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**SECOND SUBSTITUTE SENATE BILL 6087**

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**State of Washington**

**66th Legislature**

**2020 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Keiser, Conway, Das, Hasegawa, Hunt, Kuderer, Pedersen, Randall, Rolfes, Stanford, Saldaña, Wilson, C., and Sheldon)

READ FIRST TIME 02/07/20.

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 expiration dates.

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

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

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

20 (2) If the federal internal revenue service removes insulin from  
21 the list of preventive care services which can be covered by a

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

14 (3) This section expires January 1, 2023.

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

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

30 (2) If the federal internal revenue service removes insulin from  
31 the list of preventive care services which can be covered by a  
32 qualifying health plan for a health savings account before the  
33 deductible is satisfied, for a health plan that provides coverage for  
34 prescription insulin drugs for the treatment of diabetes and is  
35 offered as a qualifying health plan for a health savings account, the  
36 health plan offered under this chapter must establish the plan's cost  
37 sharing for the coverage of prescription insulin for diabetes at the  
38 minimum level necessary to preserve the enrollee's ability to claim  
39 tax exempt contributions from his or her health savings account under

1 internal revenue service laws and regulations. The office of the  
2 insurance commissioner must provide written notice of the change in  
3 internal revenue service guidance to affected parties, the chief  
4 clerk of the house of representatives, the secretary of the senate,  
5 the office of the code reviser, and others as deemed appropriate by  
6 the office.

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

9 (4) This section expires January 1, 2023.

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

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

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

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

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

26 (2) All disability insurance contracts providing health care  
27 services, delivered or issued for delivery in this state and issued  
28 or renewed after January 1, 1998, shall provide benefits for at least  
29 the following services and supplies for persons with diabetes:

30 (a) For disability insurance contracts that include pharmacy  
31 services, appropriate and medically necessary equipment and supplies,  
32 as prescribed by a health care provider, that includes but is not  
33 limited to insulin, syringes, injection aids, blood glucose monitors,  
34 test strips for blood glucose monitors, visual reading and urine test  
35 strips, insulin pumps and accessories to the pumps, insulin infusion  
36 devices, prescriptive oral agents for controlling blood sugar levels,  
37 foot care appliances for prevention of complications associated with  
38 diabetes, and glucagon emergency kits; and

1 (b) For all disability insurance contracts providing health care  
2 services, outpatient self-management training and education,  
3 including medical nutrition therapy, as ordered by the health care  
4 provider. Diabetes outpatient self-management training and education  
5 may be provided only by health care providers with expertise in  
6 diabetes. Nothing in this section prevents the insurer from  
7 restricting patients to seeing only health care providers who have  
8 signed participating provider agreements with the insurer or an  
9 insuring entity under contract with the insurer.

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

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

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

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

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

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

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

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

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

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

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

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

20 (b) For all group disability insurance contracts and blanket  
21 disability insurance contracts providing health care services,  
22 outpatient self-management training and education, including medical  
23 nutrition therapy, as ordered by the health care provider. Diabetes  
24 outpatient self-management training and education may be provided  
25 only by health care providers with expertise in diabetes. Nothing in  
26 this section prevents the insurer from restricting patients to seeing  
27 only health care providers who have signed participating provider  
28 agreements with the insurer or an insuring entity under contract with  
29 the insurer.

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

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

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

39 (6) The insurer need not include the coverage required in this  
40 section in a group contract offered to an employer or other group

1 that offers to its eligible enrollees a self-insured health plan not  
2 subject to mandated benefits status under this title that does not  
3 offer coverage similar to that mandated under this section.

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

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

9 The legislature finds that diabetes imposes a significant health  
10 risk and tremendous financial burden on the citizens and government  
11 of the state of Washington, and that access to the medically accepted  
12 standards of care for diabetes, its treatment and supplies, and self-  
13 management training and education is crucial to prevent or delay the  
14 short and long-term complications of diabetes and its attendant  
15 costs.

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

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

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

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

27 (a) For health benefit plans that include coverage for pharmacy  
28 services, appropriate and medically necessary equipment and supplies,  
29 as prescribed by a health care provider, that includes but is not  
30 limited to insulin, syringes, injection aids, blood glucose monitors,  
31 test strips for blood glucose monitors, visual reading and urine test  
32 strips, insulin pumps and accessories to the pumps, insulin infusion  
33 devices, prescriptive oral agents for controlling blood sugar levels,  
34 foot care appliances for prevention of complications associated with  
35 diabetes, and glucagon emergency kits; and

36 (b) For all health benefit plans, outpatient self-management  
37 training and education, including medical nutrition therapy, as  
38 ordered by the health care provider. Diabetes outpatient self-  
39 management training and education may be provided only by health care

1 providers with expertise in diabetes. Nothing in this section  
2 prevents the health care services contractor from restricting  
3 patients to seeing only health care providers who have signed  
4 participating provider agreements with the health care services  
5 contractor or an insuring entity under contract with the health care  
6 services contractor.

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

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

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

16 (6) The health care service contractor need not include the  
17 coverage required in this section in a group contract offered to an  
18 employer or other group that offers to its eligible enrollees a self-  
19 insured health plan not subject to mandated benefits status under  
20 this title that does not offer coverage similar to that mandated  
21 under this section.

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

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

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

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

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

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

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

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

16 (b) For all health benefit plans, outpatient self-management  
17 training and education, including medical nutrition therapy, as  
18 ordered by the health care provider. Diabetes outpatient self-  
19 management training and education may be provided only by health care  
20 providers with expertise in diabetes. Nothing in this section  
21 prevents the health maintenance organization from restricting  
22 patients to seeing only health care providers who have signed  
23 participating provider agreements with the health maintenance  
24 organization or an insuring entity under contract with the health  
25 maintenance organization.

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

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

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

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



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

--- **END** ---