
HOUSE BILL 1269

State of Washington

68th Legislature

2023 Regular Session

By Representatives Riccelli and Stonier; by request of Health Care Authority

1 AN ACT Relating to amending the prescription drug affordability
2 board; and amending RCW 70.405.010, 70.405.020, 70.405.030,
3 70.405.040, 70.405.050, 70.405.060, 70.405.070, and 70.405.090.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 70.405.010 and 2022 c 153 s 1 are each amended to
6 read as follows:

7 The definitions in this section apply throughout this chapter
8 unless the context clearly requires otherwise.

9 (1) "Authority" means the health care authority.

10 (2) "Biological product" has the same meaning as in 42 U.S.C.
11 Sec. 262(i)(1).

12 (3) "Biosimilar" has the same meaning as in 42 U.S.C. Sec.
13 262(i)(2).

14 (4) "Board" means the prescription drug affordability board.

15 (5) "Excess costs" means:

16 (a) Costs of appropriate utilization of a prescription drug that
17 exceed the therapeutic benefit relative to other alternative
18 treatments; or

19 (b) Costs of appropriate utilization of a prescription drug that
20 are not sustainable to public and private health care systems over a
21 10-year time frame.

1 (6) "Generic drug" has the same meaning as in RCW 69.48.020.

2 (7) "Health carrier" or "carrier" has the same meaning as in RCW
3 48.43.005.

4 (8) "Manufacturer" means a person, corporation, or other entity
5 engaged in the manufacture of prescription drugs sold in or into
6 Washington state. "Manufacturer" does not include a (~~private-label~~
7 ~~distributor or~~) retail pharmacy that sells a drug under the retail
8 pharmacy's store(~~(, or a prescription drug repackager)~~).

9 (9) "Prescription drug" means a drug regulated under chapter
10 69.41 or 69.50 RCW, including generic, brand name, specialty drugs,
11 and biological products.

12 **Sec. 2.** RCW 70.405.020 and 2022 c 153 s 2 are each amended to
13 read as follows:

14 (1) The prescription drug affordability board is established, to
15 include five members who have expertise in health care economics or
16 clinical medicine appointed by the governor.

17 (2) (a) The governor shall appoint the initial members of the
18 board to serve staggered terms not to exceed five years. Board
19 members appointed thereafter shall serve for a term of five years
20 (~~(and members may be reappointed by the governor)~~).

21 (b) The governor may reappoint members for additional terms.

22 (3) No board member or advisory group member may be an employee
23 of, a board member of, or consultant to a prescription drug
24 manufacturer, pharmacy benefit manager, health carrier, prescription
25 drug wholesale distributor, or related trade association(~~(, except~~
26 ~~that a representative from the prescription drug industry serving on~~
27 ~~an advisory group may be an employee, consultant, or board member of~~
28 ~~a prescription drug manufacturer or related trade association and~~
29 ~~shall not be deemed to have a conflict of interest pursuant to~~
30 ~~subsection (4) of this section)~~).

31 (4) (a) Board members, advisory group members, staff members, and
32 contractors providing services on behalf of the board shall recuse
33 themselves from any board activity in any case in which they have a
34 conflict of interest.

35 (b) For the purposes of this section, a conflict of interest
36 means an association, including a financial or personal association,
37 that has the potential to bias or appear to bias an individual's
38 decisions in matters related to the board or the activities of the
39 board.

1 (5) The board shall establish advisory groups consisting of
2 relevant stakeholders, including but not limited to patients and
3 patient advocates for the condition treated by the drug (~~(and one~~
4 ~~member who is a representative of the prescription drug industry)~~),
5 for each drug affordability review conducted by the board pursuant to
6 RCW 70.405.040. Advisory group members are immune from civil
7 liability for any official act performed in good faith as a member of
8 the group.

