1	A bill to be entitled
2	An act relating to HIV infection prevention drugs;
3	providing a short title; creating s. 465.1861, F.S.;
4	defining terms; authorizing licensed pharmacists to
5	screen adults for HIV exposure and provide the results
6	to such adults, with advice to consult with or seek
7	treatment from a physician; authorizing pharmacists to
8	dispense HIV preexposure prophylaxis drugs pursuant to
9	a prescription; authorizing pharmacists to order and
10	dispense HIV postexposure prophylaxis drugs pursuant
11	to a written collaborative practice agreement with a
12	physician; specifying requirements for the practice
13	agreements; requiring the supervising physician to
14	review the pharmacist's records and actions in
15	accordance with the practice agreement; requiring
16	pharmacists who enter into such practice agreements to
17	submit the agreements to the Board of Pharmacy;
18	requiring such pharmacists to provide certain written
19	information when dispensing such drugs to patients;
20	requiring pharmacists to comply with certain
21	procedures under certain circumstances; requiring
22	pharmacists, before ordering and dispensing HIV
23	postexposure prophylaxis drugs, to be certified by the
24	Board of Pharmacy; specifying minimum requirements for
25	the certification; requiring certain pharmacies to
	Dave 1 of 9

## Page 1 of 8

CODING: Words stricken are deletions; words underlined are additions.

ie c
eay
reated
ention_
<u>re</u>
for
tions
ention_

CODING: Words stricken are deletions; words underlined are additions.

51	guidelines for antiretroviral treatment following potential
52	exposure to HIV.
53	(d) "Preexposure prophylaxis" means a drug or drug
54	combination that meets the clinical eligibility recommendations
55	of the United States Centers for Disease Control and Prevention
56	guidelines for antiretroviral treatment for the prevention of
57	HIV transmission.
58	(2) A pharmacist may screen an adult for HIV exposure and
59	provide the results to the adult, with the advice that the
60	patient should seek further medical consultation or treatment
61	from a physician.
62	(3) A pharmacist may dispense HIV preexposure prophylaxis
63	drugs pursuant to a valid prescription issued by a licensed
64	health care practitioner authorized by law to prescribe such
65	drugs.
66	(4) A pharmacist who is certified under subsection (6) may
67	order and dispense HIV postexposure prophylaxis drugs pursuant
68	to a written collaborative practice agreement between the
69	pharmacist and a physician licensed under chapter 458 or chapter
70	<u>459.</u>
71	(a) A written collaborative practice agreement between a
72	pharmacist and a physician under this section must include, at a
73	minimum, all of the following:
74	1. Terms and conditions relating to the screening for HIV
75	and the ordering and dispensing of HIV postexposure prophylaxis
	Page 3 of 8

CODING: Words stricken are deletions; words underlined are additions.

76	drugs by the pharmacist. Such terms and conditions must be
77	appropriate for the pharmacist's training.
78	2. Specific categories of patients the pharmacist is
79	authorized to screen for HIV and for whom the pharmacist may
80	order and dispense HIV postexposure prophylaxis drugs.
81	3. A requirement that the pharmacist maintain records for
82	any HIV postexposure prophylaxis drugs ordered and dispensed
83	under the collaborative practice agreement.
84	4. The physician's instructions for obtaining relevant
85	patient medical history for the purpose of identifying
86	disqualifying health conditions, adverse reactions, and
87	contraindications to the use of HIV postexposure prophylaxis
88	drugs.
89	5. A process and schedule for the physician to review the
90	pharmacist's records and actions under the practice agreement.
91	6. Evidence of the pharmacist's current certification by
92	the board as provided in subsection (6).
93	7. Any other requirements as established by the board with
94	the approval of the Board of Medicine and the Board of
95	Osteopathic Medicine.
96	(b) A physician who has entered into a written
97	collaborative practice agreement pursuant to this section is
98	responsible for reviewing the pharmacist's records and actions
99	to ensure compliance with the agreement.
100	(c) The pharmacist shall submit a copy of the written
	Page 4 of 8

CODING: Words stricken are deletions; words underlined are additions.

