
HOUSE BILL 1979

State of Washington

68th Legislature

2024 Regular Session

By Representatives Paul, Leavitt, Duerr, Reed, Ormsby, Callan, Kloba, Doglio, Fosse, Ortiz-Self, Hackney, and Shavers

Prefiled 12/19/23. Read first time 01/08/24. Referred to Committee on Health Care & Wellness.

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 a
9 covered asthma inhaler at an amount not to exceed \$35 per 30-day
10 supply of the drug. Except as provided in (b) of this subsection,
11 prescription asthma inhalers must be covered without being subject to
12 a deductible, and any cost sharing paid by an enrollee must be
13 applied toward the enrollee's deductible obligation.

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

32 (3)(a) Except as provided in (b) of this subsection, a health
33 plan issued or renewed on or after January 1, 2025, that provides
34 coverage for prescription epinephrine autoinjectors for the treatment
35 of allergic reaction shall cap the total amount that an enrollee is
36 required to pay for a covered epinephrine autoinjector at an amount
37 not to exceed \$35 per two pack of epinephrine autoinjectors for a
38 total of six epinephrine autoinjectors per plan year. Except as
39 provided in (b) of this subsection, prescription epinephrine
40 autoinjectors must be covered without being subject to a deductible,

1 and any cost sharing paid by an enrollee must be applied toward the
2 enrollee's deductible obligation.

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

15 (4) The office of the insurance commissioner must provide written
16 notice of ((the change)) any changes in internal revenue service
17 guidance regarding any prescription drug covered in this section to
18 affected parties, the chief clerk of the house of representatives,
19 the secretary of the senate, the office of the code reviser, and
20 others as deemed appropriate by the office.

--- END ---