
SUBSTITUTE SENATE BILL 6127

State of Washington

68th Legislature

2024 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Liiias, Rivers, Muzzall, Randall, Frame, Hasegawa, Kuderer, Lovick, Nobles, and Pedersen)

READ FIRST TIME 01/29/24.

1 AN ACT Relating to increasing access to human immunodeficiency
2 virus postexposure prophylaxis drugs or therapies; amending RCW
3 70.41.480; reenacting and amending RCW 41.05.017; adding a new
4 section to chapter 70.41 RCW; adding a new section to chapter 48.43
5 RCW; and adding a new section to chapter 74.09 RCW.

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

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 70.41
8 RCW to read as follows:

9 (1) A hospital must adopt a policy and have procedures in place,
10 that conform with the guidelines issued by the centers for disease
11 control and prevention, for the dispensing of human immunodeficiency
12 virus postexposure prophylaxis drugs or therapies.

13 (2) This policy must ensure that hospital staff dispense to a
14 patient, with a patient's informed consent, a 28-day supply of human
15 immunodeficiency virus postexposure prophylaxis drugs or therapies
16 following the patient's possible exposure to human immunodeficiency
17 virus, unless medically contraindicated.

18 (3) Nothing in this section shall be construed to alter the
19 process for reimbursement of postexposure prophylaxis drugs through:

20 (a) The crime victims' compensation program, established in
21 chapter 7.68 RCW, for drugs dispensed to sexual assault victims; or

1 (b) The industrial insurance act for drugs dispensed to a worker
2 exposed to the human immunodeficiency virus through the course of
3 employment.

4 **Sec. 2.** RCW 70.41.480 and 2022 c 25 s 1 are each amended to read
5 as follows:

6 (1) The legislature finds that high quality, safe, and
7 compassionate health care services for patients of Washington state
8 must be available at all times. The legislature further finds that
9 there is a need for patients being released from hospital emergency
10 departments to maintain access to emergency medications when
11 community or hospital pharmacy services are not available, including
12 medication for opioid overdose reversal and for the treatment for
13 opioid use disorder as appropriate. It is the intent of the
14 legislature to accomplish this objective by allowing practitioners
15 with prescriptive authority to prescribe limited amounts of
16 prepackaged emergency medications to patients being discharged from
17 hospital emergency departments when access to community or outpatient
18 hospital pharmacy services is not otherwise available.

19 (2) A hospital may allow a practitioner to prescribe prepackaged
20 emergency medications and allow a practitioner or a registered nurse
21 licensed under chapter 18.79 RCW to distribute prepackaged emergency
22 medications to patients being discharged from a hospital emergency
23 department in the following circumstances:

24 (a) During times when community or outpatient hospital pharmacy
25 services are not available within 15 miles by road; ~~((or))~~

26 (b) When, in the judgment of the practitioner and consistent with
27 hospital policies and procedures, a patient has no reasonable ability
28 to reach the local community or outpatient pharmacy; or

29 (c) When a patient is identified as needing human
30 immunodeficiency virus postexposure prophylaxis drugs or therapies.

31 (3) A hospital may only allow this practice if: The director of
32 the hospital pharmacy, in collaboration with appropriate hospital
33 medical staff, develops policies and procedures regarding the
34 following:

35 (a) Development of a list, preapproved by the pharmacy director,
36 of the types of emergency medications to be prepackaged and
37 distributed;

1 (b) Assurances that emergency medications to be prepackaged
2 pursuant to this section are prepared by a pharmacist or under the
3 supervision of a pharmacist licensed under chapter 18.64 RCW;

4 (c) Development of specific criteria under which emergency
5 prepackaged medications may be prescribed and distributed consistent
6 with the limitations of this section;

7 (d) Assurances that any practitioner authorized to prescribe
8 prepackaged emergency medication or any nurse authorized to
9 distribute prepackaged emergency medication is trained on the types
10 of medications available and the circumstances under which they may
11 be distributed;

