

# Washington Insulin Work Group (WAIG) Meeting #5

March 16<sup>th</sup>, 2023

Washington State  
Health Care Authority

# 1. Welcome and Agenda Overview

# Agenda

No.	Agenda Items	Time	Lead
1.	Welcome and Agenda Overview	10	Donna Sullivan – Chief Pharmacy Officer, HCA
2.	Work Group Activity To Date	5	Donna Sullivan - Chief Pharmacy Officer, HCA Mike Bonetto – Center for Evidence-based Policy
3.	Legislative Update	10	Ryan Pistoiresi - Assistant Chief Pharmacy Officer, HCA (Temporary)
4.	Voucher vs Discount Card Overview	15	Leta Evaskus – ArrayRX Operations Manager, HCA
5.	Review of Draft Final Report	45	Hayley DeCarolis – Center for Evidence-based Policy
6.	<i>Break</i>	10	
7.	Open Discussion – Draft Final Report	75	Hayley De Carolis and Mike Bonetto - Center for Evidence-based Policy
8.	Next Steps	10	Donna Sullivan – Chief Pharmacy Officer, HCA Ryan Pistoiresi – Assistant Chief Pharmacy Officer, HCA (Temporary)

## 2. Work Group Activity to Date

# Work Group Activity To Date

Meeting	Date	Topics Covered
<b>Total Cost of Insulin Work Group #1</b>	July 8, 2022	<ul style="list-style-type: none"> <li>• Review legislation and workplan</li> <li>• Review insulin cost analysis</li> <li>• Solicit Work Group feedback about topics to be covered</li> <li>• Overview and discussion of Survey #1</li> </ul>
<b>Total Cost of Insulin Work Group #2</b>	August 25, 2022	<ul style="list-style-type: none"> <li>• Review existing Washington capacities including, but not limited to, the ArrayRx discount card program</li> <li>• Review research relating to distribution or purchase of insulin developed under SB 5203 (2021)</li> <li>• Polled members on the pros and cons of state approaches including ArrayRx and collaboration with other states or non-profit insulin programs</li> <li>• Overview and discussion of Survey #2</li> </ul>
<b>Total Cost of Insulin Work Group #3</b>	October 27, 2022	<ul style="list-style-type: none"> <li>• Presentation on patient perspectives for an emergency supply program</li> <li>• Review emergency supply program options and discuss considerations for: <ul style="list-style-type: none"> <li>• eligibility criteria,</li> <li>• patient access,</li> <li>• program monitoring, and</li> <li>• pharmacy reimbursement</li> </ul> </li> <li>• Overview and discussion of Survey #3</li> </ul>
<b>Total Cost of Insulin Work Group #4</b>	December 6, 2022	<ul style="list-style-type: none"> <li>• Q&amp;A session on Utah Insulin Savings Program</li> <li>• Continued review of emergency supply policy option including: <ul style="list-style-type: none"> <li>○ Comparisons of other state policies</li> <li>○ Draft Washington policy</li> <li>○ Work Group poll on proposed policy elements</li> </ul> </li> <li>• Insulin cost analysis report update</li> <li>• Review of long-term cost containment policy option including: <ul style="list-style-type: none"> <li>○ Comparisons of other state policies</li> <li>○ Draft Washington policy</li> <li>○ Work Group poll on proposed policy elements</li> </ul> </li> </ul>
<b>Total Cost of Insulin Work Group #5</b>	March 16, 2023	<ul style="list-style-type: none"> <li>• Review and finalize recommendations</li> <li>• Work Group input and public testimony</li> </ul>

# 3. 2023-2024 Washington State Legislative Session Update

# 2023-2024 Legislative Session

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- ▶ First day of session: January 9
- ▶ Last day to pass bills in house of origin: March 8
- ▶ Last day to pass bills in opposite house: April 12
- ▶ Last day of regular session: April 23

# Bills Introduced Relating to Insulin

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## ▶ House Bill (HB) 1725

- ▶ An act relating to increased access to insulin for individuals under the age of 21

## ▶ Senate Bill (SB) 5729

- ▶ An act relating to removing the expiration date on the cost-sharing cap for insulin



# HB 1725

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- ▶ HCA is directed to establish a bulk purchasing and distribution program for insulin for individuals under the age of 21.
  - ▶ The HCA is authorized to purchase or enter into contracts to purchase and distribute insulin; bill, charge, and receive payment from health carriers, managed health care systems, and self-insured plans that choose to participate; and perform any other function as necessary to establish and administer the program
- ▶ Substitute version changed the program from bulk purchasing to copay offset program
  - ▶ The substitute bill removes provisions related to the bulk purchase and distribution program and replaces it with a copayment offset program for insulin for individuals under the age of 21 by January 1, 2025

# HB 1725 Status

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- ▶ Substitute version passed out of House Committee on Health Care & Wellness on February 15 with a 15-1 vote
  
- ▶ Did not pass out of house of origin by March 8

# SB 5729

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- ▶ In 2020, the Legislature directed health plans, beginning January 1, 2021, to limit an enrollee's out-of-pocket expenses for insulin to \$100 for a 30-day supply until January 1, 2023. In 2022, the Legislature amended the statute to reduce the limit on out-of-pocket expenses for a 30-day supply of insulin to \$35 until January 1, 2024.
- ▶ SB 5729 changed the expiration date to January 1, 2025.
- ▶ Substitute version removed the expiration date.

# SB 5729 Status

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- ▶ Substitute version passed out of House Committee on Health Care & Wellness on February 16 with a 9-1 vote
- ▶ Substitute passed out of Senate on February 28 on third reading:
  - ▶ 47 yeas, 0 nays, 0 absent, 2 excused
- ▶ Scheduled for public hearing in the House Committee on Health Care & Wellness on March 14
  - ▶ Scheduled for executive session on March 17

# Questions?

# 4. Voucher vs Discount Card Overview

# What is the ArrayRx Discount Card?

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- ▶ Available since 2005
- ▶ All WA, OR and NV state residents qualify
- ▶ No age or income restrictions
- ▶ No membership fee
- ▶ All FDA-approved prescriptions are eligible for discounts
- ▶ Discounts on OTC medications without a prescription, includes diabetes test supplies
- ▶ Discount card users receive competitive ArrayRx negotiated discounts

# How Does the Discount Card Work?

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- ▶ Enroll online at [ArrayRxCard.com](http://ArrayRxCard.com), receive digital discount card
- ▶ Use online tools to find participating pharmacies (1,200 in WA) and check prices at nearby pharmacies
- ▶ Show card at counter to participating pharmacy, pay discounted price
- ▶ Save up to 80% on prescription drugs
  
- ▶ Discount card cannot be used to pay insurance co-pays
- ▶ Discount card purchases do not apply to insurance deductible



# How the ArrayRx Discount Card Works for Insulin Today

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- ▶ Existing program, anyone can sign up
- ▶ Buy discounted insulin now
- ▶ Prices as of 3/1/2023:

Insulin	Price for 30-day supply
Insulin Glargine	\$664.66
Basaglar Kwikpen	\$1,271.97
Aspart (Novolog Flexpen)	\$2,172.71
Lispro (Humalog Kwikpen)*	\$2,064.36

\*Eli Lilly has announced it will reduce insulin prices by 70%

# What is the ArrayRx Voucher Program?

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- ▶ Allows for customized pharmacy program
- ▶ Used by facilities to ensure continuity in prescription drug therapy upon discharge
- ▶ Used to provide public sector entities a way to serve eligible populations with a controlled pharmacy benefit

# How Does the Voucher Program Work?

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- ▶ Recipients use the voucher at a participating pharmacy to have their medication refilled at no cost or for a predetermined co-pay
- ▶ Covered medications are paid for by the facility or public sector entity sponsoring the program

# How the ArrayRx Voucher Program Can Work for Insulin

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- ▶ HCA releases Request for Proposal (RFP) for discounted insulin prices
- ▶ Winning drug manufacturer's insulin brand will be used for voucher program
- ▶ Patient on-line sign up, digital card or paper card mailed
- ▶ Show voucher card at participating pharmacy
- ▶ HCA negotiated price will be charged to card holder

## Downside:

- ▶ Patients who prefer a different insulin cannot receive it through voucher program (but could still receive it through discount card)

# Ways Patients Could Receive a 30-Day Emergency Supply of Insulin

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- ▶ Legislature enact law directing all insulin manufacturers to provide a free 30-day emergency supply; or
- ▶ RFP for discounted insulin could include free 30-day emergency supply 1x per year

# How the ArrayRx Voucher Program can Work for Emergency Insulin

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- ▶ Each voucher card is programmed with an eligibility for a one-time 30-day supply of insulin for each calendar year
- ▶ Show the voucher at a participating pharmacy to have insulin filled at no cost

# Questions?

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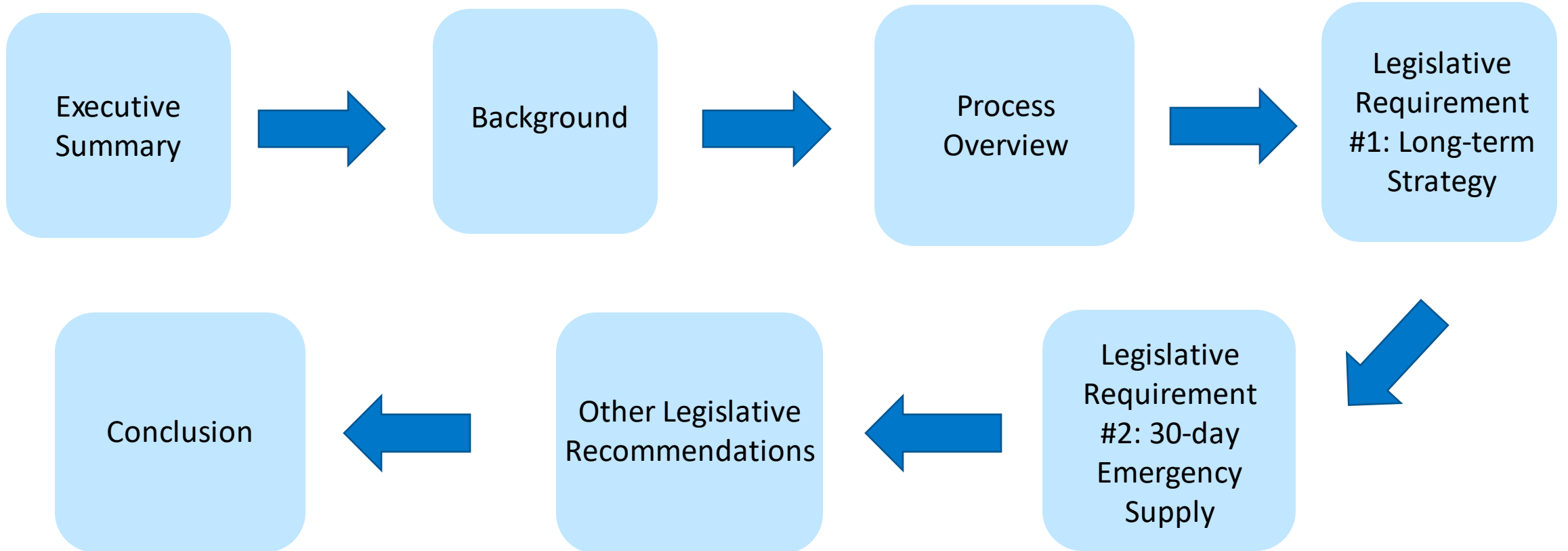
- ▶ Email: [Leta.evaskus@hca.wa.gov](mailto:Leta.evaskus@hca.wa.gov)
- ▶ Websites:
  - ▶ - [ArrayRxCard.com](http://ArrayRxCard.com)
  - ▶ - [ArrayRxSolutions.com](http://ArrayRxSolutions.com)

