Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

SSB 6183

Brief Description: Concerning coverage for HIV antiviral drugs.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Liias, Harris, Bateman, Cleveland, Wilson, C., Dhingra, Hasegawa, Nobles, Pedersen, Saldaña, Stanford, Trudeau and Valdez).

Brief Summary of Substitute Bill

- Requires health plans, including health plans offered to public and school employees, to provide coverage for all FDA approved HIV antiviral drugs without prior authorization, step therapy, or any other utilization management protocols, subject to certain limitations.

Hearing Date: 2/24/26

Staff: Kim Weidenaar (786-7120).

Background:

HIV Antivirals.
HIV antiviral drugs are used for treatment for those with HIV to suppress the virus, and for prevention by HIV-negative individuals at risk of contracting HIV. The federal Food and Drug Administration (FDA) has approved a variety of classes of HIV antiviral medications.

Utilization Management.
Prescription drug utilization management is a set of formal techniques used by a health plan, carrier, or pharmacy benefit manager (PBM) that are designed to monitor the use of or evaluate the medical necessity, appropriateness, efficacy, or efficiency of prescription drugs including prior authorization and step therapy protocols. Prior authorization is a mandatory health plan

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process requiring providers to obtain approval from health plans, carriers, or PBMs before delivering specific treatments, services, or prescriptions to ensure coverage. Step therapy is a protocol or program that establishes the specific sequence in which prescription drugs for a specified medical condition will be covered by a health plan, carrier, or PBM. When a prescription drug is part of the step therapy program, the covered person must have tried certain drugs before the plan will cover the prescribed drug.

Medicaid HIV Antiviral Coverage Requirements.
The Health Care Authority must provide coverage to enrollees in medical assistance programs for all HIV antiviral drugs approved by the FDA without prior authorization or step therapy. The 2023-25 Operating Budget directed the Authority to cover all federal FDA-approved drugs used to treat HIV or for pre- and post-exposure prophylaxis without prior authorization. Beginning in 2025, the Health Care Authority must provide coverage for Medicaid program enrollees for all HIV antiviral drugs approved by the FDA without prior authorization or step therapy.

Summary of Bill:

For health plans, including health plans offered to public and school employees, issued or renewed on or after January 1, 2027, health carriers must provide coverage for all FDA-approved HIV antiviral drugs without prior authorization, step therapy, or any other utilization management protocols (collectively referred to as utilization management). If the FDA has approved one or more therapeutic equivalents of a drug, device, or product for the prevention or treatment of HIV, a plan is not required to cover all therapeutically equivalent versions without utilization management as long as one is covered without utilization management.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.