

# SENATE BILL REPORT

## SB 6127

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As of January 15, 2024

**Title:** An act relating to increasing access to human immunodeficiency virus postexposure prophylaxis drugs or therapies.

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

**Sponsors:** Senators Liias, Rivers, Muzzall, Randall, Frame, Hasegawa, Kuderer, Lovick, Nobles and Pedersen.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/18/24.

**Brief Summary of Bill**

- Requires hospitals to adopt policies dispensing post-exposure prophylaxis (PEP) human immunodeficiency virus drugs.
- Requires the Department of Health to provide a 30-day supply of PEP drugs to critical access hospitals each year at no cost to the hospital.
- Prohibits health carriers from imposing cost-sharing or prior authorization requirements for PEP drugs.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Staff:** Greg Attanasio (786-7410)

**Background:** Post-exposure prophylaxis, or PEP, is the commonly used term for a drug regime taken within 72 hours after a possible exposure to human immunodeficiency virus (HIV) to prevent HIV infection. 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

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known to be HIV positive, within the last 72 hours and that exposure presents a substantial risk for transmission. A case-by-case determination is recommended when the HIV infection status of the source of the body fluids is unknown and the circumstances of the reported exposure presents a substantial risk for transmission.

**Summary of Bill:** Hospitals must adopt a policy, consistent with CDC guidelines, for the dispensing of PEP. This policy must ensure that hospital staff dispense to a patient, with a patient's informed consent, at least a 5-day supply of PEP drugs or therapies following the patient's possible exposure to HIV, unless medically contraindicated.

Once each calendar year, the Department of Health must provide to each critical access hospital in the state, at no cost to the hospital, one 30-day supply of PEP drugs or therapies, unless refused for reason of conscience or religion.

Beginning in 2025, a health carrier may not impose cost sharing or require prior authorization on any PEP drugs. For health plans with 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.

**Appropriation:** None.

**Fiscal Note:** Requested on January 12, 2024.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.