



Senate

General Assembly

File No. 432

January Session, 2023

Substitute Senate Bill No. 1068

Senate, April 4, 2023

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING A HUMAN IMMUNODEFICIENCY VIRUS PRE-EXPOSURE PROPHYLAXIS AND POST-EXPOSURE PROPHYLAXIS DRUG ASSISTANCE PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-112h of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) The Commissioner of Public Health shall establish and contract
4 for the administration of a [program using AIDS Services funding to
5 provide financial assistance to victims of sexual assault for drugs
6 prescribed by a physician for nonoccupational post-exposure
7 prophylaxis for human immunodeficiency virus consistent with
8 recommendations of the National Centers for Disease Control and
9 Prevention and the state of Connecticut Technical Guidelines for Health
10 Care Response to Victims of Sexual Assault. The commissioner shall
11 give priority for benefits under the program established pursuant to this
12 section to sexual assault victims who are uninsured or underinsured

13 and for whom the program is a payer of last resort. The commissioner
14 shall issue a request for proposal totaling twenty-five thousand dollars
15 annually to which a qualified organization may apply to administer the
16 program.] state-wide human immunodeficiency virus pre-exposure
17 prophylaxis and post-exposure prophylaxis drug assistance program
18 using appropriated AIDS Services funding, provided such funding is
19 equal to or greater than twenty-five thousand dollars annually. The
20 program shall provide financial assistance to individuals at risk of
21 acquiring human immunodeficiency for the purchase of pre-exposure
22 and post-exposure prophylaxis for human immunodeficiency virus
23 prescribed by a licensed physician consistent with the recommendations
24 of the National Centers for Disease Control and Prevention. For the
25 purposes of this subsection, "financial assistance" includes, but need not
26 be limited to, payments for out-of-pocket costs, copayments,
27 coinsurance, and up to full cost payments toward a deductible for
28 individuals who are underinsured and for whom the program is the
29 payer of last resort.

30 (b) The commissioner shall give priority for benefits under the
31 program established pursuant to this section to individuals who have
32 an increased risk of acquiring human immunodeficiency virus or who
33 have had a recent exposure to such virus, but are unable to purchase
34 pre-exposure and post-exposure prophylaxis for human
35 immunodeficiency virus and for whom the program is a payer of last
36 resort.

37 (c) The commissioner may adopt regulations in accordance with the
38 provisions of chapter 54 to implement the provisions of this section. The
39 commissioner may implement policies and procedures necessary to
40 administer the provisions of this section while in the process of adopting
41 such policies and procedures as regulations, provided notice of intent to
42 adopt regulations is published on the eRegulations System not later than
43 twenty days after the date of implementation. Policies and procedures
44 implemented pursuant to this section shall be valid until the time final
45 regulations are adopted.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-112h

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 24 \$	FY 25 \$
Public Health, Dept.	IF - Cost	25,000	25,000
Public Health, Dept.	IF - Savings	25,000	25,000
TOTAL	IF - None	None	None

Note: IF=Insurance Fund

Municipal Impact: None

Explanation

The bill, which requires the Department of Public Health to establish a statewide program providing human immunodeficiency virus pre- and post-exposure prophylaxis drug assistance, using appropriated AIDS Services account funding provided that it is equal to or greater than \$25,000 annually, and eliminates a victims of sexual assault post-exposure prophylaxis program costing \$25,000 annually, results in a net zero fiscal impact to the agency.

The Out Years

The fiscal impact identified above will continue into the future.

OLR Bill Analysis**sSB 1068*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING A HUMAN IMMUNODEFICIENCY VIRUS PRE-EXPOSURE PROPHYLAXIS AND POST-EXPOSURE PROPHYLAXIS DRUG ASSISTANCE PROGRAM.*****SUMMARY**

This bill requires the Department of Public Health (DPH) to establish and contract for a statewide program providing HIV pre- and post-exposure prophylaxis (PrEP and PEP) drug assistance, as long as there is at least \$25,000 of annual AIDS service funding for it. The bill's program replaces a current, narrower program providing \$25,000 in annual PEP funding for certain under- or uninsured sexual assault victims.

The new program must provide financial assistance to people at risk of acquiring HIV to help pay for these medications. This may include, among other things, (1) payments for copayments, coinsurance, or other out-of-pocket costs and (2) up to full cost payments toward deductibles for people who are underinsured and for whom the program is the payer of last resort.

DPH must give priority to people at increased risk of acquiring HIV or who have had a recent exposure, but are unable to purchase PrEP or PEP medication and for whom the program is a payer of last resort.

Similar to the current program, medications funded under the bill must be prescribed by a physician and consistent with the recommendations of the federal Centers for Disease Control and Prevention (CDC).

Lastly, the bill allows the DPH commissioner to adopt implementing regulations. She may also implement necessary policies and procedures to administer the program, as long as she posts her intent to adopt regulations in the eRegulations System within 20 days after their implementation. The policies and procedures remain in effect until the regulations are adopted.

EFFECTIVE DATE: Upon passage

BACKGROUND

PrEP and PEP

According to the CDC, PrEP is a way for people with substantial risk of contracting HIV to lower that risk by taking specified medication as either a daily pill or an injection every two months. When someone is exposed to HIV these medications can prevent the virus from causing a permanent infection.

PEP is the use of antiretroviral medications to lower the risk of contracting HIV after a single high-risk potential exposure. For maximum effectiveness, it should be taken as soon as possible after the exposure and must be taken within 72 hours.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 34 Nay 3 (03/20/2023)