

SENATE BILL REPORT

SHB 1728

As of February 21, 2022

Title: An act relating to reauthorizing and amending dates for the total cost of insulin work group.

Brief Description: Reauthorizing and amending dates for the total cost of insulin work group.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Maycumber, Cody, Callan, Eslick, Macri, Ramos, Griffey, Riccelli and Leavitt; by request of Health Care Authority).

Brief History: Passed House: 2/14/22, 97-1.

Committee Activity: Health & Long Term Care: 2/21/22.

Brief Summary of Bill

- Extends the report deadlines and expiration date for the Total Cost of Insulin Work Group.
- Changes the membership requirements of the Work Group.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Greg Attanasio (786-7410)

Background: In 2020 the Legislature established the Total Cost of Insulin Work Group (Work Group) to review and design strategies to reduce the cost of, and total expenditures on, insulin in the state. The Work Group consists of the Insurance Commissioner and a representative appointed by the Governor from each of the following organizations:

- the Prescription Drug Purchasing Consortium;
- the Pharmacy Quality Assurance Commission;
- an association representing independent pharmacies;
- an association representing chain pharmacies;

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- each health carrier offering at least one health plan in a commercial market in the state;
- each health carrier offering at least one health plan to state or public school employees in the state;
- an association representing health carriers;
- the Public Employees' Benefits Board or the School Employees' Benefits Board;
- the Health Care Authority (HCA);
- a pharmacy benefit manager that contracts with state purchasers;
- a drug distributor or wholesaler that distributes or sells insulin in the state;
- a state agency that purchases health care services and drugs for a selected population;
- the Attorney General's Office; and
- an organization representing diabetes patients who are living with diabetes.

The Work Group was required to submit a preliminary report to the Governor and Legislature by December 1, 2020, and to submit a final report to the Governor and Legislature by July 1, 2021. The Work Group expires on December 1, 2022. On July 1, 2021, the HCA submitted a report to the Legislature stating that the Work Group was unable to convene before funding for the Work Group lapsed on June 30, 2021.

Summary of Bill: Modifications are made to the membership of the Work Group. Members representing the following entities are removed:

- an association representing chain pharmacies;
- each health carrier offering at least one health plan in a commercial market in the state; and
- each health carrier offering at least one health plan to state or public school employees in the state.

The representative from a pharmacy benefit manager that contracts with state purchasers is replaced with a representative from an association representing pharmacy benefit managers. Four members of the public living with diabetes are added to the Work Group.

The Work Group must submit a preliminary report detailing strategies to reduce the cost of insulin by December 1, 2022 and submit the final report to the Governor and Legislature by July 1, 2023. The Work Group expires on December 1, 2024.

If funding for the Work Group is not provided by June 30, 2022, this act is null and void.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: The price of insulin has not improved and this work group is still needed. The makeup of the work group is now more representative with the addition of patients.

Persons Testifying: PRO: Kevin Wren, Washington #insulin4all; Cindi Laws, Health Care for All Washington; Shawn O'Neill, Health Care Authority Legislative Relations Manager.

Persons Signed In To Testify But Not Testifying: No one.