
SUBSTITUTE SENATE BILL 6087

State of Washington

66th Legislature

2020 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Keiser, Conway, Das, Hasegawa, Hunt, Kuderer, Pedersen, Randall, Rolfes, Stanford, Saldaña, Wilson, C., and Sheldon)

READ FIRST TIME 01/23/20.

1 AN ACT Relating to cost-sharing requirements for coverage of
2 insulin products; amending RCW 48.20.391, 48.21.143, 48.44.315, and
3 48.46.272; adding a new section to chapter 48.43 RCW; adding a new
4 section to chapter 41.05 RCW; and providing contingent expiration
5 dates.

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

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

9 (1) Except as required in subsection (2) of this section, a
10 health plan issued or renewed on or after January 1, 2021, that
11 provides coverage for prescription insulin drugs for the treatment of
12 diabetes must cap copayments, deductibles, or other forms of cost
13 sharing for the drug at an amount not to exceed one hundred dollars
14 per thirty-day supply of the drug. Beginning January 1, 2022, for
15 every one hundred dollar increase in the cost of an insulin product
16 for the health plan from the previous plan year, taking into account
17 rebates and other price concessions, the health plan may submit a
18 request to the office of the insurance commissioner, including proper
19 documentation, to raise the cost-sharing amount for a thirty-day
20 supply by five dollars.

1 (2) If the federal internal revenue service removes insulin from
2 the list of preventive care services which can be covered by a
3 qualifying health plan for a health savings account before the
4 deductible is satisfied, for a health plan that provides coverage for
5 prescription insulin drugs for the treatment of diabetes and is
6 offered as a qualifying health plan for a health savings account, the
7 carrier must establish the plan's cost sharing for the coverage of
8 prescription insulin for diabetes at the minimum level necessary to
9 preserve the enrollee's ability to claim tax exempt contributions
10 from his or her health savings account under internal revenue service
11 laws and regulations. The office of the insurance commissioner must
12 provide written notice of the change in internal revenue service
13 guidance to affected parties, the chief clerk of the house of
14 representatives, the secretary of the senate, the office of the code
15 reviser, and others as deemed appropriate by the office.

16 (3) This section expires upon the implementation of a centralized
17 state insulin purchasing program. The health care authority must
18 provide written notice of the expiration date of this section to
19 affected parties, the chief clerk of the house of representatives,
20 the secretary of the senate, the office of the code reviser, and
21 others as deemed appropriate by the authority.

22 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05
23 RCW to read as follows:

24 (1) Except as required in subsection (2) of this section, a
25 health plan offered to public employees and their covered dependents
26 under this chapter that is issued or renewed by the board on or after
27 January 1, 2021, that provides coverage for prescription insulin
28 drugs for the treatment of diabetes must cap copayments, deductibles,
29 or other forms of cost sharing for the drug at an amount not to
30 exceed one hundred dollars per thirty-day supply of the drug.
31 Beginning January 1, 2022, for every one hundred dollar increase in
32 the cost of an insulin product for the health plan from the previous
33 plan year, taking into account rebates and other price concessions,
34 the health plan may submit a request to the office of the insurance
35 commissioner, including proper documentation, to raise the cost-
36 sharing amount for a thirty-day supply by five dollars.

37 (2) If the federal internal revenue service removes insulin from
38 the list of preventive care services which can be covered by a
39 qualifying health plan for a health savings account before the

1 deductible is satisfied, for a health plan that provides coverage for
2 prescription insulin drugs for the treatment of diabetes and is
3 offered as a qualifying health plan for a health savings account, the
4 health plan offered under this chapter must establish the plan's cost
5 sharing for the coverage of prescription insulin for diabetes at the
6 minimum level necessary to preserve the enrollee's ability to claim
7 tax exempt contributions from his or her health savings account under
8 internal revenue service laws and regulations. The office of the
9 insurance commissioner must provide written notice of the change in
10 internal revenue service guidance to affected parties, the chief
11 clerk of the house of representatives, the secretary of the senate,
12 the office of the code reviser, and others as deemed appropriate by
13 the office.

