

FINAL BILL REPORT

ESSB 6127

C 251 L 24
Synopsis as Enacted

Brief Description: Increasing access to human immunodeficiency virus postexposure prophylaxis drugs or therapies.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Lias, Rivers, Muzzall, Randall, Frame, Hasegawa, Kuderer, Lovick, Nobles and Pedersen).

Senate Committee on Health & Long Term Care
House Committee on Health Care & Wellness

Background: Post-exposure prophylaxis, or PEP, is the commonly used term for a drug regime taken within 72 hours after a possible exposure to human immunodeficiency virus (HIV) to prevent HIV infection. The Centers for Disease Control and Prevention (CDC) has developed guidelines for the administration of PEP, which includes prescribing a 28-day course of treatment after a patient reports exposure to bodily fluids, the source of which is known to be HIV positive, within the last 72 hours and that exposure presents a substantial risk for transmission. A case-by-case determination is recommended when the HIV infection status of the source of the body fluids is unknown and the circumstances of the reported exposure presents a substantial risk for transmission.

Summary: Hospitals must adopt a policy, consistent with CDC guidelines, for dispensing or delivering PEP. This policy must ensure that hospital staff dispense or deliver to a patient, with a patient's informed consent, a 28-day supply of PEP drugs or therapies following the patient's possible exposure to HIV, unless medically contraindicated, inconsistent with accepted standards of care, or inconsistent with CDC guidelines. This requirement does not affect reimbursement for PEP drugs through the Crime Victims Compensation Program or the Industrial Insurance Act.

Beginning in 2025, non-grandfathered health plans, including those offered to public employees, and Medicaid may not impose cost sharing or require prior authorization for the drugs that comprise at least one regimen recommended by the CDC for HIV PEP drugs. For health plans with a health savings account (HSA) the carrier must set the cost-sharing

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amount at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions and withdrawals from the HSA.

Notwithstanding the coverage requirements, health plans, including those offered to public employees, and Medicaid, must reimburse hospitals, as a separate expense, for a 28-day supply of any PEP drugs or therapies dispensed or delivered to a patient in the emergency department for take-home use.

Votes on Final Passage:

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| Senate | 49 | 0 | |
| House | 95 | 0 | (House amended) |
| Senate | 48 | 0 | (Senate concurred) |

Effective: January 1, 2025