H-3837.1

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**HOUSE BILL 2871**

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**State of Washington 64th Legislature 2016 Regular Session**

**By** Representatives Cody, Harris, Schmick, Tharinger, Kagi, Ortiz-Self, and Ormsby

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

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

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

NEW SECTION. **Sec.**  (1) The task force on high patient out-of-pocket costs is created. By July 1, 2016, the department of health shall convene the task force and coordinate task force meetings. The task force shall include representatives from all participants with a role in determining prescription drug costs and out-of-pocket costs for patients, such as, but not limited to the following: Patient groups, insurance carriers, pharmaceutical companies, prescribers, hospitals, the office of the insurance commissioner, the health care authority and other purchasers, the office of financial management, unions, and biotechnology. Letters of interest from potential participants shall be submitted to the department of health, and the secretary, or his or her designee, shall invite representatives of interested groups to participate in the task force.

(2) The task force shall evaluate factors contributing to the high out-of-pocket costs for patients, particularly in the first quarter of each year, including but not limited to: Prescription drug cost trends, plan benefit design, specialty tiers, prescription drug cost sharing structures, and prescription deductibles. The task force shall consider patient treatment adherence and the impacts on chronic illness and acute disease, with consideration of the long-term outcomes and costs for the patient. The discussion must also consider the impact when patients cannot maintain access to their prescription drugs and the implications of adverse health impacts including the potential need for more expensive medical interventions or hospitalizations and the impact on the workforce with the loss of productivity.

(3) The task force recommendations, or a summary of the discussions, must be provided to the appropriate committees of the legislature by December 1, 2016.

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