14 (3) The authority must monitor the wholesale acquisition cost of
15 all insulin products sold in the state.

16 (4) This section expires upon the implementation of a centralized
17 state insulin purchasing program. The authority must provide written
18 notice of the expiration date of this section to affected parties,
19 the chief clerk of the house of representatives, the secretary of the
20 senate, the office of the code reviser, and others as deemed
21 appropriate by the authority.

22 **Sec. 3.** RCW 48.20.391 and 1997 c 276 s 2 are each amended to
23 read as follows:

24 The legislature finds that diabetes imposes a significant health
25 risk and tremendous financial burden on the citizens and government
26 of the state of Washington, and that access to the medically accepted
27 standards of care for diabetes, its treatment and supplies, and self-
28 management training and education is crucial to prevent or delay the
29 short and long-term complications of diabetes and its attendant
30 costs.

31 (1) The definitions in this subsection apply throughout this
32 section unless the context clearly requires otherwise.

33 (a) "Person with diabetes" means a person diagnosed by a health
34 care provider as having insulin using diabetes, noninsulin using
35 diabetes, or elevated blood glucose levels induced by pregnancy; and

36 (b) "Health care provider" means a health care provider as
37 defined in RCW 48.43.005.

38 (2) All disability insurance contracts providing health care
39 services, delivered or issued for delivery in this state and issued

1 or renewed after January 1, 1998, shall provide benefits for at least
2 the following services and supplies for persons with diabetes:

3 (a) For disability insurance contracts that include pharmacy
4 services, appropriate and medically necessary equipment and supplies,
5 as prescribed by a health care provider, that includes but is not
6 limited to insulin, syringes, injection aids, blood glucose monitors,
7 test strips for blood glucose monitors, visual reading and urine test
8 strips, insulin pumps and accessories to the pumps, insulin infusion
9 devices, prescriptive oral agents for controlling blood sugar levels,
10 foot care appliances for prevention of complications associated with
11 diabetes, and glucagon emergency kits; and

12 (b) For all disability insurance contracts providing health care
13 services, outpatient self-management training and education,
14 including medical nutrition therapy, as ordered by the health care
15 provider. Diabetes outpatient self-management training and education
16 may be provided only by health care providers with expertise in
17 diabetes. Nothing in this section prevents the insurer from
18 restricting patients to seeing only health care providers who have
19 signed participating provider agreements with the insurer or an
20 insuring entity under contract with the insurer.

21 (3) (~~Coverage~~) Except as provided in section 1 of this act,
22 coverage required under this section may be subject to customary
23 cost-sharing provisions established for all other similar services or
24 supplies within a policy.

25 (4) Health care coverage may not be reduced or eliminated due to
26 this section.

27 (5) Services required under this section shall be covered when
28 deemed medically necessary by the medical director, or his or her
29 designee, subject to any referral and formulary requirements.

30 (6) The insurer need not include the coverage required in this
31 section in a group contract offered to an employer or other group
32 that offers to its eligible enrollees a self-insured health plan not
33 subject to mandated benefits status under this title that does not
34 offer coverage similar to that mandated under this section.

35 (7) This section does not apply to the health benefit plan that
36 provides benefits identical to the schedule of services covered by
37 the basic health plan, as required by RCW 48.20.028.

38 **Sec. 4.** RCW 48.21.143 and 2004 c 244 s 10 are each amended to
39 read as follows:

1 The legislature finds that diabetes imposes a significant health
2 risk and tremendous financial burden on the citizens and government
3 of the state of Washington, and that access to the medically accepted
4 standards of care for diabetes, its treatment and supplies, and self-
5 management training and education is crucial to prevent or delay the
6 short and long-term complications of diabetes and its attendant
7 costs.

8 (1) The definitions in this subsection apply throughout this
9 section unless the context clearly requires otherwise.

