



## HB 2574 Dispensing of 5-day Supply of HIV Post-Exposure Prophylaxis (PEP)

The Health Facility Licensing and Certification program has adopted a new administrative rule in response to passage of HB 2574 ([ORS 441.068](#)) during the 2023 legislative session. Passage of this law requires a hospital to have a policy in place for the dispensing of a 5-day supply of HIV-PEP, unless medically contraindicated. The policy must conform to guidelines issued by the Centers for Disease Control and Prevention and that are identified in this rule.

### OAR 333-505-0075 – HIV Post-Exposure Prophylaxis

In accordance with passage of HB 2574 ([ORS 441.068](#)), each hospital must adopt a policy for dispensing the initial 5-day supply of HIV post-exposure prophylaxis (PEP) to a patient following a possible exposure to HIV. CDC guidance recommends patients take HIV PEP for 28 days post-exposure. The hospital is not required to provide the full 28-day supply, but must provide patients with information about obtaining the remaining doses, including free or low-cost options, at the time the initial dose is provided. The hospital is not required to provide the medication if the patient does not consent or if HIV PEP is medically contraindicated. With the exception of 5-day supply of HIV PEP medication, the policy must conform to the following CDC Guidelines:

- [Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV, United States, 2016](#)
- [Centers for Disease Control and Prevention, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis](#)

### **FREQUENTLY ASKED QUESTIONS**

- **A patient being seen for a possible exposure to HIV was determined to be at low risk for contracting the disease. Is the hospital required to provide the 5-day supply of HIV post-exposure prophylaxis (PEP)?**

A decision about whether HIV PEP is warranted should be made in conjunction with the CDC Guidelines noted above. While HIV PEP is not recommended for a patient at low risk for contracting HIV; a decision whether to prescribe and dispense HIV PEP should be a collaborative discussion between the health care provider and the patient.

- **Medication for HIV PEP is a 28-day regimen and my patient does not have health insurance. Where can I refer them to receive the additional 23-days of medication?**

Please refer to the following resources:

- [HB 2574 Factsheet for Hospital Staff: Ensuring Access to HIV Post-Exposure Prophylaxis \(PEP\) in Oregon Emergency Departments](#)

- [HB 2574 Factsheet for Non-Hospital Partners: Ensuring Access to HIV Post-Exposure Prophylaxis \(PEP\) in Oregon Emergency Departments](#)
- **How does my hospital obtain its 30-day supply of HIV-PEP?**  
Please refer to the [HB 2574 Implementation Guide for Hospitals: Dispensing HIV Post-Exposure Prophylaxis \(PEP\) and Availability of PEP Reimbursement from the Oregon Health Authority](#)
- Additional resources:
  - HIV Post-Exposure Prophylaxis (PEP): Resources for Patients ([English](#) & [Spanish](#))

This rule is effective January 29, 2024 and is accessible at:  
<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=310427>.

Additional questions may be submitted to [mailbox.hclc@odhsoha.oregon.gov](mailto:mailbox.hclc@odhsoha.oregon.gov).