

SSB 6127 - S AMD 554
By Senator Liiias

ADOPTED 02/07/2024

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 70.41
4 RCW to read as follows:

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

9 (2) This policy must ensure that hospital staff dispense or
10 deliver to a patient, with a patient's informed consent, a five-day
11 supply of human immunodeficiency virus postexposure prophylaxis drugs
12 or therapies following the patient's possible exposure to human
13 immunodeficiency virus, unless medically contraindicated,
14 inconsistent with care and treatment standards, or inconsistent with
15 centers for disease control and prevention guidelines. When
16 available, hospitals shall dispense or deliver generic human
17 immunodeficiency virus postexposure prophylaxis drugs or therapies.

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

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

23 (b) The industrial insurance act for drugs dispensed or delivered
24 to a worker exposed to the human immunodeficiency virus through the
25 course of employment.

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

28 (1) The legislature finds that high quality, safe, and
29 compassionate health care services for patients of Washington state
30 must be available at all times. The legislature further finds that
31 there is a need for patients being released from hospital emergency

1 departments to maintain access to emergency medications when
2 community or hospital pharmacy services are not available, including
3 medication for opioid overdose reversal and for the treatment for
4 opioid use disorder as appropriate. It is the intent of the
5 legislature to accomplish this objective by allowing practitioners
6 with prescriptive authority to prescribe limited amounts of
7 prepackaged emergency medications to patients being discharged from
8 hospital emergency departments when access to community or outpatient
9 hospital pharmacy services is not otherwise available.

10 (2) A hospital may allow a practitioner to prescribe prepackaged
11 emergency medications and allow a practitioner or a registered nurse
12 licensed under chapter 18.79 RCW to distribute prepackaged emergency
13 medications to patients being discharged from a hospital emergency
14 department in the following circumstances:

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

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

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

22 (3) A hospital may only allow this practice if: The director of
23 the hospital pharmacy, in collaboration with appropriate hospital
24 medical staff, develops policies and procedures regarding the
25 following:

26 (a) Development of a list, preapproved by the pharmacy director,
27 of the types of emergency medications to be prepackaged and
28 distributed;

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

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

35 (d) Assurances that any practitioner authorized to prescribe
36 prepackaged emergency medication or any nurse authorized to
37 distribute prepackaged emergency medication is trained on the types
38 of medications available and the circumstances under which they may
39 be distributed;

1 (e) Procedures to require practitioners intending to prescribe
2 prepackaged emergency medications pursuant to this section to
3 maintain a valid prescription either in writing or electronically in
4 the patient's records prior to a medication being distributed to a
5 patient;

6 (f) Establishment of a limit of no more than a 48 hour supply of
7 emergency medication as the maximum to be dispensed to a patient,
8 except when community or hospital pharmacy services will not be
9 available within 48 hours (~~(. In no case may the policy allow a supply~~
10 ~~exceeding 96 hours be dispensed)~~), or when antibiotics or human
11 immunodeficiency virus postexposure prophylaxis drugs or therapies
12 are required;

13 (g) Assurances that prepackaged emergency medications will be
14 kept in a secure location in or near the emergency department in such
15 a manner as to preclude the necessity for entry into the pharmacy;
16 and

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

20 (4) The delivery of a single dose of medication for immediate
21 administration to the patient is not subject to the requirements of
22 this section.

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

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

29 (7) For purposes of this section:

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

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

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

1 (d) "Practitioner" means any person duly authorized by law or
2 rule in the state of Washington to prescribe drugs as defined in RCW
3 18.64.011(29).

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

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

8 (1) Except as provided in subsection (2) of this section, for
9 nongrandfathered health plans issued or renewed on or after January
10 1, 2025, a health carrier may not impose cost sharing or require
11 prior authorization for the drugs that comprise at least one regimen
12 recommended by the centers for disease control and prevention for
13 human immunodeficiency virus postexposure prophylaxis.

14 (2) For a health plan that is offered as a qualifying health plan
15 for a health savings account, the health carrier must establish the
16 plan's cost sharing for the coverage required by this section at the
17 minimum level necessary to preserve the enrollee's ability to claim
18 tax exempt contributions and withdrawals from the enrollee's health
19 savings account under the internal revenue service laws and
20 regulations.

21 (3) Notwithstanding the coverage requirements of this section, a
22 health plan shall reimburse a hospital that bills for a five-day
23 supply of any human immunodeficiency virus postexposure prophylaxis
24 drugs or therapies dispensed or delivered to a patient in the
25 emergency department for take-home use, pursuant to section 1 of this
26 act, as a separate reimbursable expense. This reimbursable expense is
27 separate from any bundled payment for emergency department services.

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

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

35 (2) Notwithstanding the coverage requirements of this section, a
36 medicaid contracted managed care organization shall reimburse a
37 hospital that bills for a five-day supply of any human
38 immunodeficiency virus postexposure prophylaxis drugs or therapies

1 dispensed or delivered to a patient in the emergency department for
2 take-home use, pursuant to section 1 of this act, as a separate
3 reimbursable expense. This reimbursable expense is separate from any
4 bundled payment for emergency department services.

5 **Sec. 5.** RCW 41.05.017 and 2022 c 236 s 3, 2022 c 228 s 2, and
6 2022 c 10 s 2 and are each reenacted and amended to read as follows:

7 Each health plan that provides medical insurance offered under
8 this chapter, including plans created by insuring entities, plans not
9 subject to the provisions of Title 48 RCW, and plans created under
10 RCW 41.05.140, are subject to the provisions of RCW 48.43.500,
11 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545,
12 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128,
13 48.43.780, 48.43.435, 48.43.815, section 3 of this act, and chapter
14 48.49 RCW.

15 NEW SECTION. **Sec. 6.** This act takes effect January 1, 2025."

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16 On page 1, line 2 of the title, after "therapies;" strike the
17 remainder of the title and insert "amending RCW 70.41.480; reenacting
18 and amending RCW 41.05.017; adding a new section to chapter 70.41
19 RCW; adding a new section to chapter 48.43 RCW; adding a new section
20 to chapter 74.09 RCW; and providing an effective date."

EFFECT: (1) Changes the requirement for hospitals to dispense or deliver PEP from a 28-day supply to a five-day supply.

(2) Clarifies circumstances when PEP may not be dispensed or delivered, including if it is inconsistent with treatment standards or CDC guidelines.

(3) Directs hospitals to dispense or deliver generic medications when available.

(4) Requires carriers, Medicaid, and PEBB/SEBB to reimburse hospitals, as a separate expense, for a five-day supply of any PEP drugs dispensed in the emergency department pursuant to this act.

(5) Sets an effective date of January 1, 2025.

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