S-5327.1

SENATE BILL 6303

State of Washington 66th Legislature 2020 Regular Session

By Senators Liias, Cleveland, Randall, Pedersen, Wilson, C., Frockt, Lovelett, Saldaña, and Stanford

Read first time 01/15/20. Referred to Committee on Health & Long Term Care.

AN ACT Relating to testing and treatment for sexually transmitted infections; adding new sections to chapter 70.24 RCW; adding a new section to chapter 48.43 RCW; creating new sections; providing an effective date; and providing expiration dates.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** A new section is added to chapter 70.24 RCW to read as follows:

(1) A pharmacist licensed under chapter 18.64 RCW who completes a training program described in subsection (3) of this section may dispense up to a sixty-day supply of HIV preexposure prophylaxis without a prescription if:

(a) The patient provides evidence that they are HIV negative, as documented by a negative HIV test result obtained within the previous seven days from an HIV antigen/antibody test or antibody-only test or from a rapid, point-of-care fingerstick blood test approved by the federal food and drug administration;

(b) The patient does not report any signs or symptoms of acute HIV infection on a self-reported checklist of acute HIV infection signs and symptoms;

(c) The patient does not report taking any contraindicated medications; and

(d) The pharmacist provides counseling to the patient on the ongoing use of preexposure prophylaxis including, but not limited to, education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted infections, and pregnancy for individuals of child-bearing capacity.

(2) Upon dispensing HIV preexposure prophylaxis pursuant to subsection (1) of this section, a pharmacist must:

(a) Notify the patient that the patient must be seen by a primary care provider to receive subsequent prescriptions for preexposure prophylaxis and that a pharmacist may not provide a sixty-day supply of preexposure prophylaxis to a single patient more than once every two years;

(b) Notify the patient's primary care provider that the pharmacist dispensed preexposure prophylaxis to the patient. If the patient does not have a primary care provider, the pharmacist must provide the patient with a list of providers to contact regarding ongoing care for preexposure prophylaxis; and

(c) Maintain a record of preexposure prophylaxis dispensed to each patient.

(3) The pharmacy quality assurance commission, in consultation with the Washington medical commission, must develop and offer training to pharmacists on the use of preexposure prophylaxis. The training must include information about available financial assistance programs.

(4) For purposes of this section, "preexposure prophylaxis" means a fixed-dose combination of tenofovir disoproxil fumarate (three hundred milligrams) with emtricitabine (two hundred milligrams), or another drug or drug combination determined by the pharmacy quality assurance commission to meet the same clinical eligibility recommendations provided in the centers for disease control and prevention's 2017 preexposure prophylaxis for the prevention of HIV infection in the United States—2017 update: A clinical practice guideline, or any subsequent guidelines published by the centers for disease control and prevention.

(5) The pharmacy quality assurance commission may adopt rules necessary for the implementation of this section.

NEW SECTION. **Sec. 2.** A new section is added to chapter 70.24 RCW to read as follows:

(1) A pharmacist licensed under chapter 18.64 RCW who completes a training program described in subsection (3) of this section may dispense a complete course of HIV postexposure prophylaxis without a prescription if:

(a) The patient indicates they have been exposed to HIV within the previous seventy-two hours and the patient otherwise meets the clinical criteria for postexposure prophylaxis consistent with centers for disease control and prevention guidelines;

(b) The pharmacist provides HIV testing that is classified as waived under the federal clinical laboratory improvement amendments of 1988 (42 U.S.C. Sec. 263a) or determines the patient is willing to undergo HIV testing consistent with centers for disease control and prevention guidelines; and

(c) The pharmacist provides counseling to the patient on the use of postexposure prophylaxis consistent with centers for disease control and prevention guidelines including, but not limited to, education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV and sexually transmitted infections.

(2) Upon dispensing HIV postexposure prophylaxis pursuant to subsection (1) of this section, a pharmacist must notify the patient's primary care provider that the pharmacist provided postexposure prophylaxis to the patient. If the patient does not have a primary care provider, the pharmacist must provide the patient with a list of providers to contact regarding follow-up care for postexposure prophylaxis treatment.

(3) The pharmacy quality assurance commission, in consultation with the Washington medical commission, must develop and offer training to pharmacists on the use of postexposure prophylaxis. The training must include information about available financial assistance programs.