# 5. Review of Draft Final Report



# Final Report

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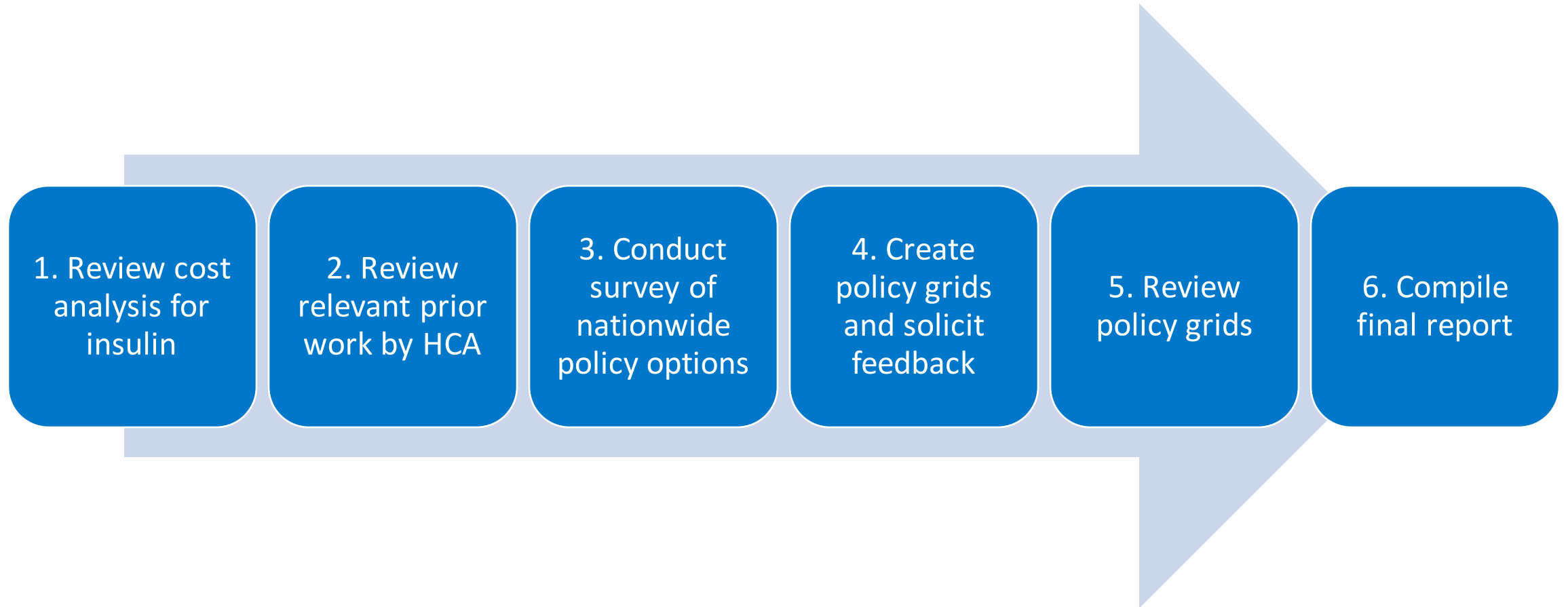
# Executive Summary

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- ▶ “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.”
- ▶ This final legislative report details the work HCA and the Work Group have performed in reviewing and designing strategies to:
  - ▶ **Reduce the cost of and total expenditures on insulin in this state; and**
  - ▶ **Provide a once yearly 30-day supply of insulin to individuals on an emergency basis**

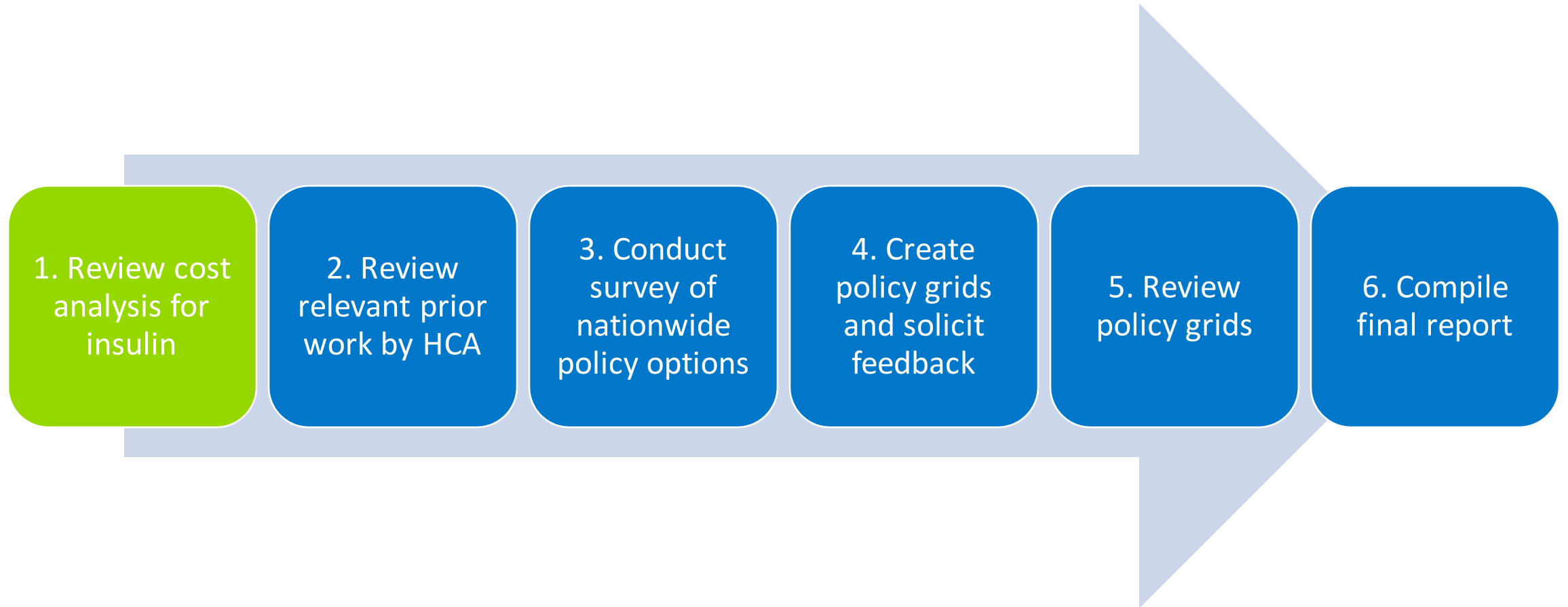
# Process Overview

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# Process Overview

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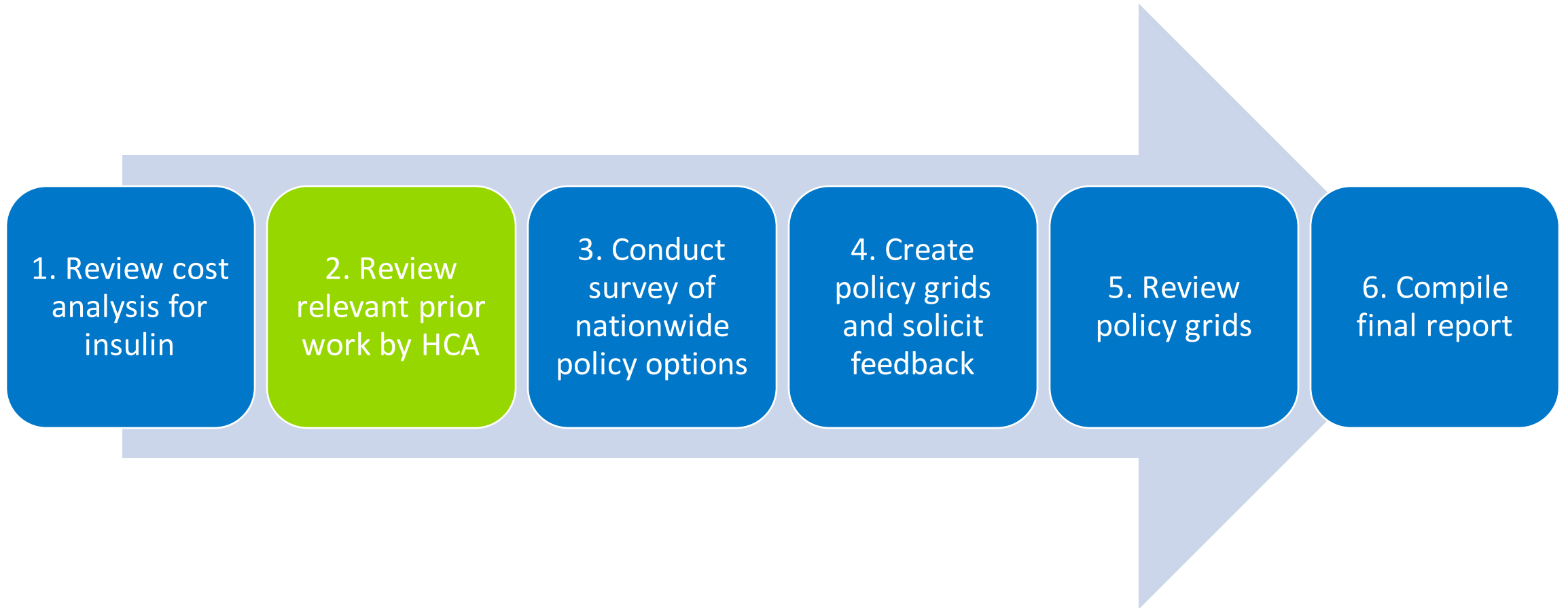
# Step 1: Review Cost Analysis for Insulin

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- ▶ HCA worked with Center staff to conduct data analysis described in this report
- ▶ Main findings showed how complicated insulin market is and how price paid depends on many elements such as coverage, patient condition, treatment regimen, etc.
  - ▶ “Average” price measured by mean does not adequately describe the range of minimum and maximum payments made by patients, particularly by the uninsured or underinsured
- ▶ Full report can be found in Appendix B of final report

