

CERTIFICATION OF ENROLLMENT

**ENGROSSED SECOND SUBSTITUTE SENATE BILL 6087**

66th Legislature  
2020 Regular Session

Passed by the Senate March 9, 2020  
Yeas 48 Nays 0

---

**President of the Senate**

Passed by the House March 6, 2020  
Yeas 63 Nays 33

---

**Speaker of the House of  
Representatives**

Approved

---

**Governor of the State of Washington**

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 6087** as passed by the Senate and the House of Representatives on the dates hereon set forth.

---

**Secretary**

FILED

**Secretary of State  
State of Washington**

---

**ENGROSSED SECOND SUBSTITUTE SENATE BILL 6087**

---

AS AMENDED BY THE HOUSE

Passed Legislature - 2020 Regular Session

**State of Washington                      66th Legislature                      2020 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Keiser, Conway, Das, Hasegawa, Hunt, Kuderer, Pedersen, Randall, Rolfes, Stanford, Saldaña, Wilson, C., and Sheldon)

READ FIRST TIME 02/07/20.

1            AN ACT Relating to cost-sharing requirements for coverage of  
2 insulin products; amending RCW 48.20.391, 48.21.143, 48.44.315, and  
3 48.46.272; adding a new section to chapter 48.43 RCW; adding a new  
4 section to chapter 41.05 RCW; and providing expiration dates.

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

6            NEW SECTION.    **Sec. 1.**    A new section is added to chapter 48.43  
7 RCW to read as follows:

8            (1) Except as required in subsection (2) of this section, a  
9 health plan issued or renewed on or after January 1, 2021, that  
10 provides coverage for prescription insulin drugs for the treatment of  
11 diabetes must cap the total amount that an enrollee is required to  
12 pay for a covered insulin drug at an amount not to exceed one hundred  
13 dollars per thirty-day supply of the drug. Prescription insulin drugs  
14 must be covered without being subject to a deductible, and any cost  
15 sharing paid by an enrollee must be applied toward the enrollee's  
16 deductible obligation.

17            (2) If the federal internal revenue service removes insulin from  
18 the list of preventive care services which can be covered by a  
19 qualifying health plan for a health savings account before the  
20 deductible is satisfied, for a health plan that provides coverage for  
21 prescription insulin drugs for the treatment of diabetes and is

1 offered as a qualifying health plan for a health savings account, the  
2 carrier must establish the plan's cost sharing for the coverage of  
3 prescription insulin for diabetes at the minimum level necessary to  
4 preserve the enrollee's ability to claim tax exempt contributions  
5 from his or her health savings account under internal revenue service  
6 laws and regulations. The office of the insurance commissioner must  
7 provide written notice of the change in internal revenue service  
8 guidance to affected parties, the chief clerk of the house of  
9 representatives, the secretary of the senate, the office of the code  
10 reviser, and others as deemed appropriate by the office.

11 (3) This section expires January 1, 2023.

12 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05  
13 RCW to read as follows:

14 (1) Except as required in subsection (2) of this section, a  
15 health plan offered to public employees and their covered dependents  
16 under this chapter that is issued or renewed by the board on or after  
17 January 1, 2021, that provides coverage for prescription insulin  
18 drugs for the treatment of diabetes must cap the total amount that an  
19 enrollee is required to pay for a covered insulin drug at an amount  
20 not to exceed one hundred dollars per thirty-day supply of the drug.  
21 Prescription insulin drugs must be covered without being subject to a  
22 deductible, and any cost sharing paid by an enrollee must be applied  
23 toward the enrollee's deductible obligation.

24 (2) If the federal internal revenue service removes insulin from  
25 the list of preventive care services which can be covered by a  
26 qualifying health plan for a health savings account before the  
27 deductible is satisfied, for a health plan that provides coverage for  
28 prescription insulin drugs for the treatment of diabetes and is  
29 offered as a qualifying health plan for a health savings account, the  
30 health plan offered under this chapter must establish the plan's cost  
31 sharing for the coverage of prescription insulin for diabetes at the  
32 minimum level necessary to preserve the enrollee's ability to claim  
33 tax exempt contributions from his or her health savings account under  
34 internal revenue service laws and regulations. The office of the  
35 insurance commissioner must provide written notice of the change in  
36 internal revenue service guidance to affected parties, the chief  
37 clerk of the house of representatives, the secretary of the senate,  
38 the office of the code reviser, and others as deemed appropriate by  
39 the office.