(4) For the purposes of this section, "postexposure prophylaxis" means:

(a) Tenofovir disoproxil fumarate (three hundred milligrams) with emtricitabine (two hundred milligrams), taken once daily, in combination with either raltegravir (four hundred milligrams), taken twice daily, or dolutegravir (fifty milligrams), taken once daily;

(b) Tenofovir disoproxil fumarate (three hundred milligrams) and emtricitabine (two hundred milligrams), taken once daily, in combination with darunavir (eight hundred milligrams) and ritonavir (one hundred milligrams), taken once daily; or

(c) Another drug or drug combination determined by the pharmacy quality assurance commission to meet the same clinical eligibility recommendations provided in the centers for disease control and prevention's updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016, or any subsequent guidelines, published by the centers for disease control and prevention.

(5) The pharmacy quality assurance commission may adopt rules necessary for the implementation of this section.

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

(1) Health plans shall provide coverage for HIV preexposure prophylaxis and postexposure prophylaxis including when obtained by an enrollee through the programs created in sections 1 and 2 of this act or prescribed by their provider.

(2) For the purposes of this section:

(a) "Preexposure prophylaxis" has the same meaning as in section 1 of this act; and

(b) "Postexposure prophylaxis" has the same meaning as in section 2 of this act.

NEW SECTION. **Sec. 4.** A new section is added to chapter 70.24 RCW to read as follows:

(1) The department must partner with the King county HIV/STD program and the King county correctional facility to conduct a twelve-month pilot project wherein all inmates who are booked into the correctional facility will be given a rapid HIV test and a hepatitis C test after booking unless they explicitly refuse. The tests must be performed by an employee of the HIV/STD program. Any positive test must immediately be referred to public health department staff who will ensure the rapid provision of HIV and/or hepatitis C care and help ensure testing of the individual's sexual and needle-sharing partners.

(2) This section expires December 1, 2021.

NEW SECTION. **Sec. 5.** (1) A work group is established to make recommendations concerning funding and policy initiatives to address the spread of sexually transmitted infections in Washington. The work group membership must include, but not limited to, the following members appointed by the governor:

(a) A representative from the department of health office of infectious disease;

(b) A representative from the pharmacy quality assurance commission;

(c) A representative from the Washington medical commission;

(d) A representative from an organization representing health care providers;

(e) A representative from a local health jurisdiction located east of the Cascade mountains;

(f) A representative from a local health jurisdiction located west of the Cascade mountains;

(g) At least one representative from an organization working to address health care access barriers for LGBTQ populations;

(h) At least one representative from an organization working to address health care access barriers for communities of color; and

(i) At least one representative from an organization working to address health care access barriers for justice involved individuals.

(2) Staff support for the work group shall be provided by the department of health.

(3) The work group shall submit a report to the legislature by December 1, 2020, that includes recommendations to:

(a) Eradicate congenital syphilis and hepatitis B by 2030;

(b) Control the spread of gonorrhea, syphilis, and chlamydia; and

(c) End the need for confirmatory syphilis testing by the public health laboratory.

(4) Recommendations provided by the work group must be prioritized based on need and available funding.

(5) This section expires December 1, 2021.

NEW SECTION. **Sec. 6.** (1) The pharmacy quality assurance commission shall, in consultation with the Washington medical commission and the office of laboratory quality assurance, develop strategies to increase access to sexually transmitted infection testing and treatment at pharmacies. Strategies may include, but are not limited to, training initiatives, pharmacy-based sexually

transmitted infection testing, and the utilization of standing orders for sexually transmitted infection treatment.

(2) Within existing authority, the pharmacy quality assurance commission shall adopt rules to implement agreed upon strategies.

(3) By December 1, 2020, the commission shall submit a report to the legislature providing an update on the rule-making process and providing recommendations for legislative action.

(4) This section expires December 1, 2021.

NEW SECTION. **Sec. 7.** (1) By December 1, 2020, the office of the insurance commissioner shall provide a report to the relevant committees of the legislature concerning insurance coverage for sexually transmitted infection testing and treatment. The report must include recommendations to:

(a) Address gaps in coverage for expedited partner therapy;

(b) Provide coverage for more frequent sexually transmitted infection testing for at-risk populations, including those who use preexposure prophylaxis and people living with HIV;

(c) Provide coverage for syphilis screening to pregnant women in their third trimester of pregnancy; and

(d) Provide access to sexually transmitted infection testing, prevention, and treatment for undocumented communities.

(2) This section expires December 1, 2021.

NEW SECTION. **Sec. 8.** Sections 1 and 2 of this act take effect July 1, 2021.

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