# Process Overview

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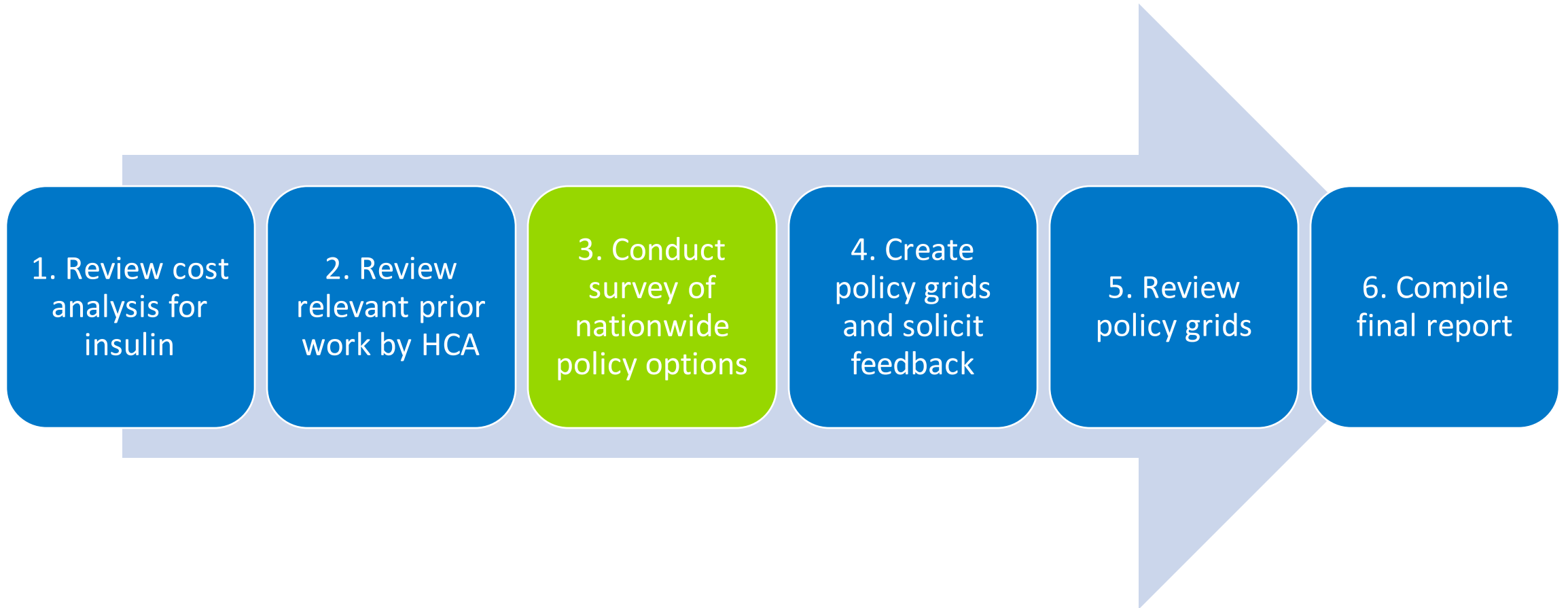
# Step 2: Review Relevant Prior Work

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- ▶ Presented prior work of 2021 SB 5203 “Producing, distributing, and purchasing generic prescription drugs”
- ▶ Policy review of best practices including:
  - ▶ California’s Affordable Drug Manufacturing Act
  - ▶ ArrayRx Solutions
  - ▶ CivicaRx
  - ▶ Utah Insulin Savings Program
- ▶ Washington-specific insulin policy recommendation
  - ▶ Use competitive solicitation to secure preferred price for insulin and work with existing ArrayRx discount card to pass low price to consumer
- ▶ Other tools and considerations for bulk purchasing and distribution

# Process Overview

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# 3. Conduct Survey of Nationwide Policy Options

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- ▶ According to the 2nd survey (administered August 2022) submitted by Work Group members, on a scale of 1-5 (with 5 being strongly support) the average score from work group members was 4.2 in favor of discussing Minnesota's legislation, which was the highest of the options considered
- ▶ Through that research, HCA and the Center found four examples of emergency supply insulin programs. The four examples were:
  - ▶ Maine Insulin Safety Net Program
  - ▶ Minnesota Insulin Safety Net program
  - ▶ Utah's Insulin Savings Program, and
  - ▶ Ohio House Bill 37 (2022)

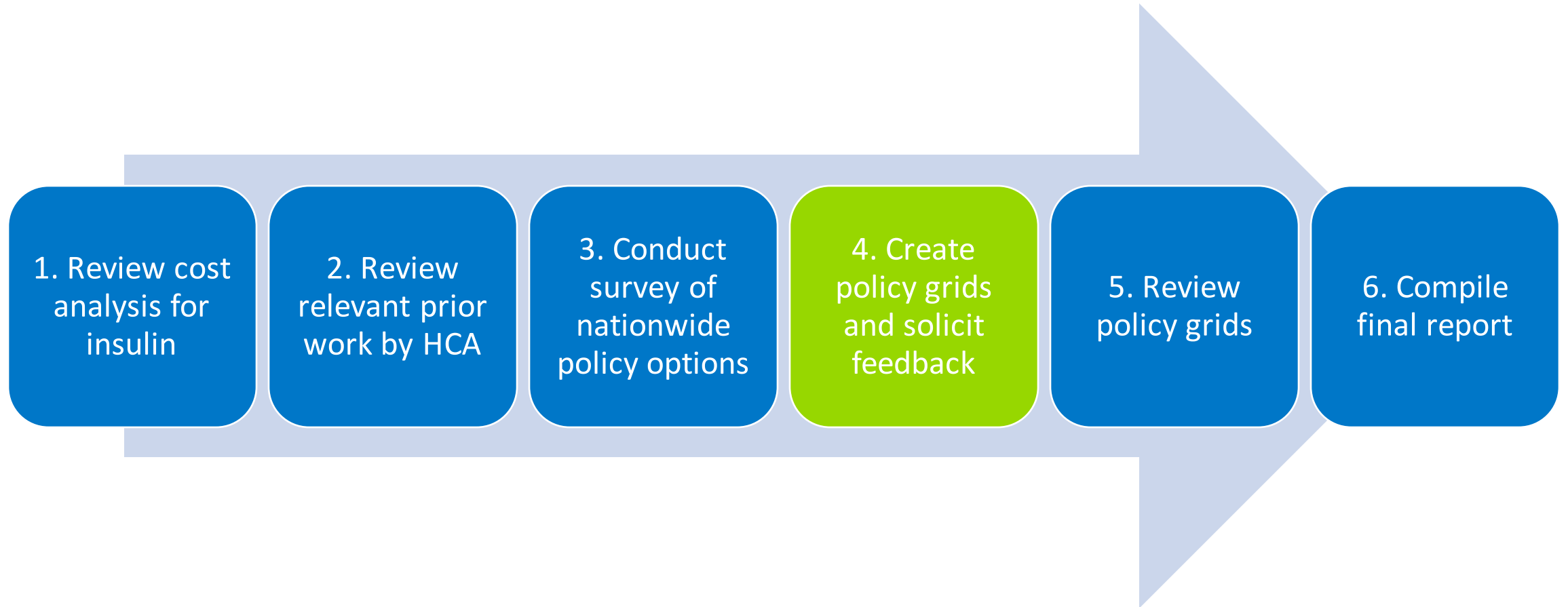
# 3. Conduct Survey of Nationwide Policy Options

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- ▶ Reviewed following elements of policies: application process, amount of drug dispensed, reimbursement policies, eligibility criteria, patient access, and program monitoring
- ▶ Maine and Minnesota both require manufacturers to reimburse pharmacies directly
- ▶ Utah requires residents to enroll in single-benefit health plan offering low-cost insulin
- ▶ Full presentation can be found [online](#)

# Process Overview

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# 4. Create Policy Grids and Solicit Feedback

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- ▶ After Work Group meeting #3, Center staff and HCA team worked on refining policy grids for long-term and emergency supply
- ▶ This included outreach to Maine, Minnesota, and Utah
- ▶ A representative from Utah attended Work Group meeting #4 for a Q&A about the Utah Insulin Savings Program

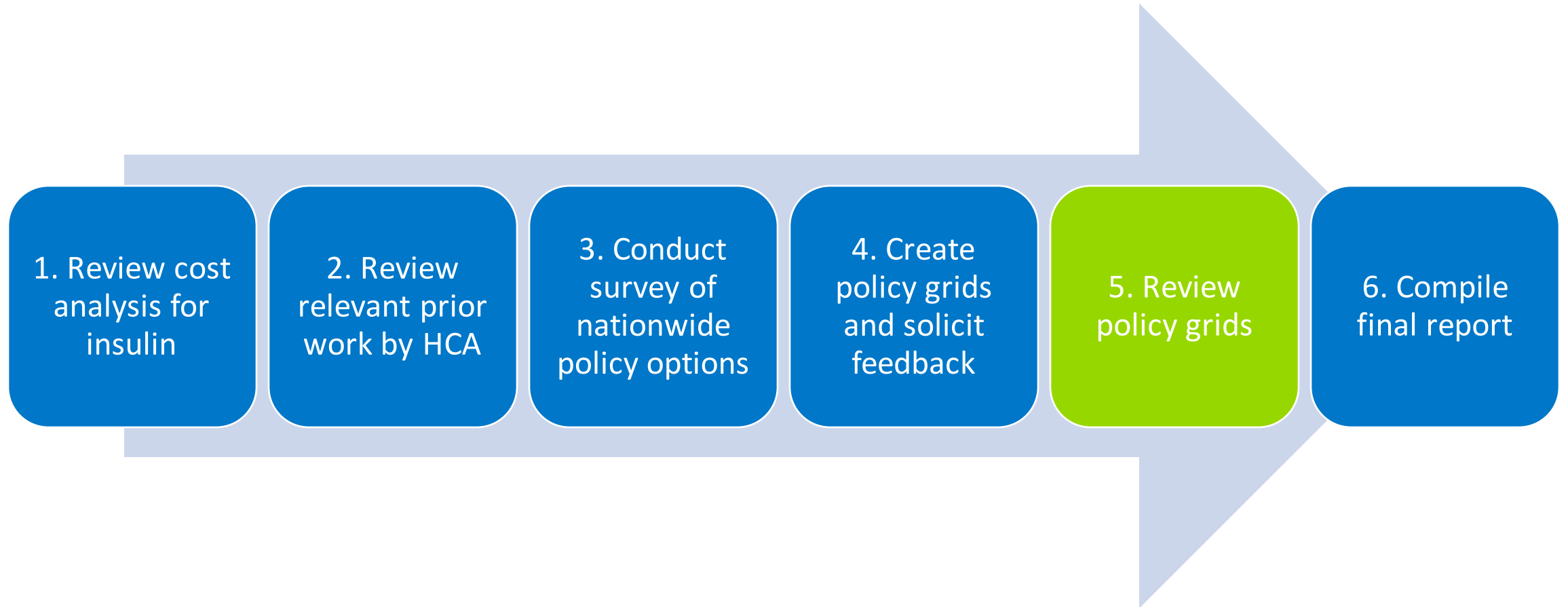
# 4. Create Policy Grids and Solicit Feedback

