

ESSB 6127 - H COMM AMD

By Committee on Health Care & Wellness

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 as defined in RCW 18.64.011 to a patient, with a patient's
11 informed consent, a 28-day supply of human immunodeficiency virus
12 postexposure prophylaxis drugs or therapies following the patient's
13 possible exposure to human immunodeficiency virus, unless medically
14 contraindicated, inconsistent with accepted standards of care, or
15 inconsistent with centers for disease control and prevention
16 guidelines. When available, hospitals shall dispense or deliver
17 generic human immunodeficiency virus postexposure prophylaxis drugs
18 or therapies.

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

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

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

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

29 (1) The legislature finds that high quality, safe, and
30 compassionate health care services for patients of Washington state

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

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

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

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

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

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

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

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

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

37 (d) Assurances that any practitioner authorized to prescribe
38 prepackaged emergency medication or any nurse authorized to
39 distribute prepackaged emergency medication is trained on the types

1 of medications available and the circumstances under which they may
2 be distributed;

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

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

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

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

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

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

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

31 (7) For purposes of this section:

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

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

39 (c) "Opioid overdose reversal medication" has the same meaning as
40 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 28-day supply
23 of any human immunodeficiency virus postexposure prophylaxis drugs or
24 therapies dispensed or delivered to a patient in the emergency
25 department for take-home use, pursuant to section 1 of this act, as a
26 separate reimbursable expense. This reimbursable expense is separate
27 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) The authority and all medicaid contracted managed care
31 organizations shall provide coverage without prior authorization for
32 the drugs that comprise at least one regimen recommended by the
33 centers for disease control and prevention for human immunodeficiency
34 virus postexposure prophylaxis.

35 (2) Notwithstanding the coverage requirements of this section,
36 the authority or a medicaid contracted managed care organization
37 shall reimburse a hospital that bills for a 28-day supply of any
38 human immunodeficiency virus postexposure prophylaxis drugs or

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

16 Correct the title.

EFFECT: Modifies the requirement for hospitals to dispense or deliver postexposure prophylaxis (PEP) drugs or therapies and the corresponding reimbursement provisions from a five-day supply to a 28-day supply.

Modifies the circumstances in which a hospital is not required to dispense postexposure prophylaxis drugs or therapies by replacing "when inconsistent with care and treatment standards" with "when inconsistent with accepted standards of care."

Applies the prior authorization prohibition and the requirement to separately reimburse hospitals for dispensing PEP to the Health Care Authority.

Defines "dispense" and "deliver."

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