

E2SSB 6087 - H COMM AMD

By Committee on Health Care & Wellness

ADOPTED 03/06/2020

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43
4 RCW to read as follows:

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

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

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

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

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

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

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

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

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

34 The legislature finds that diabetes imposes a significant health
35 risk and tremendous financial burden on the citizens and government
36 of the state of Washington, and that access to the medically accepted
37 standards of care for diabetes, its treatment and supplies, and self-
38 management training and education is crucial to prevent or delay the

1 short and long-term complications of diabetes and its attendant
2 costs.

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

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

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

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

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

23 (b) For all disability insurance contracts providing health care
24 services, outpatient self-management training and education,
25 including medical nutrition therapy, as ordered by the health care
26 provider. Diabetes outpatient self-management training and education
27 may be provided only by health care providers with expertise in
28 diabetes. Nothing in this section prevents the insurer from
29 restricting patients to seeing only health care providers who have
30 signed participating provider agreements with the insurer or an
31 insuring entity under contract with the insurer.

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

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

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

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

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

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

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

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

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

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

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

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

1 (b) For all group disability insurance contracts and blanket
2 disability insurance contracts providing health care services,
3 outpatient self-management training and education, including medical
4 nutrition therapy, as ordered by the health care provider. Diabetes
5 outpatient self-management training and education may be provided
6 only by health care providers with expertise in diabetes. Nothing in
7 this section prevents the insurer from restricting patients to seeing
8 only health care providers who have signed participating provider
9 agreements with the insurer or an insuring entity under contract with
10 the insurer.

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

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

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

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

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

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

30 The legislature finds that diabetes imposes a significant health
31 risk and tremendous financial burden on the citizens and government
32 of the state of Washington, and that access to the medically accepted
33 standards of care for diabetes, its treatment and supplies, and self-
34 management training and education is crucial to prevent or delay the
35 short and long-term complications of diabetes and its attendant
36 costs.

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

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

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

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

10 (a) For health benefit plans that include coverage for pharmacy
11 services, appropriate and medically necessary equipment and supplies,
12 as prescribed by a health care provider, that includes but is not
13 limited to insulin, syringes, injection aids, blood glucose monitors,
14 test strips for blood glucose monitors, visual reading and urine test
15 strips, insulin pumps and accessories to the pumps, insulin infusion
16 devices, prescriptive oral agents for controlling blood sugar levels,
17 foot care appliances for prevention of complications associated with
18 diabetes, and glucagon emergency kits; and

19 (b) For all health benefit plans, outpatient self-management
20 training and education, including medical nutrition therapy, as
21 ordered by the health care provider. Diabetes outpatient self-
22 management training and education may be provided only by health care
23 providers with expertise in diabetes. Nothing in this section
24 prevents the health care services contractor from restricting
25 patients to seeing only health care providers who have signed
26 participating provider agreements with the health care services
27 contractor or an insuring entity under contract with the health care
28 services contractor.

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

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

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

38 (6) The health care service contractor need not include the
39 coverage required in this section in a group contract offered to an
40 employer or other group that offers to its eligible enrollees a self-

1 insured health plan not subject to mandated benefits status under
2 this title that does not offer coverage similar to that mandated
3 under this section.

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

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

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

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

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

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

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

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

36 (b) For all health benefit plans, outpatient self-management
37 training and education, including medical nutrition therapy, as
38 ordered by the health care provider. Diabetes outpatient self-
39 management training and education may be provided only by health care

1 providers with expertise in diabetes. Nothing in this section
2 prevents the health maintenance organization from restricting
3 patients to seeing only health care providers who have signed
4 participating provider agreements with the health maintenance
5 organization or an insuring entity under contract with the health
6 maintenance organization.

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

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

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

16 (6) The health maintenance organization need not include the
17 coverage required in this section in a group contract offered to an
18 employer or other group that offers to its eligible enrollees a self-
19 insured health plan not subject to mandated benefits status under
20 this title that does not offer coverage similar to that mandated
21 under this section.

22 (7) This section does not apply to the health benefit plans that
23 provide benefits identical to the schedule of services covered by the
24 basic health plan."

25 Correct the title.

EFFECT: Removes the provisions that allow a health plan to submit
a request to the Office of the Insurance Commissioner to increase the
out-of-pocket cost by \$5 for every \$100 increase in the cost of
insulin.

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