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**SUBSTITUTE HOUSE BILL 2871**

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**State of Washington**

**64th Legislature**

**2016 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Cody, Harris, Schmick, Tharinger, Kagi, Ortiz-Self, and Ormsby)

READ FIRST TIME 02/05/16.

1 AN ACT Relating to the creation of a task force on high patient  
2 out-of-pocket costs; and creating new sections.

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

4 NEW SECTION. **Sec. 1.** The emerging issue in health care is the  
5 high out-of-pocket costs for patients, especially for those with the  
6 greatest needs. When patients have extreme out-of-pocket expenses for  
7 their medications, many are more likely to experience problems paying  
8 for their prescriptions or forgo them altogether because of the cost.  
9 Patients that must take multiple prescriptions have the greatest  
10 problems paying for them. A recent survey shows that forty-three  
11 percent of people in fair or poor health and thirty-eight percent of  
12 those taking four or more drugs a year say it is somewhat or very  
13 difficult to pay for their medications. Forty-three percent of those  
14 in fair or poor health and thirty-five percent of those taking four  
15 or more drugs say they did not fill a prescription or say they cut  
16 pills in half or skipped doses because of cost. The legislature  
17 recognizes many parties impact the prices of prescriptions, including  
18 pharmaceutical manufacturers, pharmacy benefit managers, wholesalers,  
19 and health plan benefit designs, with specialty tiers and cost-  
20 sharing as a percent of the cost of prescriptions. It is therefore  
21 the intent of the legislature to create a task force with all parties

1 to focus on fairness for patients and examine opportunities to  
2 address the high out-of-pocket costs for patients.

3 NEW SECTION. **Sec. 2.** (1) The task force on high patient out-of-  
4 pocket costs is created. By July 1, 2016, the department of health  
5 shall convene the task force and coordinate task force meetings. The  
6 task force must include representatives from all participants with a  
7 role in determining prescription drug costs and out-of-pocket costs  
8 for patients, such as, but not limited to, the following: Patient  
9 groups, insurance carriers operating in Washington state,  
10 pharmaceutical companies, pharmacy benefit managers, specialty  
11 pharmacists, prescribers, hospitals, the office of the insurance  
12 commissioner, the health care authority and other purchasers, the  
13 office of financial management, business interest groups, unions, and  
14 biotechnology. Letters of interest from potential participants must  
15 be submitted to the department of health, and the secretary, or his  
16 or her designee, shall invite representatives of interested groups to  
17 participate in the task force.

18 (2) The task force shall evaluate factors contributing to the  
19 out-of-pocket costs for patients, particularly in the first quarter  
20 of each year including, but not limited to, prescription drug cost  
21 trends and plan benefit design. The task force shall consider patient  
22 treatment adherence and the impacts on chronic illness and acute  
23 disease, with consideration of the long-term outcomes and costs for  
24 the patient. The discussion must also consider the impact when  
25 patients cannot maintain access to their prescription drugs and the  
26 implications of adverse health impacts including the potential need  
27 for more expensive medical interventions or hospitalizations and the  
28 impact on the workforce with the loss of productivity. The discussion  
29 must also consider the impact of the factors on affordability of  
30 health care coverage.

31 (3) The task force recommendations, or a summary of the  
32 discussions, must be provided to the health policy committees and  
33 other appropriate committees of the legislature by December 1, 2016.

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