ENROLLED ORIGINAL

AN ACT

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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To amend the Prohibition of Discrimination in the Provision of Insurance Act of 1986 to prohibit health benefit plans and health insurers from factoring the use of HIV prevention treatment in decisions related to the issuance of disability, life, or long-term care insurance policies, imposing cost sharing, prior authorization, or medically unnecessary restrictions on HIV prevention services, PEP, or any formulation of PrEP, and using prescription information for HIV prevention treatment for medical underwriting for individual patients; and to amend the Department of Health Functions Clarification Act of 2001 to establish a non-lapsing DC Health and Wellness Center Fund to collect revenue from insurance and out-of-pocket costs paid for services provided by the DC Health and Wellness Center and affiliated clinics, and to require the funds be spent solely on the operations of the DC Health and Wellness Center and affiliated clinics.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "PrEP DC Amendment Act of 2026".

Sec. 2. The Prohibition of Discrimination in the Provision of Insurance Act of 1986, effective August 7, 1986 (D.C. Law 6-132; D.C. Official Code § 31-1601 *et seq.*), is amended as follows:

(a) Section 2 (D.C. Official Code § 31-1601) is amended as follows:

(1) New paragraphs (2A) and (2B) are added to read as follows:

"(2A) "Baseline assessment" means any testing, as recommended by the U.S. Centers for Disease Control and Prevention, to be completed before prescribing HIV prevention medication, including screening tests for chlamydia, gonorrhea, syphilis, kidney function assessments, hepatitis B virus serology, and lipid profiles.

"(2B) "Commissioner" means the Commissioner of the Department of Insurance, Securities, and Banking.".

(2) A new paragraph (3B) is added to read as follows:

"(3B) "Health benefit plan" shall have the same meaning as provided in section 101(20) of the Health Insurance Portability and Accountability Federal Law Conformity and No-

Fault Motor Vehicle Insurance Act of 1998, effective April 13, 1999 (D.C. Law 12-209; D.C. Code § 31-3301.01(20)).".

(3) New paragraphs (5A) and (5B) are added to read as follows:

"(5A) "HIV prevention services" means medical services to prevent HIV and AIDS, including baseline assessments, initial and follow-up appointments and services, medication for the management of side effects associated with PrEP and PEP, and medication self-management or adherence counseling.

"(5B) "HIV prevention treatment" means medical treatment used to prevent HIV, including PrEP, PEP, and HIV prevention services.".

(4) New paragraphs (7A) and (7B) are added to read as follows:

"(7A) "PrEP" means pre-exposure prophylaxis antiretroviral medication approved by the U.S. Food and Drug Administration ("FDA") used to prevent HIV in a person without HIV.

"(7B) "PEP" means post-exposure prophylaxis antiretroviral medication approved by the FDA used to prevent HIV in a person without HIV who may have been recently exposed to HIV.".

(b) Section 4 (D.C. Official Code § 31-1603) is amended as follows:

(1) Subsection (b) is amended to read as follows:

"(b)(1) In determining whether to issue, cancel, or renew insurance coverage, an insurer may not:

"(A) Use age, marital status, geographic area of residence, occupation, sex, sexual orientation, gender identity or expression, or any similar factor or combination of factors for the purpose of seeking to predict whether any individual may in the future develop AIDS or ARC; or

"(B) Take into consideration an individual's use of HIV prevention treatment when taken pursuant to a valid prescriber's order.

"(2) In determining rates, premiums, dues, assessments, benefits covered, or expenses reimbursable, or in any other aspect of insurance marketing or coverage, an insurer may not:

"(A) Use age, marital status, geographic area of residence, occupation, sex, sexual orientation, gender identity or expression, or any similar factor or combination of factors for the purpose of seeking to predict whether any individual may in the future develop AIDS or ARC; or

"(B) Take into consideration an individual's use of HIV prevention treatment when taken pursuant to a valid prescriber's order.".