1 (3) The authority must monitor the wholesale acquisition cost of  
2 all insulin products sold in the state.

3 (4) This section expires January 1, 2023.

4 **Sec. 3.** RCW 48.20.391 and 1997 c 276 s 2 are each amended to  
5 read as follows:

6 The legislature finds that diabetes imposes a significant health  
7 risk and tremendous financial burden on the citizens and government  
8 of the state of Washington, and that access to the medically accepted  
9 standards of care for diabetes, its treatment and supplies, and self-  
10 management training and education is crucial to prevent or delay the  
11 short and long-term complications of diabetes and its attendant  
12 costs.

13 (1) The definitions in this subsection apply throughout this  
14 section unless the context clearly requires otherwise.

15 (a) "Person with diabetes" means a person diagnosed by a health  
16 care provider as having insulin using diabetes, noninsulin using  
17 diabetes, or elevated blood glucose levels induced by pregnancy; and

18 (b) "Health care provider" means a health care provider as  
19 defined in RCW 48.43.005.

20 (2) All disability insurance contracts providing health care  
21 services, delivered or issued for delivery in this state and issued  
22 or renewed after January 1, 1998, shall provide benefits for at least  
23 the following services and supplies for persons with diabetes:

24 (a) For disability insurance contracts that include pharmacy  
25 services, appropriate and medically necessary equipment and supplies,  
26 as prescribed by a health care provider, that includes but is not  
27 limited to insulin, syringes, injection aids, blood glucose monitors,  
28 test strips for blood glucose monitors, visual reading and urine test  
29 strips, insulin pumps and accessories to the pumps, insulin infusion  
30 devices, prescriptive oral agents for controlling blood sugar levels,  
31 foot care appliances for prevention of complications associated with  
32 diabetes, and glucagon emergency kits; and

33 (b) For all disability insurance contracts providing health care  
34 services, outpatient self-management training and education,  
35 including medical nutrition therapy, as ordered by the health care  
36 provider. Diabetes outpatient self-management training and education  
37 may be provided only by health care providers with expertise in  
38 diabetes. Nothing in this section prevents the insurer from  
39 restricting patients to seeing only health care providers who have

1 signed participating provider agreements with the insurer or an  
2 insuring entity under contract with the insurer.

3 (3) ((Coverage)) Except as provided in section 1 of this act,  
4 coverage required under this section may be subject to customary  
5 cost-sharing provisions established for all other similar services or  
6 supplies within a policy.

7 (4) Health care coverage may not be reduced or eliminated due to  
8 this section.

9 (5) Services required under this section shall be covered when  
10 deemed medically necessary by the medical director, or his or her  
11 designee, subject to any referral and formulary requirements.

12 (6) The insurer need not include the coverage required in this  
13 section in a group contract offered to an employer or other group  
14 that offers to its eligible enrollees a self-insured health plan not  
15 subject to mandated benefits status under this title that does not  
16 offer coverage similar to that mandated under this section.

17 (7) This section does not apply to the health benefit plan that  
18 provides benefits identical to the schedule of services covered by  
19 the basic health plan, as required by RCW 48.20.028.

20 **Sec. 4.** RCW 48.21.143 and 2004 c 244 s 10 are each amended to  
21 read as follows:

22 The legislature finds that diabetes imposes a significant health  
23 risk and tremendous financial burden on the citizens and government  
24 of the state of Washington, and that access to the medically accepted  
25 standards of care for diabetes, its treatment and supplies, and self-  
26 management training and education is crucial to prevent or delay the  
27 short and long-term complications of diabetes and its attendant  
28 costs.

29 (1) The definitions in this subsection apply throughout this  
30 section unless the context clearly requires otherwise.

