23 the level of functional disability of persons eligible for personal
24 care services under this section. The personal care services benefit
25 shall be provided to the extent funding is available according to the
26 assessed level of functional disability. Any reductions in services
27 made necessary for funding reasons should be accomplished in a manner
28 that assures that priority for maintaining services is given to
29 persons with the greatest need as determined by the assessment of
30 functional disability.

31 (4) Effective July 1, 1989, the authority shall offer hospice
32 services in accordance with available funds.

33 (5) For Title XIX personal care services administered by aging
34 and disability services administration of the department, the
35 department shall contract with area agencies on aging:

36 (a) To provide case management services to individuals receiving
37 Title XIX personal care services in their own home; and

38 (b) To reassess and reauthorize Title XIX personal care services
39 or other home and community services as defined in RCW 74.39A.009 in

1 home or in other settings for individuals consistent with the intent
2 of this section:

3 (i) Who have been initially authorized by the department to
4 receive Title XIX personal care services or other home and community
5 services as defined in RCW 74.39A.009; and

6 (ii) Who, at the time of reassessment and reauthorization, are
7 receiving such services in their own home.

8 (6) In the event that an area agency on aging is unwilling to
9 enter into or satisfactorily fulfill a contract or an individual
10 consumer's need for case management services will be met through an
11 alternative delivery system, the department is authorized to:

12 (a) Obtain the services through competitive bid; and

13 (b) Provide the services directly until a qualified contractor
14 can be found.

15 (7) Subject to the availability of amounts appropriated for this
16 specific purpose, the authority may offer medicare part D
17 prescription drug copayment coverage to full benefit dual eligible
18 beneficiaries.

19 (8) Effective January 1, 2016, the authority shall require
20 universal screening and provider payment for autism and developmental
21 delays as recommended by the bright futures guidelines of the
22 American academy of pediatrics, as they existed on August 27, 2015.
23 This requirement is subject to the availability of funds.

24 (9) The authority shall make arrangements for all medicaid
25 programs offered through managed care plans or fee-for-service
26 programs to require the dispensing of contraceptive drugs with a
27 twelve-month supply provided at one time, unless a patient requests a
28 smaller supply or the prescribing provider instructs that the patient
29 must receive a smaller supply. Contracts with managed care plans must
30 allow on-site dispensing of the prescribed contraceptive drugs at
31 family practice clinics. Dispensing practices must follow clinical
32 guidelines for appropriate prescribing and dispensing to ensure the
33 health of the patient while maximizing access to effective
34 contraceptive drugs. For purposes of this subsection, "contraceptive
35 drugs" means all drugs approved by the United States food and drug
36 administration that are used to prevent pregnancy, including, but not
37 limited to, hormonal drugs administered orally, transdermally, and
38 intravaginally.

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