

CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 6569

64th Legislature
2016 Regular Session

Passed by the Senate February 17, 2016
Yeas 49 Nays 0

President of the Senate

Passed by the House March 2, 2016
Yeas 78 Nays 19

Speaker of the House of Representatives

Approved

Governor of the State of Washington

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6569** as passed by Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

SUBSTITUTE SENATE BILL 6569

Passed Legislature - 2016 Regular Session

State of Washington

64th Legislature

2016 Regular Session

By Senate Health Care (originally sponsored by Senators Cleveland, Becker, Carlyle, Keiser, and Ranker)

READ FIRST TIME 02/05/16.

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 operating in Washington state,
15 pharmaceutical companies, prescribers, pharmacists, pharmacy benefit
16 managers, hospitals, the office of the insurance commissioner, the
17 health care authority and other purchasers, the office of financial
18 management, unions, a Taft-Hartley trust, a business association, and
19 biotechnology. Letters of interest from potential participants shall
20 be submitted to the department of health, and the secretary, or his
21 or her designee, shall invite representatives of interested groups to
22 participate in the task force.

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

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

--- END ---