Table 4: Long Term Solutions Grid: Cost Containment Policy Options

Element	Maine Insulin Safety Net Program <sup>1</sup>	Minnesota Insulin Safety Net Program <sup>2</sup>	Utah Insulin Savings Program <sup>3</sup>
Summary of Policy	Provides affordable insulin to Maine residents through manufacturer assistance programs.	Provides affordable insulin to Minnesota residents through manufacturer assistance programs.	Increases access to affordable insulin by allowing Utah residents to buy into health plan with same insulin benefits as PEHP. Programs targets uninsured and underinsured and allows them to purchase insulin at discounted, post-rebate price
Eligibility Criteria	<p>Must be a Maine resident, have a family income that is equal or less than 400% FPL, not enrolled in MaineCare or eligible to receive health care coverage through federal funded program or to receive prescription drug benefit through VA, individual, or group health plan that limits total cost sharing for 30-day supply of insulin to \$75 or less.</p> <p>Individuals enrolled on Medicare Part D are eligible if the individual has spent \$1,000 on prescription drugs in current calendar year.</p>	<ul style="list-style-type: none"> <li>• Live in Minnesota.</li> <li>• Present Minnesota ID</li> <li>• Family income &lt; 400% FPL</li> <li>• Not be enrolled in Medical Assistance or MinnesotaCare.</li> <li>• Not be eligible to receive health care through most federally funded programs. If enrolled in Medicare Part D is eligible for a manufacturer's insulin safety net program if the individual has spent \$1,000 on prescription drugs in the current calendar year and meets the other eligibility requirements.</li> <li>• Not be eligible to receive prescription drug benefits through the Department of Veterans Affairs.</li> </ul>	<p>To be eligible to participate, you must:</p> <ul style="list-style-type: none"> <li>• be a resident of the State of Utah;</li> <li>• be an individual who has been diagnosed with diabetes;</li> <li>• use insulin to treat diabetes; and</li> <li>• not be an employee or dependent of an employee of the State of Utah with insulin related benefits covered through PEHP Health &amp; Benefits.</li> </ul>

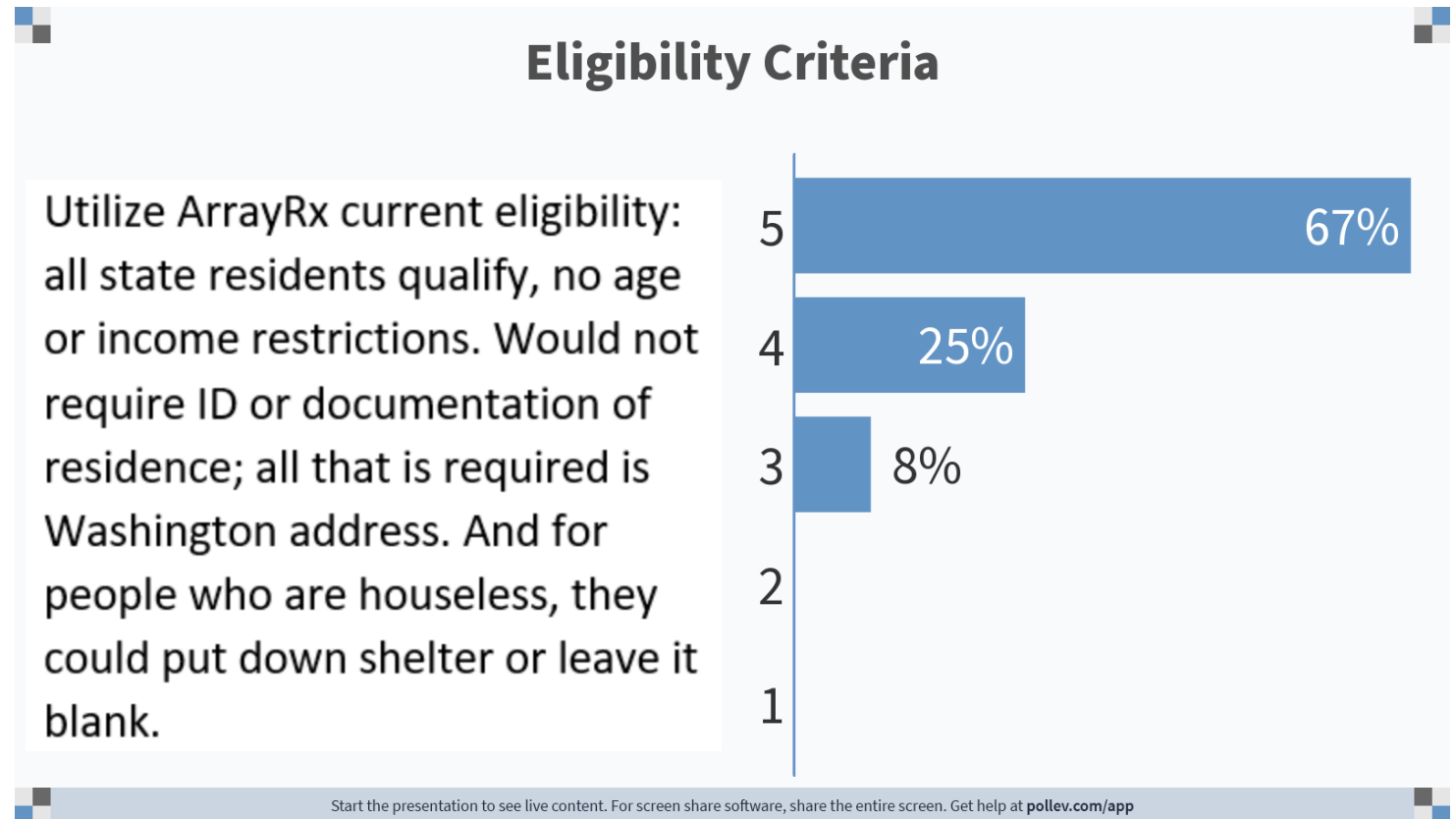
# Process Overview

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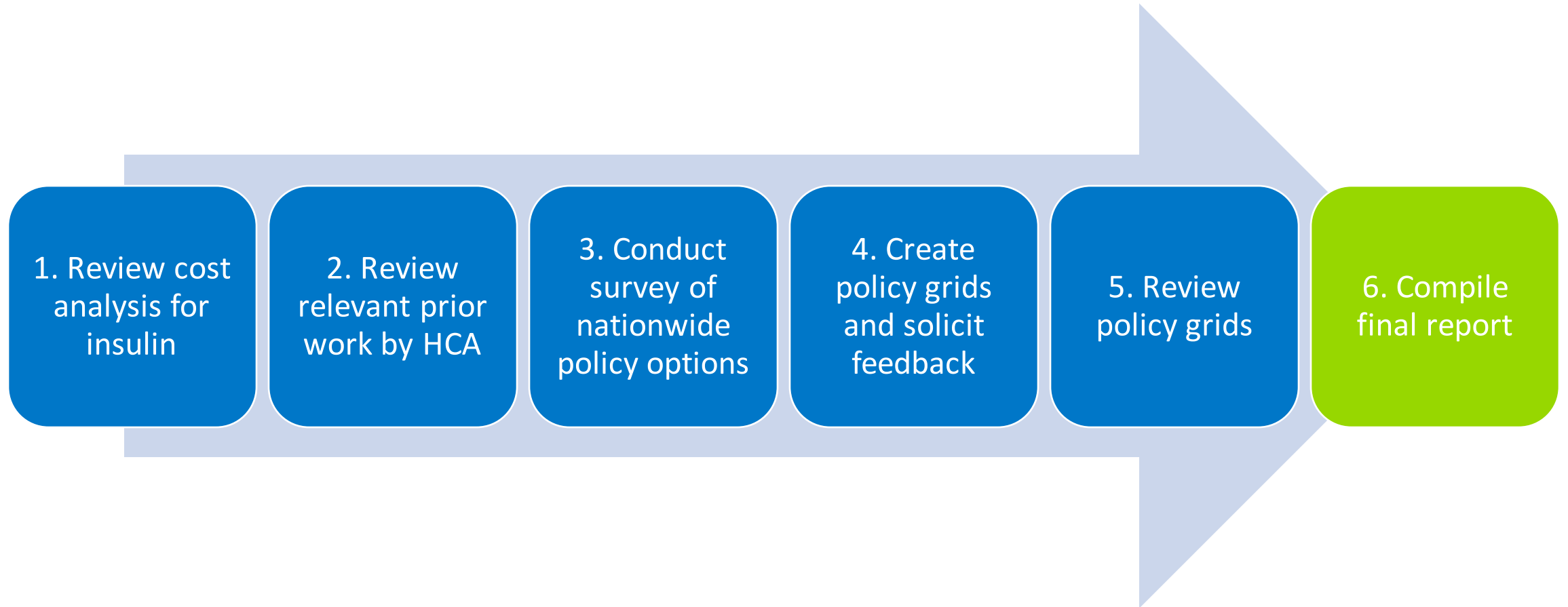
# 5. Review Policy Grids

- ▶ In the 4<sup>th</sup> Work Group Meeting, members were asked to evaluate both policy grids
- ▶ Members were polled on various aspects of policy to determine areas of support or disagreement



# Process Overview

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# 6. Compile Final Report

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- ▶ Between December 2022 and March 2023, HCA and the Center drafted final legislative report
- ▶ The final meeting was used to review the legislative report and hold an open discussion with Work Group members

# Legislative Requirement #1

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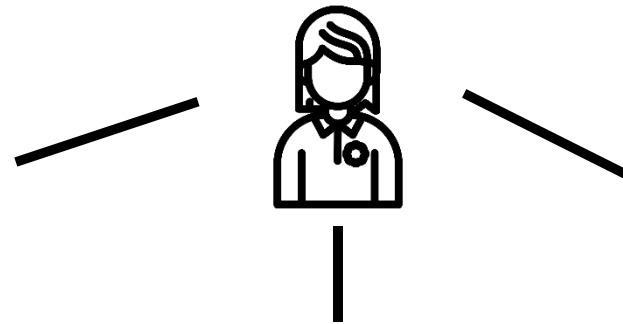
Long-term Strategy: Design strategy to reduce the cost of and total expenditures on insulin in Washington State

# Summary of Long-term Policy

3-pronged approach representing spectrum of options that target different individual needs and income and are at varying levels of implementation

## Manufacturer Assistance Program

Manufacturers would need to be directed to offer patient assistance program. Insulin would be free to those who meet income requirements (e.g., 400% FPL)



ArrayRx

## Prescription Drug Voucher Program

Insulin-specific program would need to be created. Requires RFP; with goal that negotiated price would be lower than discount card

ArrayRx

## Discount Card Program

Current program. No income requirements, insulin is not free but is offered at discounted price to consumer



ArrayRx

ArrayRx

### Manufacturer Assistance Program

Individual applies for assistance program directly with manufacturer,

Manufacturers determine eligibility (with state oversight for appeals) and administer program

### Prescription Drug Voucher Program

HCA would put out RFP for discounted insulin price. Brand that wins RFP would be used for voucher program and consumer pays for insulin at price net of rebates

### Discount Card Program

Individual applies for ArrayRx discount card online or through health care provider, library, clinic, etc.

