

2SSB 6087 - S AMD 1091

By Senator Keiser

ADOPTED 02/18/2020

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43
4 RCW to read as follows:

5 (1) Except as required in subsection (2) of this section, a
6 health plan issued or renewed on or after January 1, 2021, that
7 provides coverage for prescription insulin drugs for the treatment of
8 diabetes must cap the total amount that an enrollee is required to
9 pay for a covered insulin drug at an amount not to exceed one hundred
10 dollars per thirty-day supply of the drug. Prescription insulin drugs
11 must be covered without being subject to a deductible, and any cost
12 sharing paid by an enrollee must be applied toward the enrollee's
13 deductible obligation. Beginning January 1, 2022, for every one
14 hundred dollar increase in the cost of an insulin product for the
15 health plan from the previous plan year, taking into account rebates
16 and other price concessions, the health plan may submit a request to
17 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
22 qualifying health plan for a health savings account before the
23 deductible is satisfied, for a health plan that provides coverage for
24 prescription insulin drugs for the treatment of diabetes and is
25 offered as a qualifying health plan for a health savings account, the
26 carrier must establish the plan's cost sharing for the coverage of
27 prescription insulin for diabetes at the minimum level necessary to
28 preserve the enrollee's ability to claim tax exempt contributions
29 from his or her health savings account under internal revenue service
30 laws and regulations. The office of the insurance commissioner must
31 provide written notice of the change in internal revenue service
32 guidance to affected parties, the chief clerk of the house of

1 representatives, the secretary of the senate, the office of the code
2 reviser, and others as deemed appropriate by the office.

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

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

6 (1) Except as required in subsection (2) of this section, a
7 health plan offered to public employees and their covered dependents
8 under this chapter that is issued or renewed by the board on or after
9 January 1, 2021, that provides coverage for prescription insulin
10 drugs for the treatment of diabetes must cap the total amount that an
11 enrollee is required to pay for a covered insulin drug at an amount
12 not to exceed one hundred dollars per thirty-day supply of the drug.
13 Prescription insulin drugs must be covered without being subject to a
14 deductible, and any cost sharing paid by an enrollee must be applied
15 toward the enrollee's deductible obligation. Beginning January 1,
16 2022, for every one hundred dollar increase in the cost of an insulin
17 product for the health plan from the previous plan year, taking into
18 account rebates and other price concessions, the health plan may
19 submit a request to the office of the insurance commissioner,
20 including proper documentation, to raise the cost-sharing amount for
21 a thirty-day supply by five dollars.

22 (2) If the federal internal revenue service removes insulin from
23 the list of preventive care services which can be covered by a
24 qualifying health plan for a health savings account before the
25 deductible is satisfied, for a health plan that provides coverage for
26 prescription insulin drugs for the treatment of diabetes and is
27 offered as a qualifying health plan for a health savings account, the
28 health plan offered under this chapter must establish the plan's cost
29 sharing for the coverage of prescription insulin for diabetes at the
30 minimum level necessary to preserve the enrollee's ability to claim
31 tax exempt contributions from his or her health savings account under
32 internal revenue service laws and regulations. The office of the
33 insurance commissioner must provide written notice of the change in
34 internal revenue service guidance to affected parties, the chief
35 clerk of the house of representatives, the secretary of the senate,
36 the office of the code reviser, and others as deemed appropriate by
37 the office.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 (a) For group disability insurance contracts and blanket
39 disability insurance contracts that include coverage for pharmacy

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

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

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

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

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

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

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

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

38 The legislature finds that diabetes imposes a significant health
39 risk and tremendous financial burden on the citizens and government

1 of the state of Washington, and that access to the medically accepted
2 standards of care for diabetes, its treatment and supplies, and self-
3 management training and education is crucial to prevent or delay the
4 short and long-term complications of diabetes and its attendant
5 costs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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33 On page 1, line 2 of the title, after "products;" strike the
34 remainder of the title and insert "amending RCW 48.20.391, 48.21.143,

1 48.44.315, and 48.46.272; adding a new section to chapter 48.43 RCW;
2 adding a new section to chapter 41.05 RCW; and providing expiration
3 dates."

EFFECT: Clarifies that the bill does not create a drug-specific deductible for insulin.

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