
Health Care & Wellness Committee

ESSB 6127

Brief Description: Increasing access to human immunodeficiency virus postexposure prophylaxis drugs or therapies.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Lias, Rivers, Muzzall, Randall, Frame, Hasegawa, Kuderer, Lovick, Nobles and Pedersen).

Brief Summary of Engrossed Substitute Bill

- Requires hospitals to adopt policies dispensing post-exposure prophylaxis (PEP) human immunodeficiency virus drugs that ensure patients meeting certain criteria are provided a 5-day supply.
- Prohibits health plans from imposing cost-sharing and health plans and Medicaid from imposing prior authorization requirements for at least one of each required PEP drug.

Hearing Date: 2/14/24

Staff: Kim Weidenaar (786-7120).

Background:

Human Immunodeficiency Virus Post-Exposure Prophylaxis.

Human immunodeficiency virus (HIV) post-exposure prophylaxis (PEP) is used when an HIV-negative person believes that they may have been exposed to HIV. Human immunodeficiency virus PEP consists of taking HIV medications once or twice a day for 28 days to prevent becoming infected and must be started within 72 hours of possible exposure. The Centers for Disease Control and Prevention (CDC) has developed guidelines for the administration of PEP, which includes prescribing a 28-day course of treatment after a patient reports exposure to bodily fluids, the source of which is known to be HIV-positive, within the last 72 hours and that

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exposure presents a substantial risk for transmission.

Prepackaged Medications.

A hospital may allow prepackaged emergency medications for patients being discharged from the emergency department to be prescribed by practitioners with prescriptive authority and distributed by these practitioners and registered nurses when: (1) community pharmacies and outpatient hospital services are not available within 15 miles by road; or (2) in the judgment of a practitioner and consistent with hospital policies, the patient has no reasonable ability to reach a local community or outpatient pharmacy. The director of the hospital pharmacy must develop policies and procedures regarding: (1) the types of emergency medications to be prepackaged; (2) the preparation of the emergency medications by, or under the supervision of, a pharmacist; (3) the criteria under which prepackaged emergency medications may be prescribed and distributed; (4) the training requirements for staff; the maintenance of prescriptions; (5) the storage of the medications; and (6) patient counseling on the medications. In addition, the policies must establish a limit of a 48-hour supply of emergency medications, except when a community pharmacy or the hospital pharmacy will not be available within 48 hours, in which case up to a 96-hour supply may be dispensed. The delivery of a single dose of medication for immediate administration is exempt from the requirements.

Summary of Bill:

A hospital must adopt a policy and have procedures in place, that conform with the guidelines issued by the CDC for the dispensing of PEP drugs or therapies. This policy must ensure that hospital staff dispense or deliver to a patient, with a patient's informed consent, a 5-day supply of PEP following the patient's possible exposure to HIV, unless medically contraindicated, inconsistent with care and treatment standards, or inconsistent with CDC guidelines. When available, hospitals must dispense or deliver generic PEP drugs or therapies. This requirement does not affect reimbursement for PEP drugs through the Crime Victims Compensation Program or the Industrial Insurance Act.

Hospitals are authorized to allow a practitioner to prescribe PEP as a prepacked emergency medication and allow a practitioner or registered nurse to distribute PEP to patients being discharged from a hospital emergency department when a patient is identified as needing HIV PEP drugs or therapies. The limitation on when emergency medications can be provided by a hospital is modified to include when antibiotics or PEP drugs or therapies are required and the prohibition on supplying more than 96 hours of an emergency medication is removed.

Nongrandfathered health plans issued or renewed on or after January 1, 2025, and health plans offered to public and school employees may not impose cost-sharing and these plans and Medicaid may not require prior authorization for the drugs that comprise at least one regimen recommended by the CDC for HIV PEP. For health plans that are a qualifying health plan for a health savings account (HSA), the carrier must set the cost-sharing amount at the minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and withdrawals from the HSA.

Health plans, including those offered to public and school employees, and Medicaid must reimburse hospitals, as a separate expense, for a 5-day supply of any PEP drugs or therapies dispensed or delivered to a patient in the emergency department for take-home use.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect on January 1, 2025.