31 (a) "Person with diabetes" means a person diagnosed by a health  
32 care provider as having insulin using diabetes, noninsulin using  
33 diabetes, or elevated blood glucose levels induced by pregnancy; and

34 (b) "Health care provider" means a health care provider as  
35 defined in RCW 48.43.005.

36 (2) All group disability insurance contracts and blanket  
37 disability insurance contracts providing health care services, issued  
38 or renewed after January 1, 1998, shall provide benefits for at least  
39 the following services and supplies for persons with diabetes:

1 (a) For group disability insurance contracts and blanket  
2 disability insurance contracts that include coverage for pharmacy  
3 services, appropriate and medically necessary equipment and supplies,  
4 as prescribed by a health care provider, that includes but is not  
5 limited to insulin, syringes, injection aids, blood glucose monitors,  
6 test strips for blood glucose monitors, visual reading and urine test  
7 strips, insulin pumps and accessories to the pumps, insulin infusion  
8 devices, prescriptive oral agents for controlling blood sugar levels,  
9 foot care appliances for prevention of complications associated with  
10 diabetes, and glucagon emergency kits; and

11 (b) For all group disability insurance contracts and blanket  
12 disability insurance contracts providing health care services,  
13 outpatient self-management training and education, including medical  
14 nutrition therapy, as ordered by the health care provider. Diabetes  
15 outpatient self-management training and education may be provided  
16 only by health care providers with expertise in diabetes. Nothing in  
17 this section prevents the insurer from restricting patients to seeing  
18 only health care providers who have signed participating provider  
19 agreements with the insurer or an insuring entity under contract with  
20 the insurer.

21 (3) (~~Coverage~~) Except as provided in section 1 of this act,  
22 coverage required under this section may be subject to customary  
23 cost-sharing provisions established for all other similar services or  
24 supplies within a policy.

25 (4) Health care coverage may not be reduced or eliminated due to  
26 this section.

27 (5) Services required under this section shall be covered when  
28 deemed medically necessary by the medical director, or his or her  
29 designee, subject to any referral and formulary requirements.

30 (6) The insurer need not include the coverage required in this  
31 section in a group contract offered to an employer or other group  
32 that offers to its eligible enrollees a self-insured health plan not  
33 subject to mandated benefits status under this title that does not  
34 offer coverage similar to that mandated under this section.

35 (7) This section does not apply to the health benefit plan that  
36 provides benefits identical to the schedule of services covered by  
37 the basic health plan.

38 **Sec. 5.** RCW 48.44.315 and 2004 c 244 s 12 are each amended to  
39 read as follows:

1 The legislature finds that diabetes imposes a significant health  
2 risk and tremendous financial burden on the citizens and government  
3 of the state of Washington, and that access to the medically accepted  
4 standards of care for diabetes, its treatment and supplies, and self-  
5 management training and education is crucial to prevent or delay the  
6 short and long-term complications of diabetes and its attendant  
7 costs.

8 (1) The definitions in this subsection apply throughout this  
9 section unless the context clearly requires otherwise.

10 (a) "Person with diabetes" means a person diagnosed by a health  
11 care provider as having insulin using diabetes, noninsulin using  
12 diabetes, or elevated blood glucose levels induced by pregnancy; and

13 (b) "Health care provider" means a health care provider as  
14 defined in RCW 48.43.005.

15 (2) All health benefit plans offered by health care service  
16 contractors, issued or renewed after January 1, 1998, shall provide  
17 benefits for at least the following services and supplies for persons  
18 with diabetes:

19 (a) For health benefit plans that include coverage for pharmacy  
20 services, appropriate and medically necessary equipment and supplies,  
21 as prescribed by a health care provider, that includes but is not  
22 limited to insulin, syringes, injection aids, blood glucose monitors,  
23 test strips for blood glucose monitors, visual reading and urine test  
24 strips, insulin pumps and accessories to the pumps, insulin infusion  
25 devices, prescriptive oral agents for controlling blood sugar levels,  
26 foot care appliances for prevention of complications associated with  
27 diabetes, and glucagon emergency kits; and

28 (b) For all health benefit plans, outpatient self-management  
29 training and education, including medical nutrition therapy, as  
30 ordered by the health care provider. Diabetes outpatient self-  
31 management training and education may be provided only by health care  
32 providers with expertise in diabetes. Nothing in this section  
33 prevents the health care services contractor from restricting  
34 patients to seeing only health care providers who have signed  
35 participating provider agreements with the health care services  
36 contractor or an insuring entity under contract with the health care  
37 services contractor.