10 (a) "Person with diabetes" means a person diagnosed by a health
11 care provider as having insulin using diabetes, noninsulin using
12 diabetes, or elevated blood glucose levels induced by pregnancy; and

13 (b) "Health care provider" means a health care provider as
14 defined in RCW 48.43.005.

15 (2) All group disability insurance contracts and blanket
16 disability insurance contracts providing health care services, issued
17 or renewed after January 1, 1998, shall provide benefits for at least
18 the following services and supplies for persons with diabetes:

19 (a) For group disability insurance contracts and blanket
20 disability insurance contracts that include coverage for pharmacy
21 services, appropriate and medically necessary equipment and supplies,
22 as prescribed by a health care provider, that includes but is not
23 limited to insulin, syringes, injection aids, blood glucose monitors,
24 test strips for blood glucose monitors, visual reading and urine test
25 strips, insulin pumps and accessories to the pumps, insulin infusion
26 devices, prescriptive oral agents for controlling blood sugar levels,
27 foot care appliances for prevention of complications associated with
28 diabetes, and glucagon emergency kits; and

29 (b) For all group disability insurance contracts and blanket
30 disability insurance contracts providing health care services,
31 outpatient self-management training and education, including medical
32 nutrition therapy, as ordered by the health care provider. Diabetes
33 outpatient self-management training and education may be provided
34 only by health care providers with expertise in diabetes. Nothing in
35 this section prevents the insurer from restricting patients to seeing
36 only health care providers who have signed participating provider
37 agreements with the insurer or an insuring entity under contract with
38 the insurer.

39 (3) (~~Coverage~~) Except as provided in section 1 of this act,
40 coverage required under this section may be subject to customary

1 cost-sharing provisions established for all other similar services or
2 supplies within a policy.

3 (4) Health care coverage may not be reduced or eliminated due to
4 this section.

5 (5) Services required under this section shall be covered when
6 deemed medically necessary by the medical director, or his or her
7 designee, subject to any referral and formulary requirements.

8 (6) The insurer need not include the coverage required in this
9 section in a group contract offered to an employer or other group
10 that offers to its eligible enrollees a self-insured health plan not
11 subject to mandated benefits status under this title that does not
12 offer coverage similar to that mandated under this section.

13 (7) This section does not apply to the health benefit plan that
14 provides benefits identical to the schedule of services covered by
15 the basic health plan.

16 **Sec. 5.** RCW 48.44.315 and 2004 c 244 s 12 are each amended to
17 read as follows:

18 The legislature finds that diabetes imposes a significant health
19 risk and tremendous financial burden on the citizens and government
20 of the state of Washington, and that access to the medically accepted
21 standards of care for diabetes, its treatment and supplies, and self-
22 management training and education is crucial to prevent or delay the
23 short and long-term complications of diabetes and its attendant
24 costs.

25 (1) The definitions in this subsection apply throughout this
26 section unless the context clearly requires otherwise.

27 (a) "Person with diabetes" means a person diagnosed by a health
28 care provider as having insulin using diabetes, noninsulin using
29 diabetes, or elevated blood glucose levels induced by pregnancy; and

30 (b) "Health care provider" means a health care provider as
31 defined in RCW 48.43.005.

32 (2) All health benefit plans offered by health care service
33 contractors, issued or renewed after January 1, 1998, shall provide
34 benefits for at least the following services and supplies for persons
35 with diabetes:

36 (a) For health benefit plans that include coverage for pharmacy
37 services, appropriate and medically necessary equipment and supplies,
38 as prescribed by a health care provider, that includes but is not
39 limited to insulin, syringes, injection aids, blood glucose monitors,

1 test strips for blood glucose monitors, visual reading and urine test
2 strips, insulin pumps and accessories to the pumps, insulin infusion
3 devices, prescriptive oral agents for controlling blood sugar levels,
4 foot care appliances for prevention of complications associated with
5 diabetes, and glucagon emergency kits; and

6 (b) For all health benefit plans, outpatient self-management
7 training and education, including medical nutrition therapy, as
8 ordered by the health care provider. Diabetes outpatient self-
9 management training and education may be provided only by health care
10 providers with expertise in diabetes. Nothing in this section
11 prevents the health care services contractor from restricting
12 patients to seeing only health care providers who have signed
13 participating provider agreements with the health care services
14 contractor or an insuring entity under contract with the health care
15 services contractor.