ArrayRx sends paper or electronic card to individual

Consumer would access insulin at the current ArrayRx negotiated price

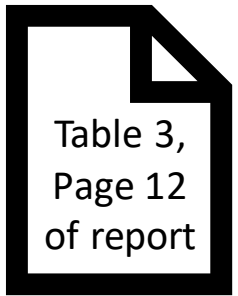


Drug manufacturers would be responsible for reimbursing pharmacies directly

# Summary of Long-term Policy

<b>Strategy</b>	<b>Eligibility Considerations</b>	<b>Implementation Status</b>
Mandated Manufacturer Assistance Program	Would need to be included in legislation. Programs in other states requires 400% FPL	Currently does not exist. This would need to be created.
ArrayRx Insulin Voucher Program	HCA has authority to create eligibility criteria or it could be part of future program legislation. Work Group recommendation: state residency only	ArrayRx has a voucher program but an insulin-specific program would need to be created
ArrayRx Discount Card	None	Implemented as of 2005

# Long-term Policy Grid



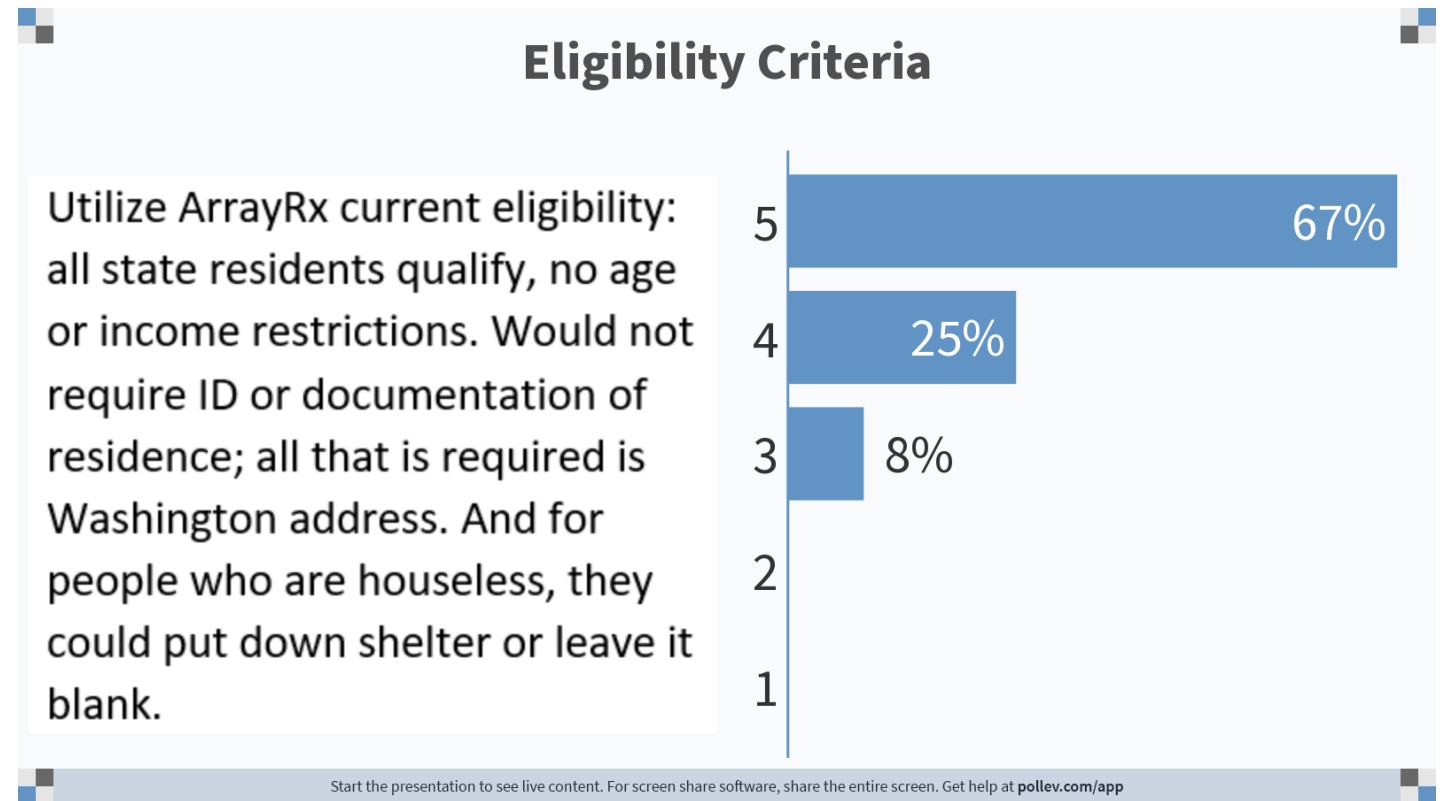
**Table 3: Long Term Policy Recommendation Grid**

Element	Potential Washington Policy	Statute Change?	Appropriation?	Administrative Considerations
Summary of Policy				
Eligibility Criteria				
Application Process				
Manufacturer Responsibilities				
Patient Responsibilities				
Pharmacy Responsibilities				
Educational Assistance				
State Entity Responsibilities				

# Long-term Policy Grid – Major Points

## Eligibility Criteria

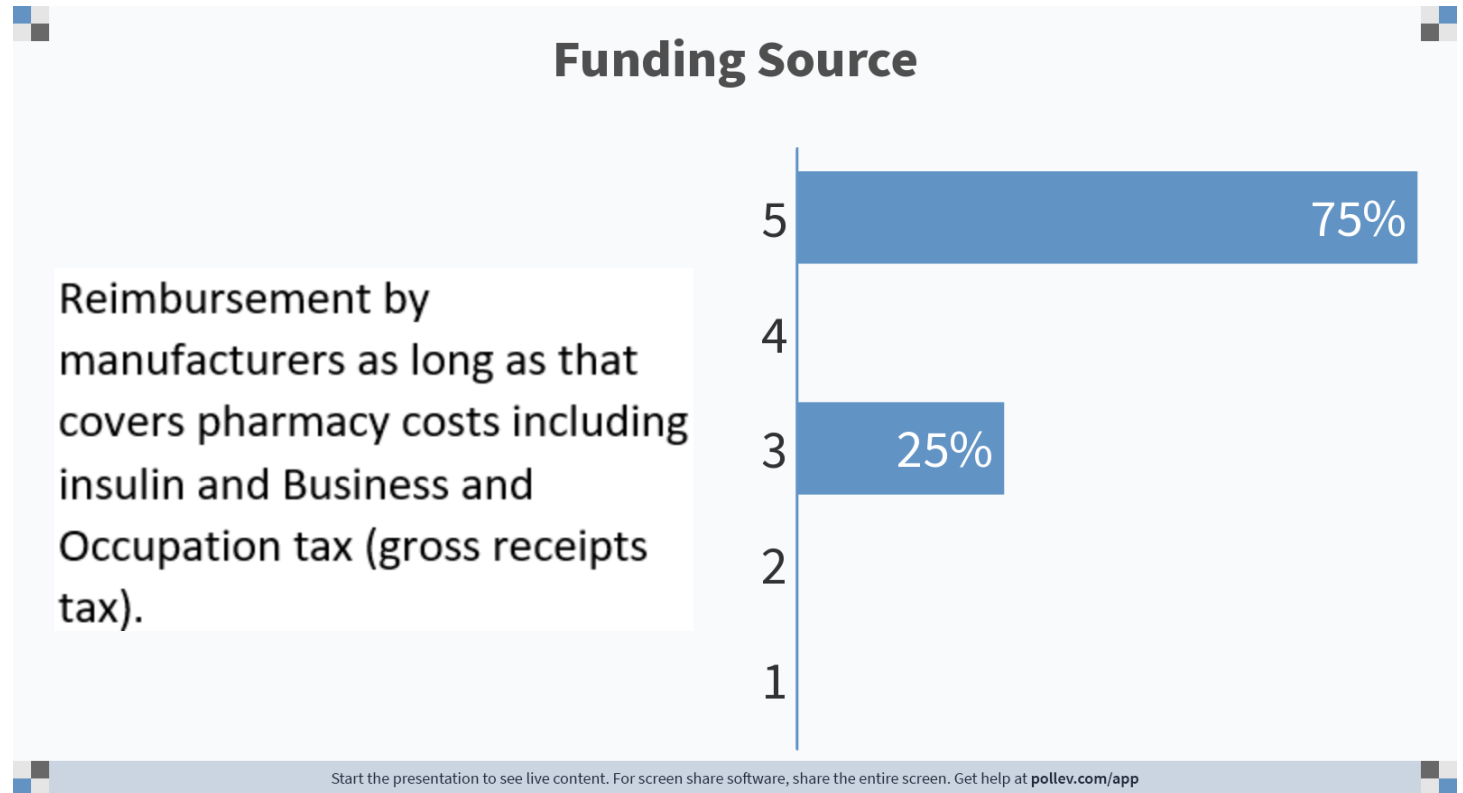
- ▶ Criteria for the insulin-specific voucher program could be part of legislation or HCA could design
- ▶ Work Group recommendation is no income requirement and Washington address only (like current discount card program)



# Long-term Policy Grid – Major Points

## Reimbursement

- ▶ Manufacturers would be required to offer patient assistance program and reimburse pharmacies for dispensed insulin

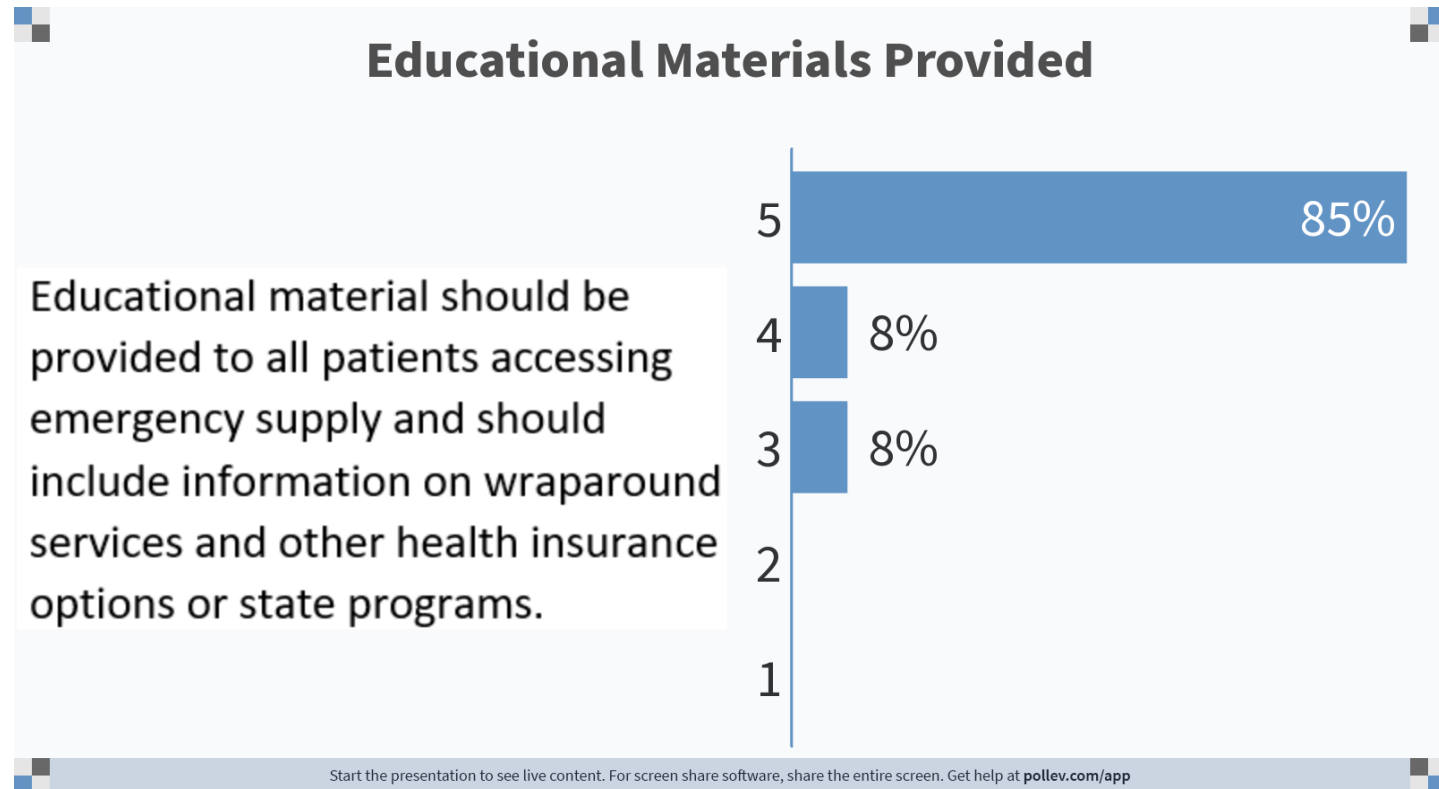




# Long-term Policy Grid – Major Points

## Educational Assistance

- ▶ **Work Group suggestion:** Create an educational program for pharmacists and patients to help identify patients that need help overcoming barriers
- ▶ Statute change required
- ▶ If part of larger public awareness campaign, appropriation may be needed. Minnesota received \$250,000



