
SENATE BILL 6087

State of Washington

66th Legislature

2020 Regular Session

By Senators Keiser, Conway, Das, Hasegawa, Hunt, Kuderer, Pedersen, Randall, Rolfes, Stanford, Saldaña, Wilson, C., and Sheldon

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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; and providing a
4 contingent expiration date.

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) A health plan issued or renewed on or after January 1, 2021,
9 that provides coverage for prescription insulin drugs must cap
10 copayments, deductibles, or other forms of cost sharing for the drug
11 at an amount not to exceed one hundred dollars per thirty-day supply
12 of the drug.

13 (2) The health care authority must monitor the wholesale
14 acquisition cost of all insulin products sold in the state.

15 (3) This section expires upon the implementation of a centralized
16 state insulin purchasing program. The health care authority must
17 provide written notice of the expiration date of this section to
18 affected parties, the chief clerk of the house of representatives,
19 the secretary of the senate, the office of the code reviser, and
20 others as deemed appropriate by the authority.

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

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

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

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

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

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

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

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

39 (3) (~~Coverage~~) Except as provided in section 1 of this act,
40 coverage required under this section may be subject to customary

1 cost-sharing provisions established for all other similar services or
2 supplies within a policy.

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

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

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

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

16 **Sec. 3.** RCW 48.21.143 and 2004 c 244 s 10 are each amended to
17 read as follows:

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

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

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

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

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

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

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

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

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

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

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

34 **Sec. 4.** RCW 48.44.315 and 2004 c 244 s 12 are each amended to
35 read as follows:

36 The legislature finds that diabetes imposes a significant health
37 risk and tremendous financial burden on the citizens and government
38 of the state of Washington, and that access to the medically accepted
39 standards of care for diabetes, its treatment and supplies, and self-

1 management training and education is crucial to prevent or delay the
2 short and long-term complications of diabetes and its attendant
3 costs.

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

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

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

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

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

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

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

13 **Sec. 5.** RCW 48.46.272 and 2004 c 244 s 14 are each amended to
14 read as follows:

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

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

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

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

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

33 (a) For health benefit plans that include coverage for pharmacy
34 services, appropriate and medically necessary equipment and supplies,
35 as prescribed by a health care provider, that includes but is not
36 limited to insulin, syringes, injection aids, blood glucose monitors,
37 test strips for blood glucose monitors, visual reading and urine test
38 strips, insulin pumps and accessories to the pumps, insulin infusion
39 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 maintenance organization from restricting
9 patients to seeing only health care providers who have signed
10 participating provider agreements with the health maintenance
11 organization or an insuring entity under contract with the health
12 maintenance organization.

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 maintenance organization 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.

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