(2) Subsection (c) is amended to read as follows:

"(c) No health or disability insurance policy or contract shall contain any exclusion, reduction, other limitation of coverage, deductibles, or coinsurance provisions related to HIV prevention treatment or the care and treatment of AIDS, ARC, HIV infection, or any illness or

disease arising from these medical conditions, unless the provisions apply generally to all benefits under the policy or contract.".

(c) Section 5 (D.C. Official Code § 31-1604) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) Paragraph (1) is amended by striking the phrase "District of Columbia Commissioner of Public Health ("Commissioner")" and inserting the phrase "Director of the Department of Health ("Director")" in its place.

(B) Paragraph (2) is amended by striking the word "Commissioner" and inserting the word "Director" in its place.

(2) Subsection (b) is amended as follows:

(A) Paragraph (1) is amended to read as follows:

"(b)(1) A named insured who tests positive under the testing protocol certified by the Director may appeal to the Commissioner to review the testing procedures and results, and may present additional medical evidence, including the results of similar tests for exposure to the probable causative agent of AIDS that the named insured independently obtains, to rebut the positive test results. If the Commissioner determines that the result of the test of the proposed insured is not a true positive, the Commissioner shall order the insurer from which the applicant sought coverage to disregard the positive test result. The Commissioner shall, when necessary, request the advice of the Director in making this determination.".

(B) Paragraph (3) is amended by striking the word "Commissioner" and inserting the word "Director" in its place.

(d) Section 9 (D.C. Official Code § 31-1608) is amended by adding a new subsection (b-1) to read as follows:

"(b-1) Any person who violates section 4 shall be fined not less than $1,000, and not more than $10,000 for each violation.".

(e) Section 10 (D.C. Official Code § 31-1609) is amended as follows:

(1) The existing text is designated as subsection (a).

(2) A new subsection (b) is added to read as follows:

"(b) The Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), may issue rules to implement the provisions of section 12.".

(f) A new section 12 is added to read as follows:

"Sec. 12. Coverage for HIV prevention treatment.

"(a)(1) Except as otherwise provided in subsection (b) of this section, for health benefit plans issued or renewed on or after January 1, 2027, an insurer may not impose cost sharing, require prior authorization, or impose any medically unnecessary restrictions or delays for the coverage of HIV prevention services, PEP, or any formulation of PrEP. "(b) Subsection (a) of this section shall not apply to the extent that coverage without cost-sharing would disqualify an individual receiving coverage under a high deductible health plan from eligibility for a health

savings account pursuant to 26 U.S.C. § 223.

"(c) No health benefit plan or insurer may use prescription information indicating the use of HIV prevention treatment to medically underwrite premiums for specific enrollees.

"(d) For the purposes of this section, the term "medically unnecessary restrictions" means step therapy, waiting periods, or preexisting condition exclusions.".

Sec. 3. The Department of Health Functions Clarification Act of 2001, effective October 3, 2001 (D.C. Law 14-28; D.C. Official Code § 7-731 *et seq.*), is amended by adding a new section 4907g to read as follows:

"Sec. 4907g. DC Health and Wellness Center Fund.

"(a) There is established as a special fund the DC Health and Wellness Center Fund ("Fund"), which shall be administered by the Department of Health in accordance with subsection (c) of this section.

"(b) All payments made for services rendered at the DC Health and Wellness Center and affiliated clinics shall be deposited in the Fund, including:

"(1) Payments received from third-party insurance reimbursements;

"(2) Out-of-pocket payments collected from individuals; and

"(3) Other collections.

"(c) Money in the Fund shall be used solely to support the operations of the DC Health and Wellness Center and affiliated clinics.

"(d)(1) The money deposited into the Fund, including any interest earned, but not expended in a fiscal year shall not revert to the unassigned fund balance of the General Fund of the District of Columbia at the end of a fiscal year, or at any other time.

"(2) Subject to authorization in an approved budget and financial plan, any funds appropriated in the Fund shall be continually available without regard to fiscal year limitation.".

Sec. 4. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 5. Effective date.

This act shall take effect after approval by the Mayor (or in the event of veto by the

Mayor, action by the Council to override the veto) and a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)).

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Chairman
Council of the District of Columbia

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Mayor
District of Columbia