# Legislative Language Policy Grid

**Table 4: Legislative Language Examples for Manufacturer Patient Assistance Program**

Element	Example Legislative Language
Manufacturer Responsibilities	<p><b>Per Subdivision 1 of <u>Minnesota's Legislation</u></b></p> <p>Manufacturer Eligibility:</p> <p>(c) Any manufacturer with an annual gross revenue of \$2,000,000 or less from insulin sales in Minnesota is exempt from this section. To request a waiver under this paragraph, the manufacturer must submit a request to the Board of Pharmacy that includes documentation indicating that the manufacturer is eligible for an exemption</p>

# Summary of Work Group Recommendations for Long-term Policy

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- ▶ This section outlines major contributions from the Work Group that are important to share given the discussions at Work Group meetings. Additional comments and feedback can be found in the survey responses, including in Appendix C

# Summary of Work Group Recommendations for Long-term Policy

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- ▶ **Transparent financial disclosures** from manufacturers, PBMs, and plans regarding prices, rebates, acquisitions costs, etc.
  - ▶ Would require legislative changes to require transparent financial disclosures to be reported by manufacturers to HCA and in the manner dictated by HCA
    - ▶ Currently not allowed under Washington State Drug Price Transparency (DPT) program
  - ▶ This change may require staff resources to compile information and draft reports
  - ▶ This may potentially require stakeholder engagement process related to the exemption of Washington's DPT program
- ▶ Work Group members advocated for **integrated data** to publish total diabetes impact and improved outcomes

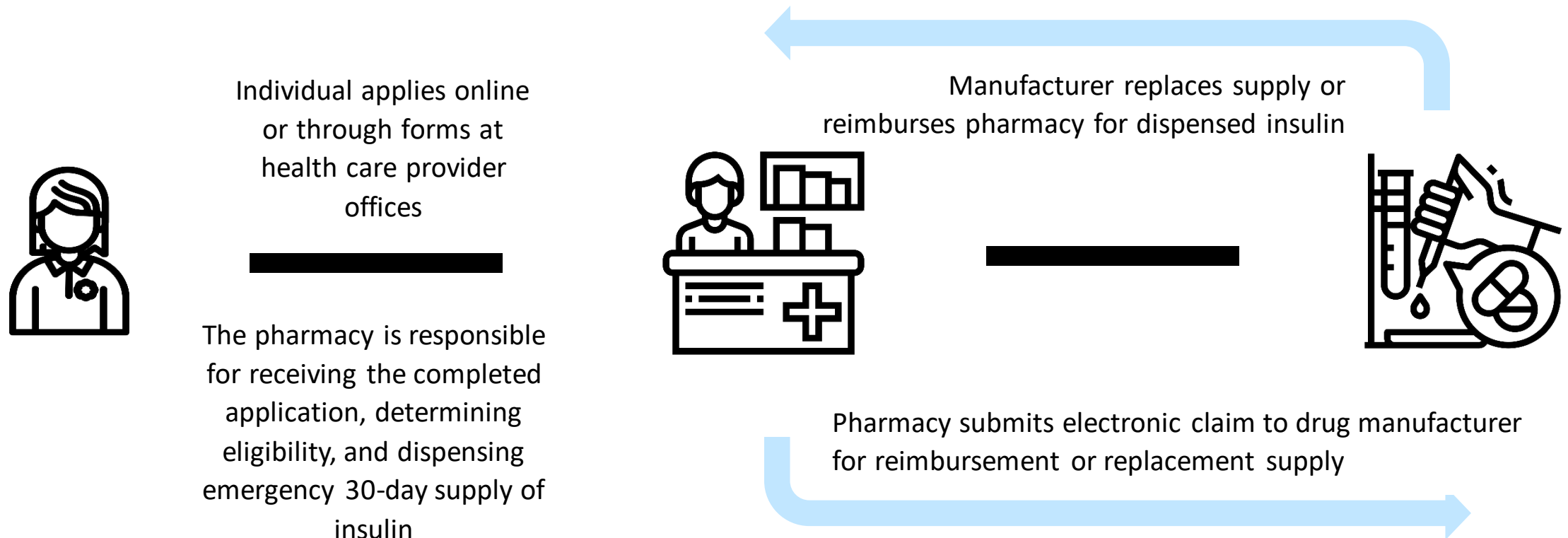
# Legislative Requirement #2

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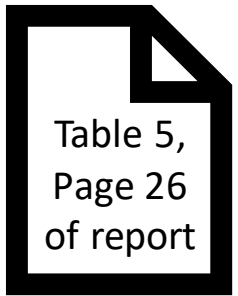
Design a strategy to provide a once yearly 30-day supply of insulin to individuals on an emergency basis

# Summary of Policy for Emergency Supply

Policy would make once-yearly 30-day emergency supply of insulin available and legislation would direct manufacturers to reimburse pharmacies for dispensed insulin



# Emergency Supply Policy Grid



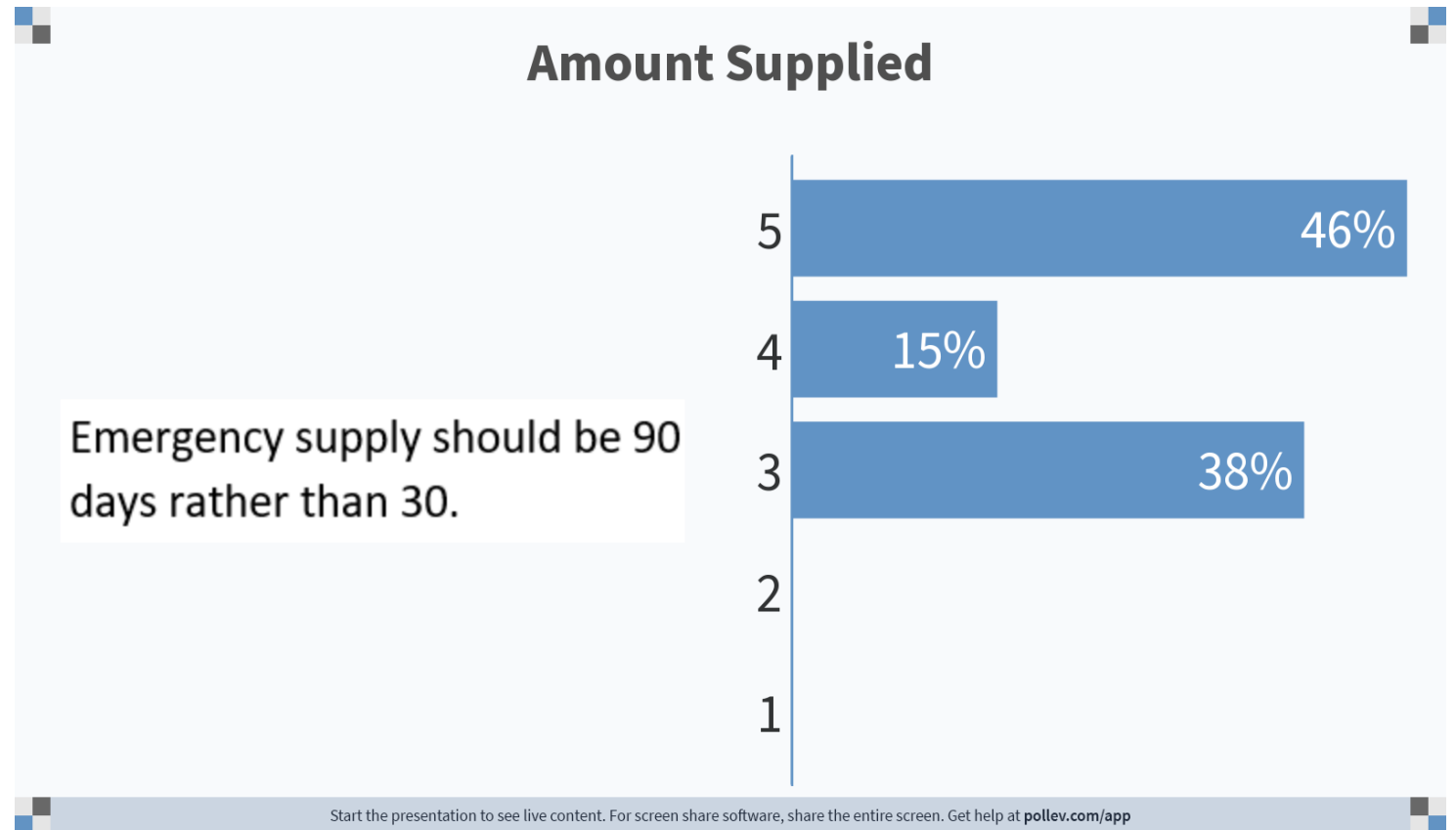
**Table 5: Emergency Supply Policy Grid**

Element	Potential Washington Policy	Statute Change?	Appropriation?	Administrative Considerations
Summary of Policy				
Emergency Prescription Authority				
Amount Supplied				
Funding Source				
Copayment Instructions				
Eligibility Criteria				
Application Process				
Reimbursement Process				
Educational Materials Provided				
Prescriber Reporting Requirements				

# Emergency Supply Policy Grid – Major Points

## Amount Supplied

- ▶ To meet legislative intent, policy grid shows 30-day supply
- ▶ Significant feedback for 90 day supply is documented in Work Group Recommendations section and Appendix C

