

HOUSE BILL REPORT

SSB 5546

As Passed House:
February 26, 2022

Title: An act relating to insulin affordability.

Brief Description: Concerning insulin affordability.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Keiser, Van De Wege, Cleveland, Conway, Frockt, Hasegawa, Hunt, Lovick, Nguyen, Pedersen, Randall, Stanford and Wilson, C.).

Brief History:

Committee Activity:

Health Care & Wellness: 2/17/22, 2/23/22 [DP].

Floor Activity:

Passed House: 2/26/22, 85-10.

Brief Summary of Substitute Bill

- Requires health plans, including health plans offered to public employees and their dependents, to cap the amount an enrollee is required to pay for a 30-day supply of insulin at \$35.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 15 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Bronoske, Davis, Harris, Macri, Maycumber, Riccelli, Rude, Simmons, Stonier, Tharinger and Ybarra.

Staff: Emily Stephens (786-7296) and Jim Morishima (786-7191).

Background:

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.

Insulin is a hormone produced by the pancreas that regulates blood sugar levels. Many individuals with diabetes require insulin injections to regulate blood sugar. Health plans, including health plans offered to public employees and covered dependents, must cap the total amount that an enrollee is required to pay for a 30-day supply of insulin at \$100. Prescription insulin drugs must be covered without being subject to a deductible, and any cost-sharing paid by an enrollee must be applied toward the enrollee's deductible obligation. The cap expires on January 1, 2023.

Summary of Bill:

Health plans issued or renewed on or after January 1, 2023, must cap the total amount that an enrollee is required to pay for a 30-day supply of a covered insulin drug at \$35. This cap expires January 1, 2024. The cap applies to health plans offered to state employees and covered dependents.

Appropriation: None.

Fiscal Note: Available.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 1, relating to capping health plan cost-sharing for insulin, which takes effect January 1, 2023.

Staff Summary of Public Testimony:

(In support) Reducing the cap for insulin cost-sharing from \$100 to \$35 improves the quality of life for individuals with diabetes. It is difficult to live in fear of not being able to afford medication, and patients with diabetes also need to purchase other treatment components in addition to insulin. Individuals with diabetes are making decisions like going to college or getting married based on the cost of insulin. Some individuals with diabetes ration insulin which jeopardizes their lives. If this bill does not pass, the \$100 cap will end, and patients will go back to paying what was being charged. Health insurers purchase insulin in bulk, so they have the ability to price insulin at an affordable level. The cost of insulin has increased beyond the cost to produce it. Reducing the cap will not cause health insurers to raise premiums because premiums did not rise after the \$100 cap was passed. This cap aligns with a national effort to cap insulin cost-sharing at \$35. The bill should also address emergency access to insulin, so that individuals with diabetes can refill their insulin supply once per year regardless of insurance status.

(Other) The Total Cost of Insulin Work Group (Work Group) was not able to do its work, so the \$100 cap should remain moving forward while the Work Group convenes. A \$35 cap is beneficial for consumers, but it will drive the cost of insulin into health insurance premiums.

Persons Testifying: (In support) Senator Karen Keiser, prime sponsor; Kevin Wren, Washington #insulin4all; Cindi Laws, Health Care for All Washington; Laura Keller, American Diabetes Association; Jennifer Perkins; and Jenny Arnold, Washington State Pharmacy Association.

(Other) Chris Bandoli, Association of Washington Healthcare Plans.

Persons Signed In To Testify But Not Testifying: Elyette Weinstein; Elena Rumiantseva; Betty Lucas Jackins; Karen Richter; Glen Anderson; Christine Gray; Elinor Graham; Jill Simpson; E. Ellis; Susan Young, Addus Healthcare; Gina Owens; Ju Choe; Melanie Abbott; and Madi Johnson, Washington #insulin4all.