9 (6) The authority shall provide administrative support to the
10 board and any advisory group of the board and shall adopt rules
11 governing their operation that shall include how and when the board
12 will use and discuss confidential information that is exempt from
13 public disclosure. (~~The rules adopted under this subsection may not~~
14 ~~go into effect until at least 90 days after the next regular~~
15 ~~legislative session.)~~)

16 (7) Board members shall be compensated for participation in the
17 work of the board in accordance with a personal services contract to
18 be executed after appointment and before commencement of activities
19 related to the work of the board.

20 (8) A simple majority of the board's membership constitutes a
21 quorum for the purpose of conducting business.

22 (9) All meetings of the board must be open and public, except
23 that the board may hold executive sessions to the extent permitted by
24 chapter 42.30 RCW.

25 (~~(10) (The board may not hold its first meeting until at least~~
26 ~~one year after the authority publishes its first report on the impact~~
27 ~~that drug costs, rebates, and other discounts have on health care~~
28 ~~premiums pursuant to RCW 43.71C.100.~~

29 ~~(11))~~) The board must coordinate and collaborate with the
30 authority, other boards, work groups, and commissions related to
31 prescription drug costs and emerging therapies, including but not
32 limited to the health care cost transparency board established in
33 chapter 70.390 RCW, and the universal health care commission
34 established in RCW 41.05.840. All coordination and collaboration by
35 the board pursuant to this subsection must comply with chapter 42.30
36 RCW, the open public meetings act.

37 (~~(12))~~) (11) The board may collaborate with prescription drug
38 affordability boards established in other states.

1 **Sec. 3.** RCW 70.405.030 and 2022 c 153 s 3 are each amended to
2 read as follows:

3 By June 30, (~~2023~~) 2025, and annually thereafter, utilizing
4 data collected pursuant to chapter 43.71C RCW, the all-payer health
5 care claims database, or other data deemed relevant by the board, the
6 board must identify prescription drugs that (~~have been on the market~~
7 ~~for at least seven years, are dispensed at a retail, specialty, or~~
8 ~~mail-order pharmacy, are not designated by the United States food and~~
9 ~~drug administration under 21 U.S.C. Sec. 360bb as a drug solely for~~
10 ~~the treatment of a rare disease or condition, and~~) meet the
11 following thresholds:

12 (1) Brand name prescription drugs and biologic products that:

13 (a) Have a wholesale acquisition cost of (~~\$60,000~~) \$25,000 or
14 more per year or course of treatment lasting less than one year; or

15 (b) Have a price increase of (~~15~~) 10 percent or more in any 12-
16 month period or for a course of treatment lasting less than 12
17 months, or a (~~50~~) 25 percent cumulative increase over three years;

18 (2) A biosimilar product with an initial wholesale acquisition
19 cost that is not at least 15 percent lower than the reference
20 biological product; and

21 (3) Generic drugs with a wholesale acquisition cost of \$100 or
22 more for a 30-day supply or less that has increased in price by 200
23 percent or more in the preceding 12 months.

24 **Sec. 4.** RCW 70.405.040 and 2022 c 153 s 4 are each amended to
25 read as follows:

26 (1) The board may choose to conduct an affordability review of up
27 to 24 prescription drugs per year identified pursuant to RCW
28 70.405.030. When deciding whether to conduct a review, the board
29 shall consider:

30 (a) The class of the prescription drug and whether any
31 therapeutically equivalent prescription drugs are available for sale;

32 (b) Input from relevant advisory groups established pursuant to
33 RCW 70.405.020; and

34 (c) The average patient's out-of-pocket cost for the drug.

35 (2) For prescription drugs chosen for an affordability review,
36 the board must determine whether the prescription drug has led or
37 will lead to excess costs to patients. The board may examine publicly
38 available information as well as collect confidential and proprietary

1 information from the prescription drug manufacturer and other
2 relevant sources.

3 (3) A manufacturer must submit all requested information to the
4 board within 30 days of the request.

