

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>      </u>	(Y/N)
ADOPTED AS AMENDED	<u>      </u>	(Y/N)
ADOPTED W/O OBJECTION	<u>      </u>	(Y/N)
FAILED TO ADOPT	<u>      </u>	(Y/N)
WITHDRAWN	<u>      </u>	(Y/N)
OTHER	<u>      </u>	

1 Committee/Subcommittee hearing bill: Healthcare Regulation  
 2 Subcommittee

3 Representative Franklin offered the following:

4  
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 465.1861, Florida Statutes, is created  
 8 to read:

9 465.1861 Ordering and dispensing HIV infection prevention  
 10 drugs.--

11 (1) As used in this section, the term:

12 (a) "HIV" means the human immunodeficiency virus.

13 (b) "HIV infection prevention drug" means preexposure  
 14 prophylaxis, postexposure prophylaxis, and any other drug  
 15 approved by the United States Food and Drug Administration for  
 16 the prevention of HIV infection.

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17        (c) "Postexposure prophylaxis" means a drug or drug  
18 combination that meets the clinical eligibility recommendations  
19 of the United States Centers for Disease Control and Prevention  
20 guidelines for antiretroviral treatment following potential  
21 exposure to HIV.

22        (d) "Preexposure prophylaxis" means a drug or drug  
23 combination that meets the clinical eligibility recommendations  
24 of the United States Centers for Disease Control and Prevention  
25 guidelines for antiretroviral treatment for the prevention of  
26 HIV transmission.

27        (2) A pharmacist may screen an adult for HIV exposure and  
28 provide the results to that adult, with the advice that the  
29 patient should seek further medical consultation or treatment  
30 from a physician.

31        (3) A pharmacist may dispense HIV preexposure prophylaxis  
32 drugs pursuant to a valid prescription issued by a licensed  
33 health care practitioner authorized by law to prescribe such  
34 drugs.

35        (4) A pharmacist who is certified under subsection (6) may  
36 order and dispense HIV postexposure prophylaxis drugs pursuant  
37 to a written collaborative practice agreement between the  
38 pharmacist and a physician licensed under chapter 458 or chapter  
39 459.

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40 (a) A written collaborative practice agreement between a  
41 pharmacist and a physician under this section must include, at a  
42 minimum, all of the following:

43 1. Terms and conditions relating to the screening for HIV  
44 and the ordering and dispensing of HIV postexposure prophylaxis  
45 drugs by the pharmacist. Such terms and conditions must be  
46 appropriate for the pharmacist's training.

47 2. Specific categories of patients the pharmacist is  
48 authorized to screen for HIV and for whom the pharmacist may  
49 order and dispense HIV postexposure prophylaxis drugs.

50 3. The physician's instructions for obtaining relevant  
51 patient medical history for the purpose of identifying  
52 disqualifying health conditions, adverse reactions, and  
53 contraindications to the use of HIV postexposure prophylaxis  
54 drugs.

55 4. A process and schedule for the physician to review the  
56 pharmacist's actions under the practice agreement.

57 5. Evidence of the pharmacists' current certification by  
58 the board as provided in subsection (6).

59 6. Any other requirements as established by the board in  
60 consultation with the Board of Medicine and the Board of  
61 Osteopathic Medicine.

62 (b) A physician who has entered into a written  
63 collaborative practice agreement pursuant to this section is

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64 responsible for reviewing the pharmacist's actions to ensure  
65 compliance with the agreement.

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

68 (5) A pharmacist who orders and dispenses HIV postexposure  
69 prophylaxis drugs pursuant to subsection (4) must provide the  
70 patient with written information advising the patient to seek  
71 follow-up care from his or her primary care physician. If the  
72 patient indicates that he or she lacks regular access to primary  
73 care, the pharmacist must comply with the procedures of the  
74 pharmacy's approved access-to-care plan as provided in  
75 subsection (6).

76 (6) To provide services under a collaborative practice  
77 agreement pursuant to this section, a pharmacist must be  
78 certified by the board, according to rules adopted by the board  
79 in consultation with the Board of Medicine and the Board of  
80 Osteopathic Medicine. To be certified a pharmacist must, at a  
81 minimum, meet all of the following criteria:

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

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

85 (c) Have earned a degree of doctor of pharmacy or have  
86 completed at least 3 years of experience as a licensed  
87 pharmacist.

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88 (d) Maintain at least \$250,000 of liability coverage. A  
89 pharmacist who maintains liability coverage pursuant to s.  
90 465.1865 or s. 465.1895 satisfies this requirement.

91 (e) Have completed a course approved by the board, in  
92 consultation with the Board of Medicine and the Board of  
93 Osteopathic Medicine, which includes, at a minimum, instruction  
94 on all of the following:

95 1. Performance of patient assessments.

96 2. Point-of-care testing procedures.

97 3. Safe and effective treatment of HIV exposure with HIV  
98 infection prevention drugs, including, but not limited to,  
99 consideration of the side effects of the drug dispensed and the  
100 patient's diet and activity levels.

101 4. Identification of contraindications.

102 5. Identification of patient comorbidities in individuals  
103 with HIV requiring further medical evaluation and treatment,  
104 including, but not limited to, cardiovascular disease, lung and  
105 liver cancer, chronic obstructive lung disease, and diabetes  
106 mellitus.

107 (7) A pharmacy wherein a pharmacist is providing services  
108 under a written collaborative practice agreement pursuant to  
109 subsection (4) must submit an access-to-care plan (ACP) to the  
110 board and department annually.

111 (a) An ACP shall assist patients in gaining access to  
112 appropriate care settings when they present to the pharmacy for

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113 HIV screening and indicate that they lack regular access to  
114 primary care. An ACP must include:

115 1. Procedures to educate such patients about care that  
116 would be best provided in a primary care setting and the  
117 importance of receiving regular primary care.

118 2. The pharmacy's plan for collaborative partnership with  
119 one or more nearby federally qualified health centers, county  
120 health departments, or other primary care settings. The goals of  
121 such partnership must include, but need not be limited to,  
122 protocols for identifying and appropriately referring patients  
123 who have presented to the pharmacy for HIV screening or access  
124 to HIV infection prevention drugs and indicates that he or she  
125 lacks regular access to primary care.

126 (8) The board shall adopt rules to implement this section.  
127 Section 2. This act shall take effect July 1, 2024.

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**T I T L E A M E N D M E N T**

131 Remove lines 4-18 and insert:  
132 authorizing licensed pharmacists to screen for HIV exposure and  
133 order and dispense HIV infection prevention drugs under a  
134 collaborative practice agreement; requiring pharmacists to be  
135 certified by the Board of Pharmacy before ordering and  
136 dispensing HIV infection prevention drugs; requiring the board,  
137 in consultation with the Board of Medicine and the Board of

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138 Osteopathic Medicine, to adopt rules for such certification;  
139 specifying minimum requirements for the certification;