
ENGROSSED SECOND SUBSTITUTE SENATE BILL 6087

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. Beginning January 1, 2022, for every one
17 hundred dollar increase in the cost of an insulin product for the
18 health plan from the previous plan year, taking into account rebates
19 and other price concessions, the health plan may submit a request to
20 the office of the insurance commissioner, including proper

1 documentation, to raise the cost-sharing amount for a thirty-day
2 supply by five dollars.

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

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

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

21 (1) Except as required in subsection (2) of this section, a
22 health plan offered to public employees and their covered dependents
23 under this chapter that is issued or renewed by the board on or after
24 January 1, 2021, that provides coverage for prescription insulin
25 drugs for the treatment of diabetes must cap the total amount that an
26 enrollee is required to pay for a covered insulin drug at an amount
27 not to exceed one hundred dollars per thirty-day supply of the drug.
28 Prescription insulin drugs must be covered without being subject to a
29 deductible, and any cost sharing paid by an enrollee must be applied
30 toward the enrollee's deductible obligation. Beginning January 1,
31 2022, for every one hundred dollar increase in the cost of an insulin
32 product for the health plan from the previous plan year, taking into
33 account rebates and other price concessions, the health plan may
34 submit a request to the office of the insurance commissioner,
35 including proper documentation, to raise the cost-sharing amount for
36 a thirty-day supply by five dollars.

37 (2) If the federal internal revenue service removes insulin from
38 the list of preventive care services which can be covered by a
39 qualifying health plan for a health savings account before the

1 deductible is satisfied, for a health plan that provides coverage for
2 prescription insulin drugs for the treatment of diabetes and is
3 offered as a qualifying health plan for a health savings account, the
4 health plan offered under this chapter must establish the plan's cost
5 sharing for the coverage of prescription insulin for diabetes at the
6 minimum level necessary to preserve the enrollee's ability to claim
7 tax exempt contributions from his or her health savings account under
8 internal revenue service laws and regulations. The office of the
9 insurance commissioner must provide written notice of the change in
10 internal revenue service guidance to affected parties, the chief
11 clerk of the house of representatives, the secretary of the senate,
12 the office of the code reviser, and others as deemed appropriate by
13 the office.

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

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

17 **Sec. 3.** RCW 48.20.391 and 1997 c 276 s 2 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 disability insurance contracts providing health care
34 services, delivered or issued for delivery in this state and issued
35 or renewed after January 1, 1998, shall provide benefits for at least
36 the following services and supplies for persons with diabetes:

37 (a) For disability insurance contracts that include 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 disability insurance contracts providing health care
8 services, outpatient self-management training and education,
9 including medical nutrition therapy, as ordered by the health care
10 provider. Diabetes outpatient self-management training and education
11 may be provided only by health care providers with expertise in
12 diabetes. Nothing in this section prevents the insurer from
13 restricting patients to seeing only health care providers who have
14 signed participating provider agreements with the insurer or an
15 insuring entity under contract with the insurer.

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

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

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

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

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

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

35 The legislature finds that diabetes imposes a significant health
36 risk and tremendous financial burden on the citizens and government
37 of the state of Washington, and that access to the medically accepted
38 standards of care for diabetes, its treatment and supplies, and self-
39 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 group disability insurance contracts and blanket
11 disability insurance contracts providing health care services, 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 group disability insurance contracts and blanket
15 disability insurance contracts that include coverage for pharmacy
16 services, appropriate and medically necessary equipment and supplies,
17 as prescribed by a health care provider, that includes but is not
18 limited to insulin, syringes, injection aids, blood glucose monitors,
19 test strips for blood glucose monitors, visual reading and urine test
20 strips, insulin pumps and accessories to the pumps, insulin infusion
21 devices, prescriptive oral agents for controlling blood sugar levels,
22 foot care appliances for prevention of complications associated with
23 diabetes, and glucagon emergency kits; and

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

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

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

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

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

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

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

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

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

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

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

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

32 (a) For health benefit plans that include coverage for pharmacy
33 services, appropriate and medically necessary equipment and supplies,
34 as prescribed by a health care provider, that includes but is not
35 limited to insulin, syringes, injection aids, blood glucose monitors,
36 test strips for blood glucose monitors, visual reading and urine test
37 strips, insulin pumps and accessories to the pumps, insulin infusion
38 devices, prescriptive oral agents for controlling blood sugar levels,

1 foot care appliances for prevention of complications associated with
2 diabetes, and glucagon emergency kits; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

--- END ---