SENATE BILL REPORT
SB 6183

As Reported by Senate Committee On:
Health & Long-Term Care, January 27, 2026

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

Brief Description: Concerning coverage for HIV antiviral drugs.

Sponsors: Senators Liias, Harris, Bateman, Cleveland, Wilson, C., Dhingra, Hasegawa, Nobles, Pedersen, Saldaña, Stanford, Trudeau and Valdez.

Brief History:
Committee Activity: Health & Long-Term Care: 1/22/26, 1/27/26 [DPS, w/oRec].

Brief Summary of First Substitute Bill

- Requires health plans to cover all HIV antiviral drugs without requiring utilization management protocols.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6183 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Orwall, Vice Chair; Slatter, Vice Chair; Muzzall, Ranking Member; Bateman, Chapman, Harris, Holy, Riccelli and Robinson.

Minority Report: That it be referred without recommendation.

Signed by Senator Christian.

Staff: Greg Attanasio (786-7410)

Background: 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 single and multi-

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pill options required to be taken daily, as well as longer lasting injectable drugs typically lasting one to two months and new versions lasting up to six months.

Prior authorization is the requirement that a health care provider seek approval of a drug, procedure, or test before seeking reimbursement from a health carrier. Step therapy is a form of prior authorization whereby health carriers approve a prescription drug or class of drugs for a medical condition based on cost effectiveness and treatment best practices. Step therapy requires the patient to begin treatment with the approved drug. If the patient fails to respond to the drug or experiences an adverse effect, then coverage is allowed for another drug prescribed by the patient's health care provider.

Summary of Bill (First Substitute): For health plans, including plans offered to public employees, issued or renewed on or after January 1, 2027, a health carrier shall provide coverage for all FDA approved HIV antiviral drugs without prior authorization, step therapy, or any other utilization management protocols.

If the FDA has approved one or more therapeutic equivalents of a drug, device, or product for the prevention or treatment of HIV, this act does not require a health plan to cover all of the therapeutically equivalent versions without prior authorization, step therapy, or any other utilization management protocols, if at least one therapeutically equivalent version is covered without prior authorization, step therapy, or any other utilization management protocols.

EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (First Substitute):

- Clarifies that carriers and health plans offered to public employees must only cover one version of a therapeutically equivalent drug to treat or prevent HIV without prior authorization or step therapy.

Appropriation: None.

Fiscal Note: Requested on January 16, 2026.

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

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

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: The bill does a good job of balancing drug costs and patient access. This is already required in Medicaid and can work in the commercial market also. It is important to get people on treatment as quickly as possible and prior authorization or other barriers can dramatically alter the course of the disease. Delays in access to medication can complicate maintaining virus suppression.

Persons Testifying: PRO: Senator Marko Liias, Prime Sponsor; Omni Romero.

Persons Signed In To Testify But Not Testifying: No one.