16 (3) (~~Coverage~~) Except as provided in section 1 of this act,
17 coverage required under this section may be subject to customary
18 cost-sharing provisions established for all other similar services or
19 supplies within a policy.

20 (4) Health care coverage may not be reduced or eliminated due to
21 this section.

22 (5) Services required under this section shall be covered when
23 deemed medically necessary by the medical director, or his or her
24 designee, subject to any referral and formulary requirements.

25 (6) The health care service contractor need not include the
26 coverage required in this section in a group contract offered to an
27 employer or other group that offers to its eligible enrollees a self-
28 insured health plan not subject to mandated benefits status under
29 this title that does not offer coverage similar to that mandated
30 under this section.

31 (7) This section does not apply to the health benefit plans that
32 provide benefits identical to the schedule of services covered by the
33 basic health plan.

34 **Sec. 6.** RCW 48.46.272 and 2004 c 244 s 14 are each amended to
35 read as follows:

36 The legislature finds that diabetes imposes a significant health
37 risk and tremendous financial burden on the citizens and government
38 of the state of Washington, and that access to the medically accepted
39 standards of care for diabetes, its treatment and supplies, and self-

1 management training and education is crucial to prevent or delay the
2 short and long-term complications of diabetes and its attendant
3 costs.

4 (1) The definitions in this subsection apply throughout this
5 section unless the context clearly requires otherwise.

6 (a) "Person with diabetes" means a person diagnosed by a health
7 care provider as having insulin using diabetes, noninsulin using
8 diabetes, or elevated blood glucose levels induced by pregnancy; and

9 (b) "Health care provider" means a health care provider as
10 defined in RCW 48.43.005.

11 (2) All health benefit plans offered by health maintenance
12 organizations, issued or renewed after January 1, 1998, shall provide
13 benefits for at least the following services and supplies for persons
14 with diabetes:

15 (a) For health benefit plans that include coverage for pharmacy
16 services, appropriate and medically necessary equipment and supplies,
17 as prescribed by a health care provider, that includes but is not
18 limited to insulin, syringes, injection aids, blood glucose monitors,
19 test strips for blood glucose monitors, visual reading and urine test
20 strips, insulin pumps and accessories to the pumps, insulin infusion
21 devices, prescriptive oral agents for controlling blood sugar levels,
22 foot care appliances for prevention of complications associated with
23 diabetes, and glucagon emergency kits; and

24 (b) For all health benefit plans, outpatient self-management
25 training and education, including medical nutrition therapy, as
26 ordered by the health care provider. Diabetes outpatient self-
27 management training and education may be provided only by health care
28 providers with expertise in diabetes. Nothing in this section
29 prevents the health maintenance organization from restricting
30 patients to seeing only health care providers who have signed
31 participating provider agreements with the health maintenance
32 organization or an insuring entity under contract with the health
33 maintenance organization.

34 (3) (~~Coverage~~) Except as provided in section 1 of this act,
35 coverage required under this section may be subject to customary
36 cost-sharing provisions established for all other similar services or
37 supplies within a policy.

38 (4) Health care coverage may not be reduced or eliminated due to
39 this section.

1 (5) Services required under this section shall be covered when
2 deemed medically necessary by the medical director, or his or her
3 designee, subject to any referral and formulary requirements.

4 (6) The health maintenance organization need not include the
5 coverage required in this section in a group contract offered to an
6 employer or other group that offers to its eligible enrollees a self-
7 insured health plan not subject to mandated benefits status under
8 this title that does not offer coverage similar to that mandated
9 under this section.

10 (7) This section does not apply to the health benefit plans that
11 provide benefits identical to the schedule of services covered by the
12 basic health plan.

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