
SENATE BILL 6209

State of Washington 64th Legislature 2016 Regular Session

By Senators Rivers, Cleveland, and Rolfes

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

1 AN ACT Relating to prescription drug insurance continuity of
2 care; and amending RCW 48.43.515.

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

4 **Sec. 1.** RCW 48.43.515 and 2000 c 5 s 7 are each amended to read
5 as follows:

6 (1) Each enrollee in a health plan must have adequate choice
7 among health care providers.

8 (2) Each carrier must allow an enrollee to choose a primary care
9 provider who is accepting new enrollees from a list of participating
10 providers. Enrollees also must be permitted to change primary care
11 providers at any time with the change becoming effective no later
12 than the beginning of the month following the enrollee's request for
13 the change.

14 (3)(a) For each carrier that has entered into a health care
15 service plan contract with an enrollee that covers prescription drug
16 benefits:

17 (i) For existing enrollees, carriers shall not limit or exclude
18 coverage of a drug for any enrollee who is medically stable according
19 to the prescribing physician, if (A) the drug previously had been
20 approved for coverage by the plan for a medical condition of the
21 enrollee; (B) the plan's prescribing provider continues to prescribe

1 the drug for the medical condition, provided that the drug is
2 appropriately prescribed and is considered safe and effective for
3 treating the enrollee's medical condition; and (C) the patient
4 continues to be an enrollee of the health care service plan;

5 (ii) For new enrollees, carriers shall continue to cover a
6 prescription drug if an enrollee is medically stable according to the
7 prescribing physician and has been receiving the specific
8 prescription drug from the prescribing physician prior to enrollment
9 in the new plan; and

10 (iii) Except during open enrollment periods, carriers shall not
11 increase the out of pocket cost for a drug if the drug previously had
12 been approved for coverage and the plan's prescribing provider
13 continues to prescribe the drug for the medical condition, provided
14 the drug is appropriately prescribed and is considered safe and
15 effective for treating the enrollee's medical condition.

16 (b) This subsection (3) does not preclude the prescribing
17 provider from prescribing another drug covered by the health care
18 service plan that is medically appropriate for the enrollee, nor does
19 this subsection (3) prohibit generic drug substitutions.

20 (4) Each carrier must have a process whereby an enrollee with a
21 complex or serious medical or psychiatric condition may receive a
22 standing referral to a participating specialist for an extended
23 period of time.

24 ~~((+4))~~ (5) Each carrier must provide for appropriate and timely
25 referral of enrollees to a choice of specialists within the plan if
26 specialty care is warranted. If the type of medical specialist needed
27 for a specific condition is not represented on the specialty panel,
28 enrollees must have access to nonparticipating specialty health care
29 providers.

30 ~~((+5))~~ (6) Each carrier shall provide enrollees with direct
31 access to the participating chiropractor of the enrollee's choice for
32 covered chiropractic health care without the necessity of prior
33 referral. Nothing in this subsection shall prevent carriers from
34 restricting enrollees to seeing only providers who have signed
35 participating provider agreements or from utilizing other managed
36 care and cost containment techniques and processes. For purposes of
37 this subsection, "covered chiropractic health care" means covered
38 benefits and limitations related to chiropractic health services as
39 stated in the plan's medical coverage agreement, with the exception
40 of any provisions related to prior referral for services.

1 (~~(6)~~) (7) Each carrier must provide, upon the request of an
2 enrollee, access by the enrollee to a second opinion regarding any
3 medical diagnosis or treatment plan from a qualified participating
4 provider of the enrollee's choice.

5 (~~(7)~~) (8) Each carrier must cover services of a primary care
6 provider whose contract with the plan or whose contract with a
7 subcontractor is being terminated by the plan or subcontractor
8 without cause under the terms of that contract for at least sixty
9 days following notice of termination to the enrollees or, in group
10 coverage arrangements involving periods of open enrollment, only
11 until the end of the next open enrollment period. The provider's
12 relationship with the carrier or subcontractor must be continued on
13 the same terms and conditions as those of the contract the plan or
14 subcontractor is terminating, except for any provision requiring that
15 the carrier assign new enrollees to the terminated provider.

16 (~~(8)~~) (9) Every carrier shall meet the standards set forth in
17 this section and any rules adopted by the commissioner to implement
18 this section. In developing rules to implement this section, the
19 commissioner shall consider relevant standards adopted by national
20 managed care accreditation organizations and state agencies that
21 purchase managed health care services.

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