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**SUBSTITUTE HOUSE BILL 1979**

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**State of Washington**

**68th Legislature**

**2024 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Paul, Leavitt, Duerr, Reed, Ormsby, Callan, Kloba, Doglio, Fosse, Ortiz-Self, Hackney, and Shavers)

READ FIRST TIME 01/26/24.

1 AN ACT Relating to reducing the cost of inhalers and epinephrine  
2 autoinjectors; and amending RCW 48.43.780.

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

4 **Sec. 1.** RCW 48.43.780 and 2023 c 16 s 1 are each amended to read  
5 as follows:

6 (1) (a) Except as required in (~~subsection (2)~~) (b) of this  
7 (~~section~~) subsection, a health plan issued or renewed on or after  
8 January 1, 2023, that provides coverage for prescription insulin  
9 drugs for the treatment of diabetes must cap the total amount that an  
10 enrollee is required to pay for a covered insulin drug at an amount  
11 not to exceed \$35 per 30-day supply of the drug. Prescription insulin  
12 drugs must be covered without being subject to a deductible, and any  
13 cost sharing paid by an enrollee must be applied toward the  
14 enrollee's deductible obligation.

15 (~~(2)~~) (b) If the federal internal revenue service removes  
16 insulin from the list of preventive care services which can be  
17 covered by a qualifying health plan for a health savings account  
18 before the deductible is satisfied, for a health plan that provides  
19 coverage for prescription insulin drugs for the treatment of diabetes  
20 and is offered as a qualifying health plan for a health savings  
21 account, the carrier must establish the plan's cost sharing for the

1 coverage of prescription insulin for diabetes at the minimum level  
2 necessary to preserve the enrollee's ability to claim tax exempt  
3 contributions from his or her health savings account under internal  
4 revenue service laws and regulations.

5 (2) (a) Except as provided in (b) of this subsection, a health  
6 plan issued or renewed on or after January 1, 2025, that provides  
7 coverage for prescription asthma inhalers for the treatment of asthma  
8 shall cap the total amount that an enrollee is required to pay for at  
9 least one covered inhaled corticosteroid and at least one covered  
10 inhaled corticosteroid combination that is federal food and drug  
11 administration approved for the treatment of asthma at an amount not  
12 to exceed \$35 per 30-day supply of the drug. A health plan must  
13 ensure that a covered inhaled corticosteroid and a covered inhaled  
14 corticosteroid combination is always available to a patient at the  
15 amount required by this subsection. Except as provided in (b) of this  
16 subsection, prescription asthma inhalers must be covered without  
17 being subject to a deductible, and any cost sharing paid by an  
18 enrollee must be applied toward the enrollee's deductible obligation.

19 (b) For a health plan that is offered as a qualifying health plan  
20 for a health savings account, the health carrier shall establish the  
21 plan's cost sharing for asthma inhalers that are not on the federal  
22 internal revenue service's list of preventive care services at the  
23 minimum level necessary to preserve the enrollee's ability to claim  
24 tax exempt contributions and withdrawals from the enrollee's health  
25 savings account under internal revenue service laws and regulations.  
26 If the federal internal revenue service removes asthma inhalers from  
27 the list of preventive care services which can be covered by a  
28 qualifying health plan for a health savings account before the  
29 deductible is satisfied, for a health plan that provides coverage for  
30 prescription asthma inhalers for the treatment of asthma and is  
31 offered as a qualifying health plan for a health savings account, the  
32 carrier shall establish the plan's cost sharing for the coverage of  
33 prescription asthma inhalers at the minimum level necessary to  
34 preserve the enrollee's ability to claim tax exempt contributions  
35 from the enrollee's health savings account under internal revenue  
36 service laws and regulations.

37 (3) (a) Except as provided in (b) of this subsection, a health  
38 plan issued or renewed on or after January 1, 2025, that provides  
39 coverage for prescription epinephrine autoinjectors for the treatment  
40 of allergic reaction shall cap the total amount that an enrollee is

1 required to pay for at least one covered epinephrine autoinjector  
2 product containing at least two autoinjectors at an amount not to  
3 exceed \$35. A health plan must ensure that a covered epinephrine  
4 autoinjector is always available to a patient at the amount required  
5 by this subsection. Except as provided in (b) of this subsection,  
6 prescription epinephrine autoinjectors must be covered without being  
7 subject to a deductible, and any cost sharing paid by an enrollee  
8 must be applied toward the enrollee's deductible obligation.

9 (b) For a health plan that is offered as a qualifying health plan  
10 for a health savings account, the health carrier shall establish the  
11 plan's cost sharing for epinephrine autoinjectors at the minimum  
12 level necessary to preserve the enrollee's ability to claim tax  
13 exempt contributions and withdrawals from the enrollee's health  
14 savings account under internal revenue service laws and regulations.  
15 If the federal internal revenue service adds epinephrine  
16 autoinjectors to the list of preventive care services which can be  
17 covered by a qualifying health plan for a health savings account  
18 before the deductible is satisfied, coverage must be provided as  
19 described in (a) of this subsection without being subject to the  
20 deductible.

21 (4) The office of the insurance commissioner must provide written  
22 notice of ((the change)) any changes in internal revenue service  
23 guidance regarding any prescription drug covered in this section to  
24 affected parties, the chief clerk of the house of representatives,  
25 the secretary of the senate, the office of the code reviser, and  
26 others as deemed appropriate by the office.

27 (5) To the extent not prohibited under this section, health plans  
28 may apply drug utilization management strategies to prescription  
29 drugs covered under subsections (2) and (3) of this section.

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