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HOUSE BILL 2871

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State of Washington

64th Legislature

2016 Regular Session

By Representatives Cody, Harris, Schmick, Tharinger, Kagi, Ortiz-Self, and Ormsby

Read first time 01/25/16. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to the creation of a task force on high patient  
2 out-of-pocket costs; and creating new sections.

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

4 NEW SECTION. **Sec. 1.** The emerging issue in health care is the  
5 high out-of-pocket costs for patients, especially for those with the  
6 greatest needs. When patients have extreme out-of-pocket expenses for  
7 their medications, many are more likely to experience problems paying  
8 for their prescriptions or forgo them altogether because of the cost.  
9 Patients that must take multiple prescriptions have the greatest  
10 problems paying for them. A recent survey shows that forty-three  
11 percent of people in fair or poor health and thirty-eight percent of  
12 those taking four or more drugs a year say it is somewhat or very  
13 difficult to pay for their medications. Forty-three percent of those  
14 in fair or poor health and thirty-five percent of those taking four  
15 or more drugs say they did not fill a prescription or say they cut  
16 pills in half or skipped doses because of cost. The legislature  
17 recognizes many parties impact the prices of prescriptions, including  
18 pharmaceutical manufacturers, pharmacy benefit managers, wholesalers,  
19 and health plan benefit designs, with specialty tiers and cost-  
20 sharing as a percent of the cost of prescriptions. It is therefore  
21 the intent of the legislature to create a task force with all parties

1 to focus on fairness for patients and examine opportunities to  
2 address the high out-of-pocket costs for patients.

3 NEW SECTION. **Sec. 2.** (1) The task force on high patient out-of-  
4 pocket costs is created. By July 1, 2016, the department of health  
5 shall convene the task force and coordinate task force meetings. The  
6 task force shall include representatives from all participants with a  
7 role in determining prescription drug costs and out-of-pocket costs  
8 for patients, such as, but not limited to the following: Patient  
9 groups, insurance carriers, pharmaceutical companies, prescribers,  
10 hospitals, the office of the insurance commissioner, the health care  
11 authority and other purchasers, the office of financial management,  
12 unions, and biotechnology. Letters of interest from potential  
13 participants shall be submitted to the department of health, and the  
14 secretary, or his or her designee, shall invite representatives of  
15 interested groups to participate in the task force.

16 (2) The task force shall evaluate factors contributing to the  
17 high out-of-pocket costs for patients, particularly in the first  
18 quarter of each year, including but not limited to: Prescription drug  
19 cost trends, plan benefit design, specialty tiers, prescription drug  
20 cost sharing structures, and prescription deductibles. The task force  
21 shall consider patient treatment adherence and the impacts on chronic  
22 illness and acute disease, with consideration of the long-term  
23 outcomes and costs for the patient. The discussion must also consider  
24 the impact when patients cannot maintain access to their prescription  
25 drugs and the implications of adverse health impacts including the  
26 potential need for more expensive medical interventions or  
27 hospitalizations and the impact on the workforce with the loss of  
28 productivity.

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

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