12 (e) Procedures to require practitioners intending to prescribe
13 prepackaged emergency medications pursuant to this section to
14 maintain a valid prescription either in writing or electronically in
15 the patient's records prior to a medication being distributed to a
16 patient;

17 (f) Establishment of a limit of no more than a 48 hour supply of
18 emergency medication as the maximum to be dispensed to a patient,
19 except when community or hospital pharmacy services will not be
20 available within 48 hours (~~(. In no case may the policy allow a supply~~
21 ~~exceeding 96 hours be dispensed)), or when antibiotics or human
22 immunodeficiency virus postexposure prophylaxis drugs or therapies
23 are required;~~

24 (g) Assurances that prepackaged emergency medications will be
25 kept in a secure location in or near the emergency department in such
26 a manner as to preclude the necessity for entry into the pharmacy;
27 and

28 (h) Assurances that nurses or practitioners will distribute
29 prepackaged emergency medications to patients only after a
30 practitioner has counseled the patient on the medication.

31 (4) The delivery of a single dose of medication for immediate
32 administration to the patient is not subject to the requirements of
33 this section.

34 (5) Nothing in this section restricts the authority of a
35 practitioner in a hospital emergency department to distribute opioid
36 overdose reversal medication under RCW 69.41.095.

37 (6) A practitioner or a nurse in a hospital emergency department
38 must dispense or distribute opioid overdose reversal medication in
39 compliance with RCW 70.41.485.

40 (7) For purposes of this section:

1 (a) "Emergency medication" means any medication commonly
2 prescribed to emergency department patients, including those drugs,
3 substances or immediate precursors listed in schedules II through V
4 of the uniform controlled substances act, chapter 69.50 RCW, as now
5 or hereafter amended.

6 (b) "Distribute" means the delivery of a drug or device other
7 than by administering or dispensing.

8 (c) "Opioid overdose reversal medication" has the same meaning as
9 provided in RCW 69.41.095.

10 (d) "Practitioner" means any person duly authorized by law or
11 rule in the state of Washington to prescribe drugs as defined in RCW
12 18.64.011(29).

13 (e) "Nurse" means a registered nurse or licensed practical nurse
14 as defined in chapter 18.79 RCW.

15 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.43
16 RCW to read as follows:

17 (1) Except as provided in subsection (2) of this section, for
18 nongrandfathered health plans issued or renewed on or after January
19 1, 2025, a health carrier may not impose cost sharing or require
20 prior authorization for the drugs that comprise at least one regimen
21 recommended by the centers for disease control and prevention for
22 human immunodeficiency virus postexposure prophylaxis.

23 (2) For a health plan that is offered as a qualifying health plan
24 for a health savings account, the health carrier must establish the
25 plan's cost sharing for the coverage required by this section at the
26 minimum level necessary to preserve the enrollee's ability to claim
27 tax exempt contributions and withdrawals from the enrollee's health
28 savings account under the internal revenue service laws and
29 regulations.

30 NEW SECTION. **Sec. 4.** A new section is added to chapter 74.09
31 RCW to read as follows:

32 All medicaid contracted managed care organizations shall provide
33 coverage without prior authorization for the drugs that comprise at
34 least one regimen recommended by the centers for disease control and
35 prevention for human immunodeficiency virus postexposure prophylaxis.

36 **Sec. 5.** RCW 41.05.017 and 2022 c 236 s 3, 2022 c 228 s 2, and
37 2022 c 10 s 2 and are each reenacted and amended to read as follows:

1 Each health plan that provides medical insurance offered under
2 this chapter, including plans created by insuring entities, plans not
3 subject to the provisions of Title 48 RCW, and plans created under
4 RCW 41.05.140, are subject to the provisions of RCW 48.43.500,
5 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545,
6 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128,
7 48.43.780, 48.43.435, 48.43.815, section 3 of this act, and chapter
8 48.49 RCW.

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