101 collaborative practice agreement to the board. 102 (5) A pharmacist who orders and dispenses HIV postexposure 103 prophylaxis drugs pursuant to subsection (4) must provide the 104 patient with written information advising the patient to seek 105 follow-up care from his or her primary care physician. If the 106 patient indicates that he or she lacks regular access to primary 107 care, the pharmacist must comply with the procedures of the 108 pharmacy's approved access-to-care plan as provided in 109 subsection (7). 110 (6) To provide services under a collaborative practice 111 agreement pursuant to this section, a pharmacist must be 112 certified by the board, according to rules adopted by the board. 113 To be certified, a pharmacist must, at a minimum, meet all of 114 the following criteria: (a) Hold an active and unencumbered license to practice 115 pharmacy under this chapter. 116 117 (b) Be engaged in the active practice of pharmacy. 118 (c) Have earned a degree of doctor of pharmacy or have 119 completed at least 3 years of experience as a licensed 120 pharmacist. 121 (d) Maintain at least \$250,000 of liability coverage. A 122 pharmacist who maintains liability coverage pursuant to s. 123 465.1865 or s. 465.1895 satisfies this requirement. 124 (e) Have completed a course approved by the board, in 125 consultation with the Board of Medicine and the Board of

Page 5 of 8

CODING: Words stricken are deletions; words underlined are additions.

126	Osteopathic Medicine, which includes, at a minimum, instruction
127	on all of the following:
128	1. Performance of patient assessments.
129	2. Point-of-care testing procedures.
130	3. Safe and effective treatment of HIV exposure with HIV
131	infection prevention drugs, including, but not limited to,
132	consideration of the side effects of the drug dispensed and the
133	patient's diet and activity levels.
134	4. Identification of contraindications.
135	5. Identification of patient comorbidities in individuals
136	with HIV requiring further medical evaluation and treatment,
137	including, but not limited to, cardiovascular disease, lung and
138	liver cancer, chronic obstructive lung disease, and diabetes
139	mellitus.
140	(f) Any other criteria as established by the board with
141	the approval of the Board of Medicine and the Board of
142	Osteopathic Medicine.
143	(7)(a) A pharmacy in which a pharmacist is providing
144	services under a written collaborative practice agreement
145	pursuant to subsection (4) must submit an access-to-care plan to
146	the board and department annually. If the board or the
147	department determines that a pharmacy has failed to submit an
148	access-to-care plan required under this section or if a
149	pharmacy's access-to-care plan does not comply with this section
150	or applicable rules of the board, the board must notify the
	Page 6 of 8

CODING: Words stricken are deletions; words underlined are additions.

151	pharmacy of its noncompliance and the pharmacy must submit an
152	access-to-care plan that brings the pharmacy into compliance
153	according to parameters provided in board rule. The board may
154	fine a pharmacy that fails to comply with this paragraph or may
155	prohibit such pharmacy from allowing its pharmacists to screen
156	adults for HIV exposure or order and dispense HIV postexposure
157	prophylaxis drugs under a collaborative practice agreement until
158	the pharmacy complies with this paragraph.
159	(b) An access-to-care plan shall assist patients in
160	gaining access to appropriate care settings when they present to
161	a pharmacist for HIV screening and indicate that they lack
162	regular access to primary care. An access-to-care plan must
163	include, but need not be limited to:
164	1. Procedures to educate such patients about care that
165	would be best provided in a primary care setting and the
166	importance of receiving regular primary care.
167	2. The pharmacy's plan for collaborative partnership with
168	one or more nearby federally qualified health centers, county
169	health departments, or other primary care settings. The goals of
170	such partnership must include, but need not be limited to,
171	protocols for identifying and appropriately referring a patient
172	who has presented to the pharmacist for HIV screening or access
173	to HIV infection prevention drugs and indicates that he or she
174	lacks regular access to primary care.
175	(8) The board shall adopt rules to implement this section.

Page 7 of 8

CODING: Words stricken are deletions; words underlined are additions.

F	L	0	RΙ	D	Α	Н	0	U	S	Е	ΟF	R	Е	Ρ	R	Е	S	Е	Ν	Т	Α	Т	I	V	Е	S
---	---	---	----	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

176

Section 3. This act shall take effect July 1, 2024.

Page 8 of 8

CODING: Words stricken are deletions; words underlined are additions.