
SENATE BILL 6569

State of Washington 64th Legislature 2016 Regular Session

By Senators Cleveland, Becker, Carlyle, Keiser, and Ranker

Read first time 01/26/16. Referred to Committee on Health Care.

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

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

4 NEW SECTION. **Sec. 1.** An issue of vital significance in health
5 care is the high out-of-pocket costs for patients, especially for
6 those with the greatest needs. When patients have extreme out-of-
7 pocket expenses for their medications, many are more likely to
8 experience problems paying for their prescriptions or forgo them
9 altogether because of the cost. Patients that must take multiple
10 prescriptions have the greatest problems paying for them. A recent
11 survey shows that forty-three percent of people in fair or poor
12 health and thirty-eight percent of those taking four or more drugs a
13 year say it is somewhat or very difficult to pay for their
14 medications. Forty-three percent of those in fair or poor health and
15 thirty-five percent of those taking four or more drugs say they did
16 not fill a prescription or say they cut pills in half or skipped
17 doses because of cost. The legislature acknowledges the role that
18 some pharmaceutical companies play in helping certain patients with
19 assistance in paying for their medications. These programs, however,
20 do not provide relief from extraordinary out-of-pocket costs for all
21 affected patients. The legislature recognizes many parties impact the

1 prices of prescriptions, including pharmaceutical manufacturers,
2 pharmacy benefit managers, wholesalers, and health plan benefit
3 designs, with specialty tiers and cost-sharing as a percent of the
4 cost of prescriptions. It is therefore the intent of the legislature
5 to create a task force with all parties to focus on fairness for
6 patients and examine opportunities to address the high out-of-pocket
7 costs for patients.

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

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

34 (3) The task force recommendations, or a summary of the
35 discussions, must be provided to the appropriate committees of the
36 legislature by October 1, 2017.

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