
Health Care & Wellness Committee

HB 2871

Brief Description: Creating a task force on high patient out-of-pocket costs.

Sponsors: Representatives Cody, Harris, Schmick, Tharinger, Kagi, Ortiz-Self and Ormsby.

<p>Brief Summary of Bill</p> <ul style="list-style-type: none">• Creates the task force on high patient out-of-pocket costs.

Hearing Date: 2/2/16

Staff: Ariele Landstrom (786-7190).

Background:

Generally, out-of-pocket health care costs are what a patient is responsible to pay for health care. A deductible is the amount the patient pays before the patient's health insurance begins to pay the costs associated with treatment or prescriptions. A copay is a fixed amount that a patient pays for a health care service or prescription.

Health carriers are required to provide to enrollees, upon request, a listing of covered benefits, including prescription drug benefits, if any, a copy of the current formulary, if any is used, definitions of terms such as generic versus brand name, and policies regarding coverage of drugs, such as how they become approved or taken off the formulary, and how consumers may be involved in decisions about benefits.

Summary of Bill:

The task force on high patient out-of-pocket costs is created. The Department of Health must convene the task force by July 1, 2016. The task force must include representatives from all participants with a role in determining prescription drug costs and out-of-pocket costs for patients, such as, but not limited to, the following:

- patient groups;

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- insurance carriers;
- pharmaceutical companies;
- prescribers;
- hospitals;
- the office of the insurance commissioner;
- the health care authority;
- the office of financial management;
- unions; and
- biotechnology.

The task force must evaluate factors contributing to the high out-of-pocket costs for patients, particularly in the first quarter of the year, including, but not limited to:

- drug cost trends;
- plan benefit design;
- specialty tiers;
- prescription drug cost structures; and
- prescription deductibles.

The task force must consider patient treatment adherence and the impacts on chronic illness and acute disease. The discussion must also consider the impact when patients cannot maintain access to their prescription drugs and the implications of adverse health impacts, including the potential need for more expensive medical interventions or hospitalizations and the impact on the workforce with the loss of productivity.

The task force recommendations, or a summary of the discussions, must be provided to the appropriate committees of the Legislature by December 1, 2016.

Appropriation: None.

Fiscal Note: Requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.