

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 6569**

Chapter 25, Laws of 2016

64th Legislature  
Veto Override 2016 1st Special Session

PATIENT OUT-OF-POCKET COSTS--TASK FORCE

EFFECTIVE DATE: 6/28/2016

Passed by the Senate February 17, 2016  
Yeas 49 Nays 0

BRAD OWEN

**President of the Senate**

Passed by the House March 2, 2016  
Yeas 78 Nays 19

FRANK CHOPP

**Speaker of the House of Representatives**

Vetoed March 10, 2016 10:28 PM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6569** as passed by Senate and the House of Representatives on the dates hereon set forth.

HUNTER G. GOODMAN

**Secretary**

FILED

March 30, 2016

**Secretary of State  
State of Washington**

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**SUBSTITUTE SENATE BILL 6569**

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Passed Legislature - Veto Override 2016 1st Special Session

**State of Washington**

**64th Legislature**

**2016 Regular Session**

**By** Senate Health Care (originally sponsored by Senators Cleveland, Becker, Carlyle, Keiser, and Ranker)

READ FIRST TIME 02/05/16.

1       AN ACT Relating to the creation of a task force on patient out-  
2 of-pocket costs; and creating new sections.

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

4       NEW SECTION.   **Sec. 1.** An issue of vital significance in health  
5 care is the high out-of-pocket costs for patients, especially for  
6 those with the greatest needs. When patients have extreme out-of-  
7 pocket expenses for their medications, many are more likely to  
8 experience problems paying for their prescriptions or forgo them  
9 altogether because of the cost. Patients that must take multiple  
10 prescriptions have the greatest problems paying for them. A recent  
11 survey shows that forty-three percent of people in fair or poor  
12 health and thirty-eight percent of those taking four or more drugs a  
13 year say it is somewhat or very difficult to pay for their  
14 medications. Forty-three percent of those in fair or poor health and  
15 thirty-five percent of those taking four or more drugs say they did  
16 not fill a prescription or say they cut pills in half or skipped  
17 doses because of cost. The legislature acknowledges the role that  
18 some pharmaceutical companies play in helping certain patients with  
19 assistance in paying for their medications. These programs, however,  
20 do not provide relief from extraordinary out-of-pocket costs for all  
21 affected patients. The legislature recognizes many parties impact the

1 prices of prescriptions, including pharmaceutical manufacturers,  
2 pharmacy benefit managers, wholesalers, and health plan benefit  
3 designs, with specialty tiers and cost-sharing as a percent of the  
4 cost of prescriptions. It is therefore the intent of the legislature  
5 to create a task force with all parties to focus on fairness for  
6 patients and examine opportunities to address the high out-of-pocket  
7 costs for patients.

8 NEW SECTION. **Sec. 2.** (1) The task force on patient out-of-  
9 pocket costs is created. By July 1, 2016, the department of health  
10 shall convene the task force and coordinate task force meetings. The  
11 task force shall include representatives from all participants with a  
12 role in determining prescription drug costs and out-of-pocket costs  
13 for patients, such as, but not limited to the following: Patient  
14 groups, insurance carriers operating in Washington state,  
15 pharmaceutical companies, prescribers, pharmacists, pharmacy benefit  
16 managers, hospitals, the office of the insurance commissioner, the  
17 health care authority and other purchasers, the office of financial  
18 management, unions, a Taft-Hartley trust, a business association, and  
19 biotechnology. Letters of interest from potential participants shall  
20 be submitted to the department of health, and the secretary, or his  
21 or her designee, shall invite representatives of interested groups to  
22 participate in the task force.

23 (2) The task force shall evaluate factors contributing to the  
24 out-of-pocket costs for patients, particularly in the first quarter  
25 of each year, including but not limited to: Prescription drug cost  
26 trends and plan benefit design. The task force shall consider patient  
27 treatment adherence and the impacts on chronic illness and acute  
28 disease, with consideration of the long-term outcomes and costs for  
29 the patient. The discussion must also consider the impact when  
30 patients cannot maintain access to their prescription drugs and the  
31 implications of adverse health impacts including the potential need  
32 for more expensive medical interventions or hospitalizations and the  
33 impact on the workforce with the loss of productivity. The discussion  
34 must also consider the impact of the factors on the affordability of  
35 health care coverage.

36 (3) The task force recommendations, or a summary of the  
37 discussions, must be provided to the appropriate committees of the  
38 legislature by December 1, 2016.

Passed by the Senate February 17, 2016.  
Passed by the House March 2, 2016.  
Vetoed by the Governor March 10, 2016.  
Filed in Office of Secretary of State March 30, 2016.

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