

RCW 70.14.160 Total cost of insulin work group—Appointment—Duties—Reporting. (Expires December 1, 2024.) (1) The total cost of insulin work group is established. The work group membership must consist of the insurance commissioner or designee and the following members appointed by the governor:

(a) A representative from the prescription drug purchasing consortium described in RCW 70.14.060;

(b) A representative from the pharmacy quality assurance commission;

(c) A representative from an association representing independent pharmacies;

(d) A representative from an association representing health carriers;

(e) A representative from the public employees' benefits board or the school employees' benefits board;

(f) A representative from the health care authority;

(g) A representative from an association representing pharmacy benefit managers;

(h) A representative from a drug distributor or wholesaler that distributes or sells insulin in the state;

(i) A representative from a state agency that purchases health care services and drugs for a selected population;

(j) A representative from the attorney general's office with expertise in prescription drug purchasing;

(k) A representative from an organization representing diabetes patients who is living with diabetes; and

(1) Four members of the public living with diabetes.

(2) The work group must review and design strategies to:

(a) Reduce the cost of and total expenditures on insulin in this state. Strategies the work group must consider include, but are not limited to, a state agency becoming a licensed drug wholesaler, a state agency becoming a registered pharmacy benefit manager, and a state agency purchasing prescription drugs on behalf of the state directly from other states or in coordination with other states; and

(b) Provide a once yearly 30-day supply of insulin to individuals on an emergency basis. The strategies identified by the work group shall include recommendations on eligibility criteria, patient access, program monitoring, and pharmacy reimbursement, if applicable.

(3) Staff support for the work group shall be provided by the health care authority.

(4) By December 1, 2022, the work group must submit a preliminary report detailing strategies to reduce the cost of and total expenditures on insulin for patients, health carriers, payers, and the state. The work group must submit a final report by July 1, 2023, to the governor and the legislature. The final report must include any statutory changes necessary to implement the strategies.

(5) This section expires December 1, 2024. [2022 c 205 s 1; 2020 c 346 s 2.]

Intent—2020 c 346: See note following RCW 70.14.165.