

CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE SENATE BILL 6087

Chapter 245, Laws of 2020

66th Legislature
2020 Regular Session

INSULIN PRODUCTS--HEALTH PLAN COST-SHARING

EFFECTIVE DATE: June 11, 2020

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

CYRUS HABIB

President of the Senate

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

Laurie Jinkins

**Speaker of the House of
Representatives**

Approved March 31, 2020 11:07 AM

JAY INSLEE

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.

BRAD HENDRICKSON

Secretary

FILED

March 31, 2020

**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.

Passed by the Senate March 9, 2020.

Passed by the House March 6, 2020.

Approved by the Governor March 31, 2020.

Filed in Office of Secretary of State March 31, 2020.

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