

SENATE BILL REPORT

SB 6303

As of January 30, 2020

Title: An act relating to testing and treatment for sexually transmitted infections.

Brief Description: Concerning testing and treatment for sexually transmitted infections.

Sponsors: Senators Lias, Cleveland, Randall, Pedersen, Wilson, C., Frockt, Lovelett, Saldaña and Stanford.

Brief History:

Committee Activity: Health & Long Term Care: 1/31/20.

Brief Summary of Bill

- Permits pharmacists to dispense pre-exposure prophylaxis and post-exposure prophylaxis without a prescription under certain circumstances.
- Creates a human immunodeficiency virus testing pilot project in the King County Correctional Facility.
- Creates a work group to recommend initiatives to address sexually transmitted infection outbreaks.
- Directs the Office of the Insurance Commissioner to provide a report on insurance coverage for sexually transmitted disease testing and treatment.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Greg Attanasio (786-7410)

Background: Pre-exposure prophylaxis (PrEP) is a prevention method used by people who are Human Immunodeficiency Virus (HIV)-negative and at high risk for being exposed to HIV through sexual contact or injection drug use. When someone is exposed to HIV through sex or injection drug use, PrEP works to keep the virus from establishing an infection. The Department of Health (DOH) offers a Pre-Exposure Prophylaxis Drug Assistance Program to assist with the cost of the medication and testing.

Post-exposure prophylaxis (PEP) refers to the use of antiretroviral drugs for people who are HIV-negative after a single high-risk exposure to stop HIV infection. The drug must be

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started within 72 hours of a possible exposure and continued for four weeks. Both PrEP and PEP are available by prescription only.

In Washington, sexually transmitted infections (STIs) are the most commonly reported of all communicable diseases. STIs comprised 72 percent of notifiable diseases or conditions reported to DOH. DOH provides annual reports on STIs including morbidity data and incidence rates by county, on STIs including chlamydia, gonorrhea, syphilis, and herpes simplex-initial genital infection. DOH also provides treatment guidelines, information concerning access to testing and treatment, and guidance on expedited partner therapy.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): Dispensing Pre-Exposure Prophylaxis. A licensed pharmacist may dispense up to a 60 day supply of PrEP without a prescription if:

- the pharmacist completed appropriate training offered by the Pharmacy Quality Assurance Commission;
- the patient provides evidence they are HIV-negative;
- the patient does not report any symptoms of acute HIV infection;
- the patient does not report taking any contraindicated medication; and
- the pharmacist provides counseling on the ongoing use of PrEP.

Upon dispensing PrEP, the pharmacist must notify the patient that they must be seen by a primary care provider for a prescription beyond the 60 days. The pharmacist must also notify the patient's primary care provider or provide a list of providers to the patient for continued care.

Dispensing Post-Exposure Prophylaxis. A licensed pharmacist may dispense a full course of treatment of PEP without a prescription if:

- the pharmacist completed appropriate training offered by the Pharmacy Quality Assurance Commission;
- the patient indicates they have been exposed to HIV within the past 72 hours and otherwise meets the clinical criteria for PEP; and
- the pharmacist provides counseling on the ongoing use of PEP.

Upon dispensing PEP, the pharmacist must notify the patient's primary care provider or provide a list of providers to the patient for continued care.

Health plans must provide coverage for PrEP and PEP when dispensed in accordance with this act.

Pilot Project. A 12 month pilot project is established wherein the King County HIV/STD program will test every inmate upon booking in the King County Correctional Facility for HIV. If the individual tests positive, program staff will ensure rapid provision of HIV care and ensure testing of the individual's sexual and needle-sharing partners.

Department of Health Work Group. A work group is established to make recommendations concerning funding and policy initiatives to address the spread of STIs in Washington. The work group must provide a report to the Legislature by December 1, 2020 to:

- eradicate congenital syphilis and hepatitis B by 2030;
- control the spread of gonorrhea, syphilis, and chlamydia; and
- end the need for confirmatory syphilis testing by the public health lab.

Office of the Insurance Commission Report. By December 1, 2020, the Office of the Insurance Commissioner must provide a report to the Legislature concerning insurance coverage for STI testing and treatment. The report must include recommendations to:

- address gaps in coverage for expedited partner therapy;
- provide coverage for more frequent STI testing for at-risk populations;
- provide coverage for syphilis testing to pregnant women in their third trimester; and
- provide access to STI testing, prevention, and treatment for undocumented communities.

Appropriation: None.

Fiscal Note: Requested on January 27, 2020.

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

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