

# SENATE BILL REPORT

## SB 5326

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As Reported by Senate Committee On:  
Health & Long-Term Care, February 13, 2025

**Title:** An act relating to accessing an emergency supply of insulin.

**Brief Description:** Accessing an emergency supply of insulin.

**Sponsors:** Senators Cleveland, Muzzall, Chapman, Hasegawa, Krishnadasan, Nobles, Trudeau and Valdez.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/30/25, 2/13/25 [DP-WM, DNP, w/oRec].

**Brief Summary of Bill**

- Creates a program for eligible individuals to receive one emergency 30-day supply of insulin within a 12-month period for a maximum cost sharing amount of \$10.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Orwall, Vice Chair; Bateman, Riccelli, Robinson and Slatter.

**Minority Report:** Do not pass.

Signed by Senators Christian and Holy.

**Minority Report:** That it be referred without recommendation.

Signed by Senators Muzzall, Ranking Member; Chapman and Harris.

**Staff:** Greg Attanasio (786-7410)

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Background:** Drug Consortium. In 2003, the Legislature instructed the Health Care Authority (HCA) to come up with a way for state agencies that purchase prescription drugs to control costs without reducing the quality of care when reimbursing for, or purchasing, drugs. This became the Washington Prescription Drug Program (WPDP).

In 2005, the Legislature expanded WPDP's mission by authorizing it to adopt policies necessary to establish a prescription drug purchasing consortium (consortium). In 2006, Washington and Oregon established the Northwest Prescription Drug Consortium, which allowed Washington and Oregon to coordinate their programs and resources and pool their drug purchasing power to lower costs, negotiate discounts with manufacturers, centralize the purchasing of prescription drugs and establish volume discount contracting. In 2021, the Northwest Prescription Drug Consortium changed its name to ArrayRx.

Out-of-Pocket Expenses for Insulin. In 2020, the Legislature directed health plans, beginning January 1, 2021, to limit an enrollee's out-of-pocket expenses for insulin to \$100 for a 30-day supply until January 1, 2023. In 2022, the Legislature amended the statute to reduce the limit on out-of-pocket expenses for a 30-day supply of insulin to \$35 until January 1, 2024, and in 2023 the Legislature removed the expiration date for the \$35 limit. Also in 2023, the federal government limited out-of-pocket expenses for a 30-day supply of insulin to \$35 for Medicare enrollees.

**Summary of Bill:** The HCA shall establish an emergency insulin program under the consortium to allow eligible individuals to access one emergency 30-day supply of insulin within a 12- month period for a maximum out-of-pocket cost of \$10 beginning in 2026.

To be eligible, an individual must:

- be a resident of Washington;
- not be enrolled in Medicaid;
- not be enrolled in prescription drug coverage that limits out-of-pocket expenses for a 30-day supply of insulin to \$35 or less;
- have a valid prescription for insulin; and
- have less than a seven day supply.

HCA must establish a process to allow individuals to attest to their eligibility. Upon attestation, the consortium must provide the individual a voucher to receive insulin from a pharmacy in the consortium's network. The pharmacy may charge up to a \$10 fee to cover the costs of dispensing the insulin. The pharmacy may submit a claim for reimbursement for the dispensed insulin to the consortium and the consortium must reimburse the pharmacy within 30 days. At least quarterly, the consortium must invoice insulin manufacturers for the cost of the dispensed insulin and the manufacturers must remit payment to the consortium within 30 days.

HCA may assess a fine of up to \$10,000 for each failure of a manufacturer to comply with the reimbursement requirements of this act.

HCA must publicize manufacturer patient assistance programs for insulin alongside the emergency insulin program.

**Appropriation:** None.

**Fiscal Note:** Requested on January 16, 2025.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:** PRO: This bill means breathing room when times are tough. Insulin is essential for diabetes management and no one should be forced to choose between insulin and other necessities. This is a recommendation from the Total Cost of Insulin Work Group. Rationing insulin can lead to death.

CON: The need for this bill and who it is meant to serve is unclear. There are a number of programs available for those who are unable to afford insulin. The manufacturer penalties are excessive. The bill does not provide compensation to manufacturers. Requiring manufacturers to pay for the insulin is an unconstitutional taking.

**Persons Testifying:** PRO: Senator Annette Cleveland, Prime Sponsor; Jennifer Perkins, T1International, Washington chapter; Kevin Wren, Washington #insulin4all; Matthew Prokop, American Diabetes Association; Everest Perkins; Matthew Hepner, East Wenatchee city council; Haven Hepner.

CON: Dharia McGrew, PhRMA; Michael Transue, Oregon Biosciences Association; Emily Wittman, Association of Washington Business.

**Persons Signed In To Testify But Not Testifying:** No one.