RCW 70.14.060  Prescription drug purchasing consortium—
Participation—Exceptions—Rules.  (1)(a) The director of the state
health care authority shall, directly or by contract, adopt policies
necessary for establishment of a prescription drug purchasing
consortium. The consortium's purchasing activities shall be based upon
the evidence-based prescription drug program established under RCW
70.14.050. Except as provided in RCW 70.14.065 or exempted under (b)
of this subsection, state purchased health care programs as defined in
RCW 41.05.011 shall purchase prescription drugs through the consortium
for those prescription drugs that are purchased directly by the state
and those that are purchased through reimbursement of pharmacies. The
director shall not require any supplemental rebate offered to the
health care authority by a pharmaceutical manufacturer for
prescription drugs purchased for medical assistance program clients
under chapter 74.09 RCW be extended to any other state purchased
health care program, or to any other individuals or entities
participating in the consortium. The director shall explore joint
purchasing opportunities with other states.

(b) State purchased health care programs are exempt from the
requirements of this section if they can demonstrate to the director
of the state health care authority that, as a result of the
availability of federal programs or other purchasing arrangements,
their other purchasing mechanisms will result in greater discounts and
aggregate cost savings than would be realized through participation in
the consortium.

(2) Participation in the purchasing consortium shall be offered
as an option beginning January 1, 2006. Participation in the
consortium is purely voluntary for units of local government, private
entities, labor organizations, health carriers as provided in RCW
48.43.005, state purchased health care services from or through health
carriers as provided in RCW 48.43.005, and for individuals who lack or
are underinsured for prescription drug coverage. The director may set
reasonable fees, including enrollment fees, to cover administrative
costs attributable to participation in the prescription drug
consortium.

(3) The state health care authority is authorized to adopt rules
implementing chapter 129, Laws of 2005.  [2021 c 274 § 2; 2020 c 346 §
4; 2009 c 560 § 13; 2005 c 129 § 1.]


Intent—Effective date—Disposition of property and funds—
Assignment/delegation of contractual rights or duties—2009 c 560: See
notes following RCW 18.06.080.

Performance audit—2005 c 129 § 1: "By December 1, 2008, the
joint legislative audit and review committee shall conduct a
performance audit on the operation of the consortium created in
section 1 of this act. The audit shall review the operations and
outcomes associated with the implementation of this consortium and
identify the net savings, if any, to the members of the consortium,
the percentage of targeted populations participating, and changes in
the health outcomes of participants." [2005 c 129 § 3.]

Severability—2005 c 129: "If any provision of this act or its
application to any person or circumstance is held invalid, the
remainder of the act or the application of the provision to other persons or circumstances is not affected." [2005 c 129 § 4.]

Conflict with federal requirements—2005 c 129: "If any part of this act is found to be in conflict with federal requirements that are a prescribed condition to the allocation of federal funds to the state, the conflicting part of this act is inoperative solely to the extent of the conflict and with respect to the agencies directly affected, and this finding does not affect the operation of the remainder of this act in its application to the agencies concerned. Rules adopted under this act must meet federal requirements that are a necessary condition to the receipt of federal funds by the state." [2005 c 129 § 5.]