Hospitals facing stricter charity care oversight

HB 1269

Amending the prescription drug affordability board. • Removes the limits on the types of drugs that are eligible for review provided that benchmark criteria are met.

- •Makes changes to threshold prices and percentage increases.
- •Advances the date that the Prescription Drug Affordability Board is authorized to begin establishing upper payment limits by one year, to January 1, 2026, except for prescription drugs used solely for the

treatment of a rare disease or condition.

•Eliminates references to a 90-day delay of rules or the adoption of upper payment limits.

HB 1356

AN ACT Relating to reducing prescription drug costs by eliminating barriers impeding access to biosimilar medicines

SB 5213 (see companion bill HB 1253)

Concerning pharmacy benefit managers. Removes pharmacy benefit managers from the definition of health care benefit manager and separately regulates pharmacy benefit managers. Imposes certain requirements on pharmacy benefit manager business practices.

HB 1253 (see companion bill SB 5213)

Concerning pharmacy benefit managers. Removes pharmacy benefit managers from the definition of health care benefit manager and separately regulates pharmacy benefit managers. Imposes certain requirements on pharmacy benefit manager business practices.

SB 5335

An act relating to health care financing and development of the Washington health trust to ensure that all Washington residetns can enroll in nonprofit health insurance coverage providing an essential set of health benefits, including medical, dental, vision, and prescription drug benefits.

SB 5242 (see companion bill HB 1115)

For health plans, including health plans offered to public employees and their covered dependents, issued or renewed on or after January 1, 2024, a health carrier may not impose cost sharing for abortion of a pregnancy.

For health plans offered as a qualifying health plan for a health savings account, the health plan must establish the plan's cost sharing for the coverage of abortion services at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions and withdrawals from the enrollee's health savings account.

SB 5396

For nongrandfathered health plans issued or renewed on or after January 1, 2024, that include coverage of supplemental and diagnostic breast examinations, health carriers may not impose cost sharing on these examinations. For health plans that are offered as a qualifying health plan for a health savings account, the health carrier must establish the plan's cost sharing for coverage of these examinations at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions from their health savings account under federal laws and regulations. The provisions related to preventing deductible and copayment provisions are removed from the requirements to provide coverage for screening and diagnostic mammography services.

HB 1222

A health carrier offering a large group health plan issued or renewed on or after January 1, 2024, must include coverage for hearing instruments, except for OTC hearing instruments, including bone conduction hearing devices. The coverage must include the hearing instrument, the initial assessment, fitting, adjustment, auditory training, and ear molds, as necessary, to maintain optimal fit. The maximum benefit amount required is \$2,500 per ear with hearing loss every 36 months. A covered individual may choose a higher priced hearing instrument and pay the difference between price of the hearing instrument and the benefit. This benefit is not subject to the covered individual's deductible, unless the plan is offered as a qualifying health plan for a health savings account in which case the health carrier must establish the health plan's cost sharing at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions and withdrawals from the health savings account under federal law and regulations.

SJM 8006

The Legislature requests the federal government to either create a universal health care program or, absent federal action, partner with the state to implement a single-payer health system. To allow the state to implement a single-payer health system, Congress could pass House Resolution 3775 or grant the state the appropriate waivers.