



504434

LEGISLATIVE ACTION

Senate

.

House

.

.

Floor: WD/2R

.

03/05/2024 01:59 PM

.

.

Senator Calatayud moved the following:

Senate Amendment (with title amendment)

Delete lines 63 - 128

and insert:

3. A requirement that the pharmacist maintain records for any HIV postexposure prophylaxis drugs ordered and dispensed under the collaborative practice agreement.

4. The physician's instructions for obtaining relevant patient medical history for the purpose of identifying disqualifying health conditions, adverse reactions, and contraindications to the use of HIV postexposure prophylaxis



504434

12 drugs.

13 5. A process and schedule for the physician to review the
14 pharmacist's records and actions under the practice agreement.

15 6. Evidence of the pharmacist's current certification by
16 the board as provided in subsection (6).

17 7. Any other requirements as established by the board with
18 the approval of the Board of Medicine and the Board of
19 Osteopathic Medicine.

20 (b) A physician who has entered into a written
21 collaborative practice agreement pursuant to this section is
22 responsible for reviewing the pharmacist's records and actions
23 to ensure compliance with the agreement.

24 (c) The pharmacist shall submit a copy of the written
25 collaborative practice agreement to the board.

26 (5) A pharmacist who orders and dispenses HIV postexposure
27 prophylaxis drugs pursuant to subsection (4) must provide the
28 patient with written information advising the patient to seek
29 follow-up care from his or her primary care physician. If the
30 patient indicates that he or she lacks regular access to primary
31 care, the pharmacist must comply with the procedures of the
32 pharmacy's approved access-to-care plan as provided in
33 subsection (7).

34 (6) To provide services under a collaborative practice
35 agreement pursuant to this section, a pharmacist must be
36 certified by the board, according to rules adopted by the board
37 with the approval of the Board of Medicine and the Board of
38 Osteopathic Medicine. To be certified, a pharmacist must, at a
39 minimum, meet all of the following criteria:

40 (a) Hold an active and unencumbered license to practice



504434

41 pharmacy under this chapter.

42 (b) Be engaged in the active practice of pharmacy.

43 (c) Have earned a degree of doctor of pharmacy or have
44 completed at least 3 years of experience as a licensed
45 pharmacist.

46 (d) Maintain at least \$250,000 of liability coverage. A
47 pharmacist who maintains liability coverage pursuant to s.
48 465.1865 or s. 465.1895 satisfies this requirement.

49 (e) Have completed a course approved by the board, in
50 consultation with the Board of Medicine and the Board of
51 Osteopathic Medicine, which includes, at a minimum, instruction
52 on all of the following:

53 1. Performance of patient assessments.

54 2. Point-of-care testing procedures.

55 3. Safe and effective treatment of HIV exposure with HIV
56 infection prevention drugs, including, but not limited to,
57 consideration of the side effects of the drug dispensed and the
58 patient's diet and activity levels.

59 4. Identification of contraindications.

60 5. Identification of patient comorbidities in individuals
61 with HIV requiring further medical evaluation and treatment,
62 including, but not limited to, cardiovascular disease, lung and
63 liver cancer, chronic obstructive lung disease, and diabetes
64 mellitus.

65 (7) (a) A pharmacy in which a pharmacist is providing
66 services under a written collaborative practice agreement
67 pursuant to subsection (4) must submit an access-to-care plan to
68 the board and department annually. If the board or the
69 department determines that a pharmacy has failed to submit an



70 access-to-care plan required under this section or if a
71 pharmacy's access-to-care plan does not comply with this section
72 or applicable rules of the board, the board must notify the
73 pharmacy of its noncompliance and the pharmacy must submit an
74 access-to-care plan that brings the pharmacy into compliance
75 according to parameters provided in board rule. The board may
76 fine a pharmacy that fails to comply with this paragraph or may
77 prohibit such pharmacy from allowing its pharmacists to screen
78 adults for HIV exposure or order and dispense HIV postexposure
79 prophylaxis drugs under this section until the pharmacy complies
80 with this paragraph.

81 (b) An access-to-care plan shall assist patients in gaining
82 access to appropriate care settings when they present to a
83 pharmacist for HIV screening and indicate that they lack regular
84 access to primary care. An access-to-care plan must include, but
85 need not be limited to:

86
87 ===== T I T L E A M E N D M E N T =====

88 And the title is amended as follows:

89 Delete lines 5 - 13

90 and insert:

91 screen adults for HIV exposure and provide the results
92 to such adults, with advice to consult with or seek
93 treatment from a physician; authorizing pharmacists to
94 dispense HIV preexposure prophylaxis drugs pursuant to
95 a prescription; authorizing pharmacists to order and
96 dispense HIV postexposure prophylaxis drugs pursuant
97 to a written collaborative practice agreement with a
98 physician; specifying requirements for the practice



504434

99 agreements; requiring the supervising physician to
100 review the pharmacist's records and actions in
101 accordance with the practice agreement; requiring
102 pharmacists who enter into such practice agreements to
103 submit the agreements to the Board of Pharmacy;
104 requiring such pharmacists to provide certain written
105 information when dispensing such drugs to patients;
106 requiring pharmacists to comply with certain
107 procedures under certain circumstances; requiring
108 pharmacists, before ordering and dispensing HIV
109 postexposure prophylaxis drugs, to be certified by the
110 Board of Pharmacy in accordance with rules adopted by
111 the board and approved by the Board of Medicine and
112 the Board of Osteopathic Medicine; specifying minimum
113 requirements for the certification; requiring certain
114 pharmacies to submit an access-to-care plan to the
115 Board of Pharmacy and the Department of Health
116 annually; authorizing the board to fine or place
117 certain prohibitions on a pharmacy that does not
118 comply with the requirements for access-to-care plans;
119 specifying requirements for the plans; requiring the