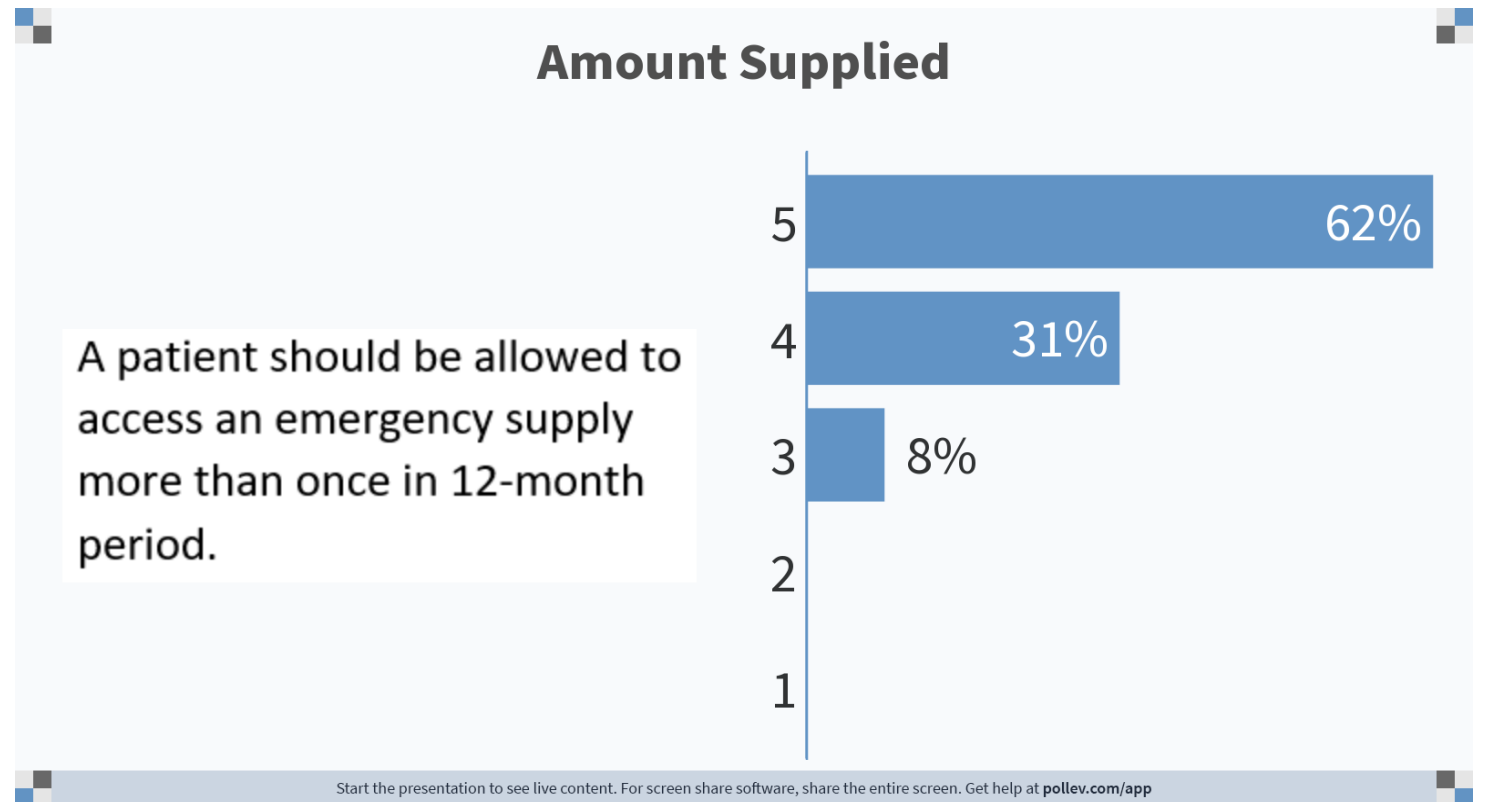




# Emergency Supply Policy Grid – Major Points

## Amount Supplied

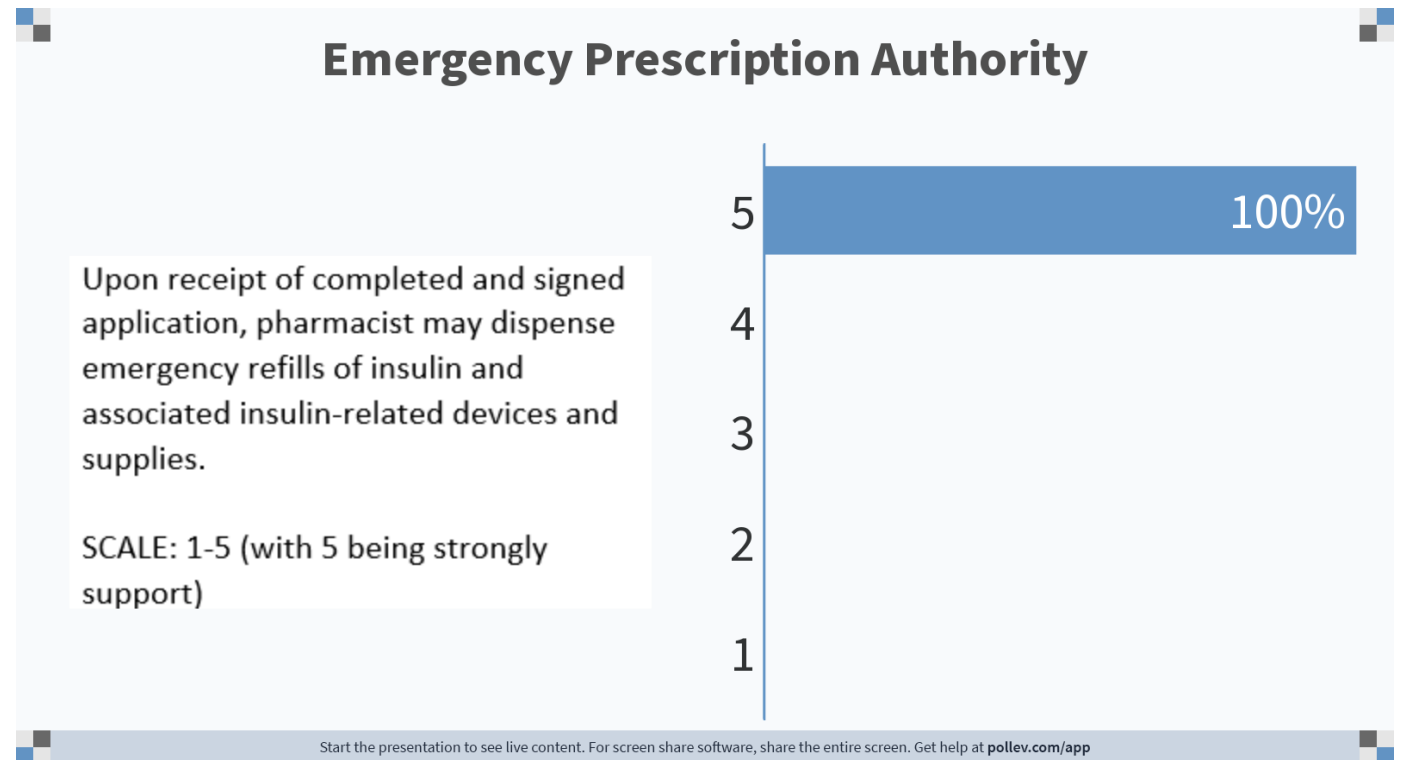
- ▶ Legislation directs Work Group to consider “once yearly 30-day supply” of insulin
- ▶ There was significant feedback that patients should be able to access the emergency supply more than once in a 12-month period



# Emergency Supply Policy Grid – Major Points

## Emergency Prescription Authority

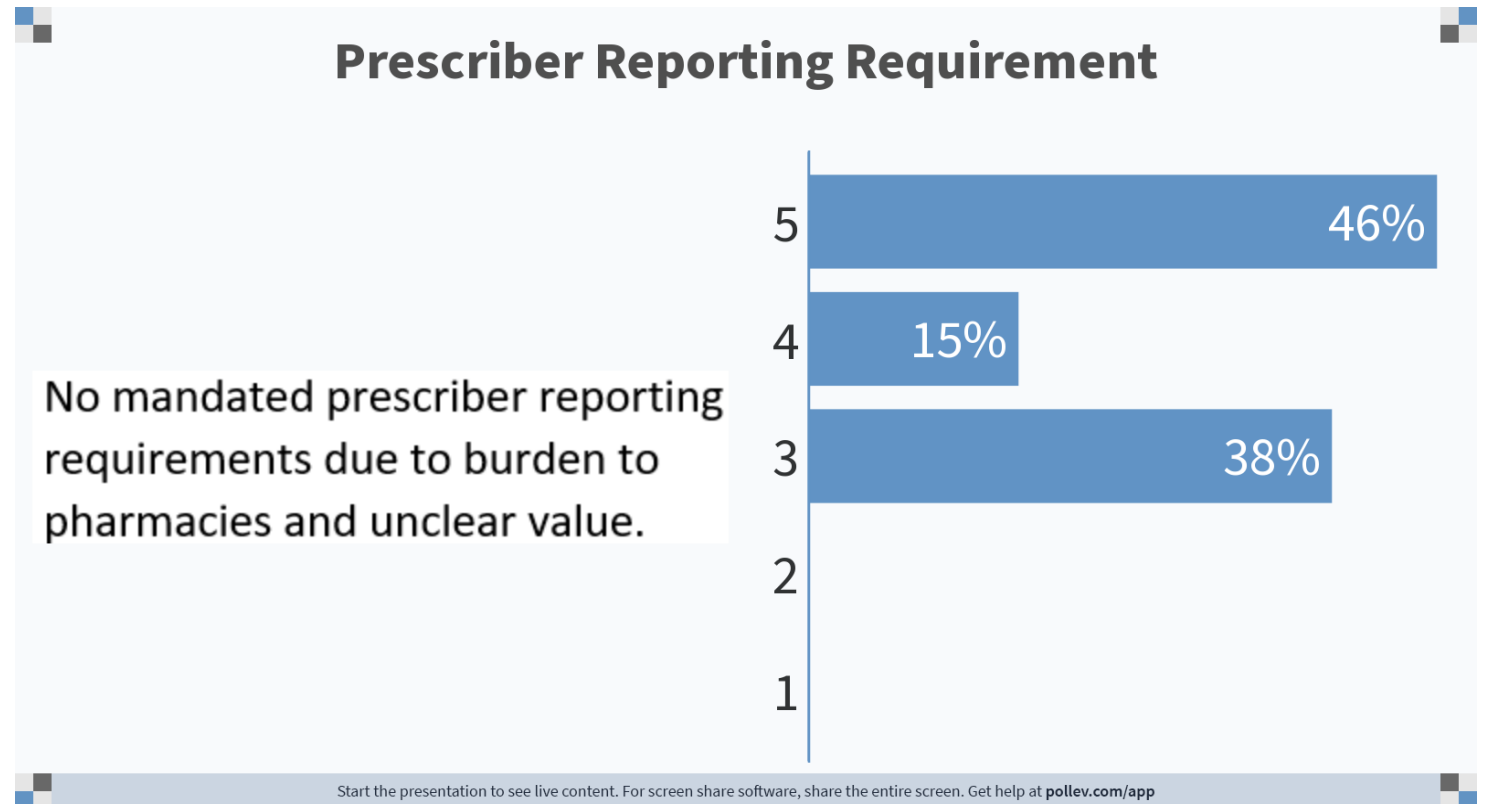
- ▶ Upon receipt of completed application (where patient attests to not receiving emergency supply within previous 12-months) pharmacist may dispense emergency supply



