Public Policy & PEP Case studies from Oregon and Washington

PUBLIC POLICY

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& ADVOCACY

Issues

- ► Provider competence & bias
- ▶ Pharmacy PEP availability
- ► High cost-sharing and/or prior authorization



Coalition

- ► HIV-services providers
- ► LGBTQ+ organizations
- Sexual-assault survivor advocates
- ► Healthcare-worker unions
- ► First responders



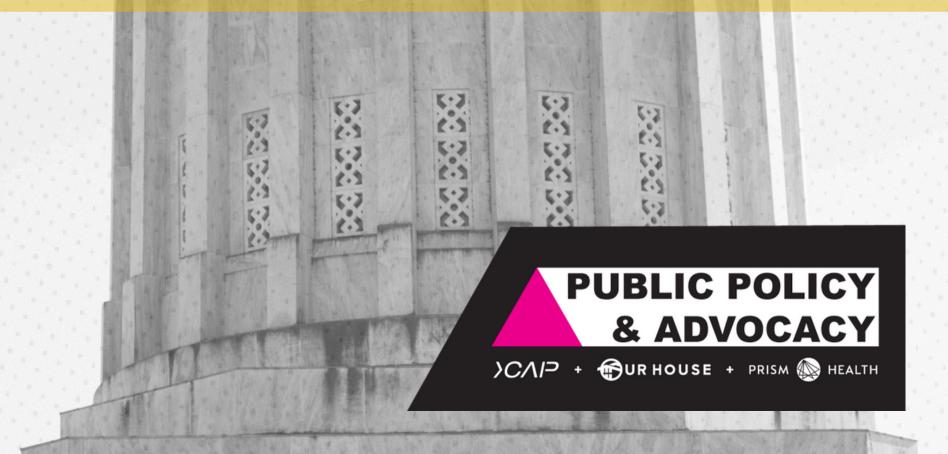
Oregon (HB 2574)

- ▶ Requires hospitals to have policy on PEP
- ▶ Directs and funds state health agency to provide one 30-day supply of PEP medications to each small, rural hospital annually
- Mandates that hospitals dispense at least a five-day supply of PEP medications to patients on-site
- Prohibits cost-sharing or prior-authorization for PEP medications on state-regulated health plans



Washington (SB 6127)

- Requires hospitals to have policy on PEP
- ► Mandates that hospitals dispense a 28-day supply of PEP medications to patients on-site
- ► Prohibits cost-sharing or prior-authorization for at least one PEP regimen for state-regulated health plans and Medicaid



Considerations

- Hospital licensure vs. scope of practice
- Fiscal impact
- Dispensing limits
- Special funding sources



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