COUNCIL OF THE DISTRICT OF COLUMBIA
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ZACHARY PARKER
Ward 5 Councilmember
Chair, Committee on Youth Affairs

COMMITTEE MEMBER
Health
Human Services
Transportation and the Environment

February 28, 2025

Nyasha Smith, Secretary
Council of the District of Columbia
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Dear Secretary Smith,

On the heels of the observance of National Black HIV Awareness Day on February 8, 2025, I am introducing the "PrEP DC Act of 2025". Please see enclosed signed copy of the legislation, which is co-introduced by Councilmembers Brianne K. Nadeau, Charles Allen, Janeese Lewis George, Anita Bonds, Christina Henderson, Robert C. White, Jr., Brooke Pinto, and Wendell Felder.

This legislation is designed to aid in the District's work to reduce HIV infections by creating more equitable and affordable access to HIV prevention treatment in three ways, by:

- prohibiting health benefit plans and health insurers from using prescription information as a condition of eligibility or in premium rates,
- prohibiting insurers from restricting or imposing setting delays in the distribution of antiretroviral prescription drugs prescribed to a person for the treatment or prevention of the human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), and
- prohibiting health insurers from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) to prevent HIV and AIDS infection.

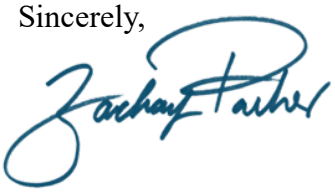
By creating these safeguards, we will reduce stigma and discrimination against individuals accessing PrEP or any other form of HIV prevention treatment. This is significant for the LGBTQ community, but is also an important tool for keeping our DC residents healthy. According to the 2024 Annual Epidemiology & Surveillance Report from DC Health, approximately 11,670 current residents of the District, or 1.7% of the population, are living with

HIV, with some of the highest concentrations of these residents in Wards 5, 7, and 8.[1] Young people aged 18-24 represented 22% of newly diagnosed HIV infections in 2023, a 4% increase from 2022.[2]

HIV prevention treatments like PrEP have been shown to decrease the spread of HIV, and DC Health reported that in 2023, there were just 192 new HIV cases, which is the lowest annual total since the 1990s.[3] This legislation will serve as another critical tool to help combat the spread of HIV. HIV prevention initiatives through DC Health's HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) include the Pre Exposure Prophylaxis Drug Assistance Program (PREP DAP), which pays the monthly co-pay and deductibles for eligible insured and uninsured HIV negative residents in the DC metropolitan area who are at high risk of HIV infection and are prescribed Truvada as PrEP. For questions about this program, you can call (202) 671-4815.

Please feel free to reach out to me or my Legislative Director, Neferteria Brown, with any questions or for additional information. She can be reached at nbrown@dccouncil.gov or by phone at (771) 333-9734.

Sincerely,



Zachary Parker
Ward 5 Councilmember
Chair, Committee on Youth Affairs

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[1] *Annual Epidemiology & Surveillance Report: Data Through December 2023*. District of Columbia Department of Health, HIV/AIDS, Hepatitis, STI, & TB Administration 2024. Accessed February 28, 2025, at https://dchealth.dc.gov/service/hiv-reports-and-publications

[2] *Id.*

[3] *Id.*



Councilmember Brianne K. Nadeau



Councilmember Zachary Parker



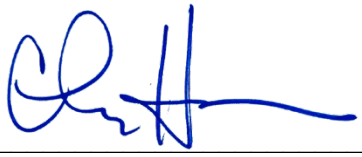
Councilmember Charles Allen



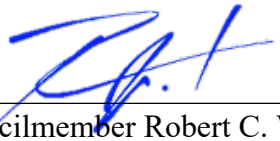
Councilmember Janeese Lewis George



Councilmember Anita Bonds



Councilmember Christina Henderson



Councilmember Robert C. White, Jr.



Councilmember Brooke Pinto



Councilmember Wendell Felder

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To prohibit health benefit plans and health insurers from using prescription information as a condition of eligibility or in setting premium rates, to prohibit insurers from restricting or imposing delays in the distribution of antiretroviral prescription drugs prescribed to a person for the treatment or prevention of the human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), and to prohibit health insurers from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for PrEP or PEP to prevent HIV and AIDS infection.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "PrEP DC Act of 2025".

