HOUSE BILL REPORT
SSB 6183

As Passed House:
March 3, 2026

Title: An act relating to coverage for HIV antiviral drugs.

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 History:
Committee Activity:
Health Care & Wellness: 2/24/26, 2/25/26 [DP].
Floor Activity:
Passed House: 3/3/26, 93-1.

Brief Summary of Substitute Bill

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

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 18 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Schmick, Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Valdez, Assistant Ranking Minority Member; Davis, Engell, Low, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe and Thai.

Staff: Kim Weidenaar (786-7120).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

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 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 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 (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 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.

Staff Summary of Public Testimony:

(In support) This bill is part of the continuing work to end AIDS and HIV in Washington. Unfortunately, even today, 550 to 600 people are newly diagnosed with HIV each year in Washington, despite it being a preventable condition in our country. One in three of new cases is diagnosed late because of the stigma associated with HIV and AIDS. For individuals diagnosed late, the kind of medication they are prescribed is very important. While utilization management and step therapy is important, where appropriate, if someone has a late-stage HIV diagnosis and is at risk for AIDS, that is not a time to delay their access to the care. This policy change was made for Medicaid plans through the budget several years ago and by statute last year. That law has had a positive impact. This bill takes one more step toward making sure people can get access to the medication they need when they need it, and hopefully can help us end HIV in Washington once and for all.

(Opposed) None.

Persons Testifying: Senator Marko Liias, prime sponsor.

Persons Signed In To Testify But Not Testifying: None.