

SENATE BILL REPORT

SB 6182

As of January 23, 2024

Title: An act relating to providing prescription drug coverage for the treatment of obesity.

Brief Description: Providing prescription drug coverage for the treatment of obesity.

Sponsors: Senators Rivers, Keiser, Torres and Valdez.

Brief History:

Committee Activity: Health & Long Term Care: 1/23/24.

Brief Summary of Bill

- Requires health plans offered to public employees and their covered dependents issued or renewed on or after January 1, 2025, and Medicaid managed care organizations to provide prescription drug coverage for glucagon-like peptide 1 agonists and other similar medications when prescribed by a health care provider for the treatment of obesity if the patient meets the requirements.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Julie Tran (786-7283)

Background: Glucagon-like peptide 1 (GLP-1) agonists are a class of medication that not only improves blood sugar control but may also lead to weight loss. The GLP-1 medication mimics the GLP-1 hormone that is released in the gastrointestinal tract in response to eating. One role of GLP-1 is to prompt the body to produce more insulin, which reduces blood sugar. GLP-1 in higher amounts also interacts with the parts of the brain that reduce appetite and signal a feeling of fullness.

These medications are used to treat people with Type 2 diabetes or to help those with obesity or overweight to lose weight. Type 2 diabetes is the most common form of diabetes,

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occurring when the pancreas cannot make enough insulin to keep blood sugar at normal levels. GLP-1, which is a normal body hormone, is often found in insufficient levels in Type 2 diabetes patients.

The types of GLP-1 drugs that have been approved by the US Food and Drug Administration (FDA) for obesity treatment include Saxenda, Wegovy, and Zepbound. Other GLP-1 drugs such as Rybelsus, Ozempic, and Mounjaro are FDA-approved to treat Type 2 diabetes, but not for the treatment of weight-loss management.

Summary of Bill: A health benefit plan offered to public employees and their covered dependents under this chapter that is issued or renewed on or after January 1, 2025 must provide prescription drug coverage for GLP-1 agonists and other similar medications when prescribed by a health care provider for the treatment of obesity if the patient is determined to be obese or has a body mass index value of at least 27 with at least one weight-related medical condition.

The Health Care Authority must ensure Medicaid managed care organizations provide prescription drug coverage for GLP-1 agonists and other similar medications when prescribed by a health care provider for the treatment of obesity if the patient is determined to be obese or has a body mass index value of at least 27 with at least one weight-related medical condition.

Obesity or obese means a body mass index value of 30 or more.

Appropriation: None.

Fiscal Note: Requested on January 16, 2024.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: Obesity is a complex chronic disease that is severe and needs serious treatment. The medications have the potential to combat this condition and mitigate potential health issues. This drug provides people the option to buy the opportunity for good health. The people who need it the most are the people who really can't afford it and that isn't fair. The absence of coverage is a clear form of discrimination against those living with obesity in the state. This bill says these drugs are available to everyone, not just to those who have the means to pay cash. This bill ensures patients' access to an effective tool to treat their chronic disease and it allows state employees and Medicaid enrollees to receive these evidence-based tools and be on par with other medications that are on their plans. The technology on these drugs is amazing and there are more medications in the pipeline. The state should treat obesity as seriously as every other chronic disease and put an end to the discrimination against thousands of Washington State

Medicaid enrollees and state employees and their dependents with obesity by providing coverage for anti-obesity medications that will improve health, improve quality of life, reduce disability, lower health care costs, and allow those who are compromised to be treated and get back to work.

CON: There are potential cost implications with this bill. There are multiple factors that drive the increasing amounts of insurance premiums and one of the biggest factors is the cost of prescription drugs. In other states, the cost for these plans have been significant and there are estimates that the level of coverage would drive premium increases and result in thousands of people no longer being able to afford their insurance coverage.

Persons Testifying: PRO: Senator Ann Rivers, Prime Sponsor; Carissa Kemp, American Diabetes Association ; Sandra Christensen, Integrative Medical Weight Management; Alexis David, MD, Washington Obesity Society, President; Kristi Weeks; Michael Moran, Self.

CON: Jennifer Ziegler, Association of Washington Health Care Plans.

Persons Signed In To Testify But Not Testifying: No one.