5 (4) The authority may assess a fine of up to \$100,000 against a
6 manufacturer for each failure to comply with an information request
7 from the board. The process for the assessment of a fine under this
8 subsection shall be established by the authority in rule and is
9 subject to review under the administrative procedure act, chapter
10 34.05 RCW. (~~The rules adopted under this subsection may not go into~~
11 ~~effect until at least 90 days after the next regular legislative~~
12 ~~session.~~)

13 (5) When conducting a review, the board shall consider:

14 (a) The relevant factors contributing to the price paid for the
15 prescription drug, including the wholesale acquisition cost,
16 discounts, rebates, or other price concessions;

17 (b) The average patient copay or other cost sharing for the drug;

18 (c) The effect of the price on consumers' access to the drug in
19 the state;

20 (d) Orphan drug status;

21 (e) The dollar value and accessibility of patient assistance
22 programs offered by the manufacturer for the drug;

23 (f) The price and availability of therapeutic alternatives;

24 (g) Input from:

25 (i) Patients affected by the condition or disease treated by the
26 drug; and

27 (ii) Individuals with medical or scientific expertise related to
28 the condition or disease treated by the drug;

29 (h) Any other information the drug manufacturer or other relevant
30 entity chooses to provide;

31 (i) The impact of pharmacy benefit manager policies on the price
32 consumers pay for the drug; and

33 (j) Any other relevant factors as determined by the board.

34 (6) In performing an affordability review of a drug the board may
35 consider the following factors:

36 (a) Life-cycle management;

37 (b) The average cost of the drug in the state;

38 (c) Market competition and context;

39 (d) Projected revenue;

40 (e) Off-label usage of the drug; and

1 (f) Any additional factors identified by the board.

2 (7) All information collected by the board pursuant to this
3 section is confidential and not subject to public disclosure under
4 chapter 42.56 RCW.

5 (8) The board shall publicize which prescription drugs are
6 subject to an affordability review before the review begins.

7 **Sec. 5.** RCW 70.405.050 and 2022 c 153 s 5 are each amended to
8 read as follows:

9 (1) The authority, in consultation with the board, must adopt
10 rules setting forth a methodology (~~established by the board~~) for
11 setting upper payment limits for prescription drugs the board has
12 determined have led or will lead to excess costs based on its
13 affordability review. (~~The rules adopted under this subsection may
14 not go into effect until at least 90 days after the next regular
15 legislative session.~~) Each year, the board may set an upper payment
16 limit for up to 12 prescription drugs.

17 (2) The methodology must take into consideration:

18 (a) The cost of administering the drug;

19 (b) The cost of delivering the drug to patients;

20 (c) The status of the drug on the drug shortage list published by
21 the United States food and drug administration; and

22 (d) Other relevant administrative costs related to the production
23 and delivery of the drug.

24 (3) The methodology determined by the board must not use quality-
25 adjusted life years that take into account a patient's age or
26 severity of illness or disability to identify subpopulations for
27 which a prescription drug would be less cost-effective. For any
28 prescription drug that extends life, the board's analysis of cost-
29 effectiveness may not employ a measure or metric which assigns a
30 reduced value to the life extension provided by a treatment based on
31 a preexisting disability or chronic health condition of the
32 individuals whom the treatment would benefit.

33 (4) Before setting an upper payment limit for a drug, the board
34 must post notice of the proposed upper payment limit on the
35 authority's website, including an explanation of the factors
36 considered when setting the proposed limit and instructions to submit
37 written comment. The board must provide 30 days to submit public
38 comment.

1 (5) The board must monitor the supply of drugs for which it sets
2 an upper payment limit and may suspend that limit if there is a
3 shortage of the drug in the state.

4 (6) An upper payment limit for a prescription drug established by
5 the board applies to all purchases of the drug by any entity and
6 reimbursements for a claim for the drug by a health carrier, or a
7 health plan offered under chapter 41.05 RCW, when the drug is
8 dispensed or administered to an individual in the state in person, by
9 mail, or by other means.

10 (7) An employer-sponsored self-funded plan may elect to be
11 subject to the upper payment limits as established by the board.

12 (8) The board must establish an effective date for each upper
13 payment limit, provided that (~~the upper payment limit may not go~~
14 ~~into effect until at least 90 days after the next regular legislative~~
15 ~~session and that~~) the date is at least six months after the adoption
16 of the upper payment limit and applies only to purchases, contracts,
17 and plans that are issued on or renewed after the effective date.

