



581084

LEGISLATIVE ACTION

Senate	.	House
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Floor: 1/AD/2R	.	Floor: C
03/05/2024 06:28 PM	.	03/06/2024 04:55 PM
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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



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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 To be certified, a pharmacist must, at a minimum, meet all of
38 the following criteria:

39 (a) Hold an active and unencumbered license to practice
40 pharmacy under this chapter.



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- 41 (b) Be engaged in the active practice of pharmacy.
- 42 (c) Have earned a degree of doctor of pharmacy or have
43 completed at least 3 years of experience as a licensed
44 pharmacist.
- 45 (d) Maintain at least \$250,000 of liability coverage. A
46 pharmacist who maintains liability coverage pursuant to s.
47 465.1865 or s. 465.1895 satisfies this requirement.
- 48 (e) Have completed a course approved by the board, in
49 consultation with the Board of Medicine and the Board of
50 Osteopathic Medicine, which includes, at a minimum, instruction
51 on all of the following:
- 52 1. Performance of patient assessments.
- 53 2. Point-of-care testing procedures.
- 54 3. Safe and effective treatment of HIV exposure with HIV
55 infection prevention drugs, including, but not limited to,
56 consideration of the side effects of the drug dispensed and the
57 patient's diet and activity levels.
- 58 4. Identification of contraindications.
- 59 5. Identification of patient comorbidities in individuals
60 with HIV requiring further medical evaluation and treatment,
61 including, but not limited to, cardiovascular disease, lung and
62 liver cancer, chronic obstructive lung disease, and diabetes
63 mellitus.
- 64 (f) Any other criteria as established by the board with the
65 approval of the Board of Medicine and the Board of Osteopathic
66 Medicine.
- 67 (7) (a) A pharmacy in which a pharmacist is providing
68 services under a written collaborative practice agreement
69 pursuant to subsection (4) must submit an access-to-care plan to



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

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

88
89 ===== T I T L E A M E N D M E N T =====

90 And the title is amended as follows:

91 Delete lines 5 - 13

92 and insert:

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



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