State of Your Health:

How the New Law in Washington, DC May Impact You

In 2017, Washington, DC passed legislation to address out of pocket costs and the law went into effect in 2018.

First, let's define out of pocket costs:

Insurers often place expensive drugs like biologics on specialty tiers, requiring you to pay a percentage of the cost (sometimes as much as 50 percent) rather than a fixed-dollar copay. This can cause a patient to reach their annual out-of-pocket spending cap in the first few months of the plan year, a significant financial burden for many patients.

How does this new law address out of pocket costs in Washington, DC?

This new law caps specialty drug copayment or co-insurance out-of-pocket costs to no more than $150 for up to a 30-day supply, or $300 for a 90-day supply.

Who benefits from this new law?

This law will decrease out of pocket cost to the patient and gives the patient the right to request a non-preferred drug to be covered under the same cost-sharing applicable to preferred drugs if the physician determines that the preferred drug would not be as effective or would have adverse effects or both. To learn if you are covered, contact your insurer and provide your policy number.

What should I do if I experience this barrier to care in Washington, DC?

If you are experiencing a barrier to care, you should contact your insurance commissioner, who can help address your situation. You can easily find instructions on how to appeal, request an external review or file a complaint with your commissioner by going to **https://disb.dc.gov/service/file-complaint-or-report-fraud**. You can also call the department at (202) 727-8000.