18 (9) Any entity affected by a decision of the board may request an
19 appeal within 30 days of the board's decision, and the board must
20 rule on the appeal within 60 days. Board rulings are subject to
21 judicial review pursuant to chapter 34.05 RCW.

22 (10) For any upper payment limit set by the board, the board must
23 notify the manufacturer of the drug and the manufacturer must inform
24 the board if it is able to make the drug available for sale in the
25 state and include a rationale for its decision. The board must
26 annually report to the relevant committees of the legislature
27 detailing the manufacturers' responses.

28 (11) The board may reassess the upper payment limit for any drug
29 annually based on current economic factors.

30 (12) The board may not establish an upper payment limit for any
31 prescription drug before January 1, ((2027)) 2026. For prescription
32 drugs designated by the United States food and drug administration
33 under 21 U.S.C. Sec. 360bb as a drug solely for the treatment of a
34 rare disease or condition, the board may not establish an upper
35 payment limit before January 1, 2027.

36 (13)(a) Any individual denied coverage by a health carrier for a
37 prescription drug because the drug was unavailable due to an upper
38 payment limit established by the board, may seek review of the denial
39 pursuant to RCW 48.43.530 and 48.43.535.

1 (b) If it is determined that the prescription drug should be
2 covered based on medical necessity and all other covered therapeutic
3 alternatives are ineffective or have intolerable side effects, or if
4 the drug is designated by the United States food and drug
5 administration under 21 U.S.C. Sec. 360bb as a drug solely for the
6 treatment of a rare disease or condition, the carrier may disregard
7 the upper payment limit and must provide coverage for the drug.

8 **Sec. 6.** RCW 70.405.060 and 2022 c 153 s 6 are each amended to
9 read as follows:

10 (1) Any savings generated for a health plan, as defined in RCW
11 48.43.005, or a health plan offered under chapter 41.05 RCW that are
12 attributable to the establishment of an upper payment limit
13 established by the board must be used to reduce costs to consumers,
14 prioritizing the reduction of out-of-pocket costs for prescription
15 drugs.

16 (2) By (~~January~~) July 1, (~~2024~~) 2025, the board must
17 establish a formula for calculating savings for the purpose of
18 complying with this section.

19 (3) By March 1st of the year following the effective date of the
20 first upper payment limit, and annually thereafter, each state agency
21 and health carrier issuing a health plan in the state must submit a
22 report to the board describing the savings in the previous calendar
23 year that were attributable to upper payment limits set by the board
24 and how the savings were used to satisfy the requirements of
25 subsection (1) of this section.

26 **Sec. 7.** RCW 70.405.070 and 2022 c 153 s 7 are each amended to
27 read as follows:

28 (1) Any manufacturer that intends to withdraw a prescription drug
29 from sale or distribution within the state because the board has
30 established an upper payment limit for that drug shall provide a
31 notice of withdrawal in writing indicating the drug will be withdrawn
32 because of the establishment of the upper payment limit at least 180
33 days before the withdrawal to the office of the insurance
34 commissioner, the authority, and any entity in the state with which
35 the manufacturer has a contract for the sale or distribution of the
36 drug.

1 (2) If a manufacturer chooses to withdraw the prescription drug
2 from the state, it shall be prohibited from selling that drug in the
3 state for a period of three years.

4 (3) A manufacturer that has withdrawn a drug from the market may
5 petition the authority, in a form and manner determined by the
6 authority in rule, to reenter the market before the expiration of the
7 three-year ban if it agrees to make the drug available for sale in
8 compliance with the upper payment limit.

9 ~~((4) The rules adopted under this section may not go into effect
10 until at least 90 days after the next regular legislative session.))~~

11 **Sec. 8.** RCW 70.405.090 and 2022 c 153 s 9 are each amended to
12 read as follows:

13 The authority may adopt any rules necessary to implement this
14 chapter. ~~((The rules adopted under this section may not go into
15 effect until at least 90 days after the next regular legislative
16 session.))~~

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