# Emergency Supply Policy Grid – Major Points

## Prescriber Reporting Requirements

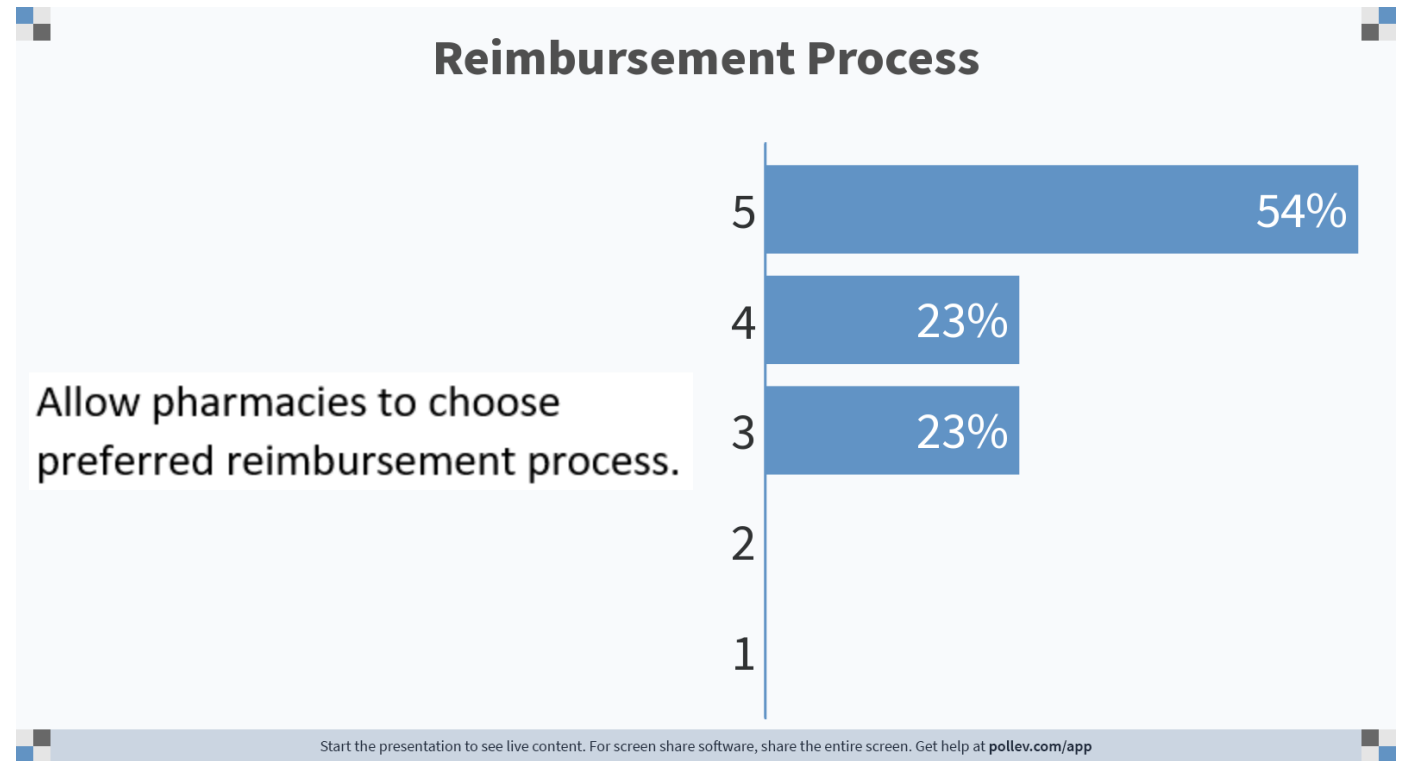
- ▶ Work Group members mostly supported not requiring prescriber reporting
- ▶ Other states have patient attest to eligibility and previously access to emergency supply on application



# Emergency Supply Policy Grid – Major Points

## Reimbursement Process

- ▶ Members supported requiring manufacturers to reimburse pharmacies directly
- ▶ Work Group recommended including timeline for reimbursement and allow pharmacies to choose between reimbursement via replaced stock or electronic claim



# Legislative Language Policy Grid

**Table 6: Legislative Language Examples of Minnesota Emergency Supply Legislation**

Element	Example Legislative Language
<sup>2</sup> Emergency Prescription Authority	<p><b>Per Subdivision 3 of <u>Minnesota's</u> Legislation</b></p> <p>(c) Upon receipt of a completed and signed application, the pharmacist shall dispense the prescribed insulin in an amount that will provide the individual with a 30-day supply.</p> <p>(b) If the individual is in urgent need of insulin, the individual may present a completed, signed, and dated application form to a pharmacy. The individual must also:</p> <ul style="list-style-type: none"> <li>(1) have a valid insulin prescription; and</li> <li>(2) present the pharmacist with identification indicating Minnesota residency in the form of a valid Minnesota identification card, driver's license or permit, or tribal identification card as defined in section 171.072, paragraph (b). If the individual in urgent need of insulin is under the age of 18, the individual's parent or legal guardian must provide the pharmacist with proof of residency.</li> </ul>

# Summary of Work Group Recommendations for Emergency Supply

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- ▶ There was significant and consistent feedback that a once-yearly 30-day supply of insulin was not enough. The Work Group understood that this was the legislative directive of the Work Group but strongly advocated for the following policy elements:
  - ▶ The once-yearly amount supplied should be 90 days instead of 30 days
  - ▶ There should be multiple 30-days allowed within a year
  - ▶ There should be no limit to the amount of times an individual can access the emergency supply within an annual period

# Summary of Work Group Recommendations for Emergency Supply

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- ▶ In an alternative approach to the recommended policy, the Washington State Legislature could direct health plans or the State to fund the emergency insulin program
  - ▶ We did not find any examples where states were expected to cover the cost of providing discounted insulin to residents
  - ▶ If the legislature does direct HCA to provide the emergency supply insulin, the state would require additional resources to work with ArrayRx on creating the emergency supply program
  - ▶ The state would need an appropriation to cover the cost of emergency insulin. Instead of billing manufacturers directly, pharmacies would go through ArrayRx, and its voucher program administrator Moda, to reimburse for the dispensed insulin

# Other Legislative Recommendations

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- ▶ This section outlines potential legislative policies that are beyond the scope of the Work Group
- ▶ These specific recommendations emerged from Work Group discussions and are important to note given how they relate to the main objectives of this Work Group

Copayment limits on  
insulin products

Requiring insurance  
coverage for equipment  
and supplies



# Copay Caps

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- ▶ 19 states and the District of Columbia have enacted legislation that caps copayments on insulin
- ▶ Utah and Minnesota are exemptions where the copay cap also applies to uninsured population
- ▶ The legislation typically applies to state-regulated plans and does not include plans for the self-insured or employee-sponsored plans which are regulated at the federal level
- ▶ Some states also cap copayments on insulin-related supplies. In 2020, Connecticut passed HB 6003 which limited the cost of diabetes devices and supplies to \$100 per a 30-day supply

# Copay Cap – National Scan

Table 7. State Policies for Affordable Insulin

State	Copay Cap	Notes
Alabama	\$100 per 30-day supply	Applies to commercially-insured population
Colorado	\$100 per 30-day supply	Applies to commercially-insured population
Connecticut	\$25 per 25-day supply for insulin \$100 cap per month for insulin-related supplies	Supplies include test strips, BGMs, CGMs
Delaware	\$100 per 30-day supply	Applies to commercially-insured population
Illinois	\$100 per 30-day supply	Applies to commercially-insured population
Maine	\$100 per 30-day supply	State
Minnesota	\$50 per 90-day supply	Applies to uninsured and low-income underinsured population

Source: diaTribe Change

# Coverage of Equipment and Supplies

- ▶ Most state Medicaid programs, including Washington, provide coverage for continuous glucose monitors (CGM) to people with diabetes

State	Policy
<b>Delaware</b>	Mandates coverage of insulin pumps at no cost to the consumer
<b>West Virginia</b>	Requires coverage for supplies including blood glucose monitors, injection aids, infusion devices, syringes, and other types of monitoring supplies
<b>New York</b>	Requires state insurance plans, excluding ERISA plans, to include coverage for blood glucose monitors, data management systems, test strips, injection aids, insulin pumps, infusion devices, oral agents, and other supplies

# Conclusion

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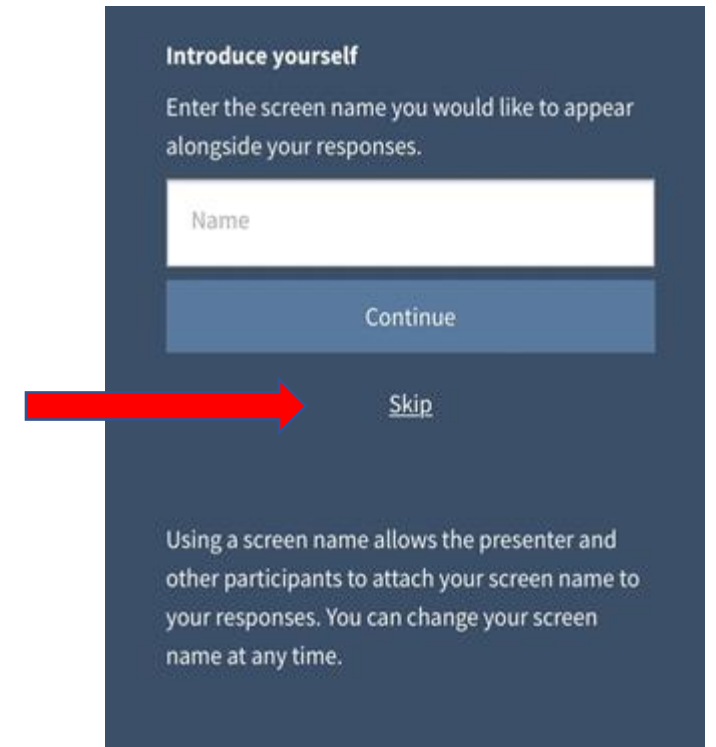
- ▶ This final report outlines the Work Group's process for researching, evaluating, discussing, and developing strategies that address the total cost of insulin and emergency supplies for patients in Washington
- ▶ By reviewing legislation and policies that were effective in other states and that operate today, the Work Group feels that these are viable options for Washington to consider in addressing the total cost of insulin and improving access in emergency situations
- ▶ National landscape is currently evolving with announcements by Eli Lilly (caps on out-of-pocket max) and CivicaRx (affordable insulin manufacturing)

# 6. Break (10 minutes)

# 7. Open Discussion – Draft Final Report

# Poll Everywhere Participation

- ▶ Navigate to the link [PollEv.com/cebpohtsu300](https://PollEv.com/cebpohtsu300) and wait for the question prompts on your screen
- ▶ You should be able to click on link in the chat feature
- ▶ If you wish to be anonymous, select the skip option if/when prompted to enter your name
- ▶ Your device will automatically advance you to the active poll
- ▶ Results will appear on the screen after you answer; you can change your response if you wish



**Introduce yourself**

Enter the screen name you would like to appear alongside your responses.

Name

Continue

[Skip](#)

Using a screen name allows the presenter and other participants to attach your screen name to your responses. You can change your screen name at any time.

**FINAL REPORT: Was there anything presented today that surprised you or that you did not hear in Work Group discussions?**



# **FINAL REPORT: Was there anything missing in the final policy presentation for the long-term strategy?**

# **FINAL REPORT: Was there anything missing in the final policy presentation for the 30-day emergency supply?**

# **GENERAL: What concerns you most about the potential implementation of the long-term policy?**

# **GENERAL: What concerns you most about the potential implementation of the 30-day emergency supply policy?**

**FINAL REPORT: Are there any other potential legislative options you'd like to include in the report?**

# 8. Next Steps

# Questions?



# Questions?

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