
Health Care & Wellness Committee

SSB 5546

Brief Description: Concerning insulin affordability.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Keiser, Van De Wege, Cleveland, Conway, Frockt, Hasegawa, Hunt, Lovick, Nguyen, Pedersen, Randall, Stanford and Wilson, C.).

<p style="text-align: center;">Brief Summary of Substitute Bill</p> <ul style="list-style-type: none">• Requires health plans, including health plans offered to public employees and their dependents, to cap the amount an enrollee is required to pay for a 30-day supply of insulin at \$35.

Hearing Date: 2/17/22

Staff: Emily Stephens (786-7296) and Jim Morishima (786-7191).

Background:

Insulin is a hormone produced by the pancreas that regulates blood sugar levels. Many individuals with diabetes require insulin injections to regulate blood sugar. Health plans, including health plans offered to public employees and covered dependents, must cap the total amount that an enrollee is required to pay for a 30-day supply of insulin at \$100. Prescription insulin drugs must be covered without being subject to a deductible, and any cost sharing paid by an enrollee must be applied toward the enrollee's deductible obligation. The cap expires on January 1, 2023.

Summary of Bill:

Health plans issued or renewed on or after January 1, 2023, must cap the total amount that an

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enrollee is required to pay for a 30-day supply of a covered insulin drug at \$35. This cap expires January 1, 2024. The cap applies to health plans offered to state employees and covered dependents.

Appropriation: None.

Fiscal Note: Available.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 1, relating to capping health plan cost-sharing for insulin, which takes effect January 1, 2023.