38 (3) (~~Coverage~~) Except as provided in section 1 of this act,  
39 coverage required under this section may be subject to customary

1 cost-sharing provisions established for all other similar services or  
2 supplies within a policy.

3 (4) Health care coverage may not be reduced or eliminated due to  
4 this section.

5 (5) Services required under this section shall be covered when  
6 deemed medically necessary by the medical director, or his or her  
7 designee, subject to any referral and formulary requirements.

8 (6) The health care service contractor need not include the  
9 coverage required in this section in a group contract offered to an  
10 employer or other group that offers to its eligible enrollees a self-  
11 insured health plan not subject to mandated benefits status under  
12 this title that does not offer coverage similar to that mandated  
13 under this section.

14 (7) This section does not apply to the health benefit plans that  
15 provide benefits identical to the schedule of services covered by the  
16 basic health plan.

17 **Sec. 6.** RCW 48.46.272 and 2004 c 244 s 14 are each amended to  
18 read as follows:

19 The legislature finds that diabetes imposes a significant health  
20 risk and tremendous financial burden on the citizens and government  
21 of the state of Washington, and that access to the medically accepted  
22 standards of care for diabetes, its treatment and supplies, and self-  
23 management training and education is crucial to prevent or delay the  
24 short and long-term complications of diabetes and its attendant  
25 costs.

26 (1) The definitions in this subsection apply throughout this  
27 section unless the context clearly requires otherwise.

28 (a) "Person with diabetes" means a person diagnosed by a health  
29 care provider as having insulin using diabetes, noninsulin using  
30 diabetes, or elevated blood glucose levels induced by pregnancy; and

31 (b) "Health care provider" means a health care provider as  
32 defined in RCW 48.43.005.

33 (2) All health benefit plans offered by health maintenance  
34 organizations, issued or renewed after January 1, 1998, shall provide  
35 benefits for at least the following services and supplies for persons  
36 with diabetes:

37 (a) For health benefit plans that include coverage for pharmacy  
38 services, appropriate and medically necessary equipment and supplies,  
39 as prescribed by a health care provider, that includes but is not



1 limited to insulin, syringes, injection aids, blood glucose monitors,  
2 test strips for blood glucose monitors, visual reading and urine test  
3 strips, insulin pumps and accessories to the pumps, insulin infusion  
4 devices, prescriptive oral agents for controlling blood sugar levels,  
5 foot care appliances for prevention of complications associated with  
6 diabetes, and glucagon emergency kits; and

7 (b) For all health benefit plans, outpatient self-management  
8 training and education, including medical nutrition therapy, as  
9 ordered by the health care provider. Diabetes outpatient self-  
10 management training and education may be provided only by health care  
11 providers with expertise in diabetes. Nothing in this section  
12 prevents the health maintenance organization from restricting  
13 patients to seeing only health care providers who have signed  
14 participating provider agreements with the health maintenance  
15 organization or an insuring entity under contract with the health  
16 maintenance organization.

17 (3) (~~Coverage~~) Except as provided in section 1 of this act,  
18 coverage required under this section may be subject to customary  
19 cost-sharing provisions established for all other similar services or  
20 supplies within a policy.

21 (4) Health care coverage may not be reduced or eliminated due to  
22 this section.

23 (5) Services required under this section shall be covered when  
24 deemed medically necessary by the medical director, or his or her  
25 designee, subject to any referral and formulary requirements.

26 (6) The health maintenance organization need not include the  
27 coverage required in this section in a group contract offered to an  
28 employer or other group that offers to its eligible enrollees a self-  
29 insured health plan not subject to mandated benefits status under  
30 this title that does not offer coverage similar to that mandated  
31 under this section.

32 (7) This section does not apply to the health benefit plans that  
33 provide benefits identical to the schedule of services covered by the  
34 basic health plan.

--- END ---