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**SENATE BILL 5794**

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**State of Washington**

**67th Legislature**

**2022 Regular Session**

**By** Senators Dhingra, Kuderer, Frockt, Hasegawa, Lovelett, Randall, Van De Wege, and C. Wilson

Read first time 01/11/22. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to continuity of coverage for prescription drugs  
2 prescribed for the treatment of behavioral health conditions;  
3 amending RCW 41.05.017; adding a new section to chapter 48.43 RCW;  
4 and adding a new section to chapter 74.09 RCW.

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

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

8 (1) Except as provided in subsection (2) of this section, for  
9 health plans that include prescription drug coverage issued or  
10 renewed on or after January 1, 2023, a health carrier may not,  
11 outside of an open enrollment period, deny continued coverage or  
12 increase the copayment or coinsurance amount for a prescription drug  
13 used for the assessment or treatment of a mental health condition to  
14 a medically stable enrollee if a participating provider continues to  
15 prescribe the drug, if the drug is considered safe and effective for  
16 treating the enrollee's medical condition, and if:

17 (a) The drug had previously been covered by the plan for the  
18 enrollee's medical condition during the enrollee's current plan year;  
19 or

1 (b) The enrollee had been prescribed the drug from their  
2 prescribing provider for at least 90 days prior to enrollment in the  
3 plan.

4 (2) Nothing in this section prohibits:

5 (a) The carrier from requiring generic substitution during the  
6 current plan year;

7 (b) The carrier from adding new drugs to its formulary during the  
8 current plan year, as long as the changed formulary applies only to  
9 new prescriptions and not existing prescriptions in violation of  
10 subsection (1) of this section;

11 (c) The carrier from removing a drug from its formulary for  
12 reasons of patient safety concerns, drug recall or removal from the  
13 market, or medical evidence indicating no therapeutic effect of the  
14 drug; or

15 (d) A participating provider from prescribing a different drug  
16 that is covered by the plan and medically appropriate for the  
17 enrollee.

18 **Sec. 2.** RCW 41.05.017 and 2021 c 280 s 2 are each amended to  
19 read as follows:

20 Each health plan that provides medical insurance offered under  
21 this chapter, including plans created by insuring entities, plans not  
22 subject to the provisions of Title 48 RCW, and plans created under  
23 RCW 41.05.140, are subject to the provisions of RCW 48.43.500,  
24 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545,  
25 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128,  
26 section 1 of this act, and chapter 48.49 RCW.

27 NEW SECTION. **Sec. 3.** A new section is added to chapter 74.09  
28 RCW to read as follows:

29 (1) Beginning January 1, 2023, the authority may not require  
30 prescription drug utilization management for prescription drugs  
31 necessary for the treatment of mental health conditions if the drug  
32 was dispensed to the enrollee during the previous 365 days and the  
33 enrollee is medically stable on the drug.

34 (2) For the purposes of this section, "prescription drug  
35 utilization management" has the same meaning as in RCW 48.43.400.

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