Sec. 2. For the purposes of this act, the term:

(1) "AIDS" means acquired immune deficiency syndrome.

(2) "Baseline Assessment" means any testing, as recommended by the U.S. Centers for Disease Control and Prevention, to be completed before prescribing an HIV prevention medication. This testing includes, but is not limited to, the following: screening tests for chlamydia, gonorrhea, and syphilis; kidney function assessments; hepatitis B virus serology, and lipid profiles.

(3) "Commissioner" means the Commissioner of the Department of Insurance and Securities Regulation.

(4) "Group health plan" means an employee welfare plan (as defined in section 3(1) of the Employee Retirement Income Security Act of 1974, approved September 2, 1974 (88 Stat. 829; 29 U.S.C. § 1002(1)), to the extent that the plan provides medical care and includes items and services paid for as medical care to employees or their dependents (as defined under the terms of the plan) directly or through insurance, reimbursement, or otherwise.

(5) "Health benefit plan" means any accident and health insurance policy or certificate, hospital and medical services corporation contract, health maintenance organization subscriber contract, plan provided by a multiple employer welfare arrangement, or plan provided by another benefit arrangement. The term "health benefit plan" does not mean accident only, credit, or disability insurance; coverage of Medicare services or federal employee health plans, pursuant to contracts with the United States government; Medicare supplemental or long-term care insurance; dental only or vision only insurance; specified disease insurance; hospital

confinement indemnity coverage; limited benefit health coverage; coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law; automobile medical payment insurance; medical expense and loss of income benefits; or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

(6) "Health insurer" means any person that provides one or more health benefit plans or insurance in the District of Columbia, including an insurer, a hospital and medical services corporation, a fraternal benefit society, a health maintenance organization, a multiple employer welfare arrangement, or any other person providing a plan of health insurance subject to the authority of the Commissioner.

(7) "HIV" means the human immunodeficiency virus.

(8) "HIV prevention treatment" means any medical treatment, including PrEP and PEP, that is used to aid in HIV and AIDS prevention.

(9) "Individual health plan" means a plan offering health insurance coverage offered to individuals other than in connection with a group health plan.

(10) "PrEP" means pre-exposure prophylaxis, an antiretroviral medication used to prevent HIV in a person without HIV.

(11) "PEP" means post-exposure prophylaxis, an antiretroviral medication(s) used to prevent HIV in a person without HIV who may have been recently exposed to HIV.

Sec. 4. Coverage for HIV Prevention Treatment.

(a) Each individual health plan, group health plan, or health benefit plan issued or renewed in the District of Columbia shall provide coverage for HIV prevention treatment, including PrEP and PEP, and any baseline assessments required, in accordance with the latest

HIV prevention guidelines promulgated by the U.S. Centers for Disease Control and Prevention.

(b) The coverage provided under this section shall not be more restrictive than or separate from coverage provided from any other illness, condition, or disorder for purposes of determining deductibles, benefit year or lifetime durational limits, benefit year or lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance factors, and benefit year maximum for deductibles and copayments and coinsurance factors.

(c) No individual health plan, group health plan, or health benefit plan covered under this section shall be allowed to use prescription information indicating HIV prevention treatment as a condition of eligibility or in setting premium rates.

(d) No individual health plan, group health plan, or health benefit plan covered under this section shall impose any medically unnecessary restrictions or delays on the coverage required by this section.

(e) A health insurer shall not impose on an individual receiving benefits pursuant to this section, to include HIV prevention treatment and any baseline assessments, any deductible, coinsurance, copayment, or other cost-sharing requirement, except to the extent that coverage without cost-sharing would disqualify the individual from a high deductible health benefit plan, as defined in 26 U.S.C. § 223(c)(2)), from eligibility for a health savings account pursuant to 26 U.S.C. § 223.

(f) Coverage for services under this section shall be provided without discrimination on the basis of age, ancestry, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation.

Sec. 5. Applicability.

This chapter shall apply to all individual and group health benefits plans issued or renewed on or after 120 days after January 1, 2026.

Sec. 6. Regulations.

The Commissioner may issue rules and regulations necessary to implement the provisions of this Act.

Sec. 7. 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. 8. 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), 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)), and publication in the District of Columbia Register.