

ENROLLED

CS/CS/HB 159, Engrossed 2

2024 Legislature

1
 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

ENROLLED

CS/CS/HB 159, Engrossed 2

2024 Legislature

26 submit an access-to-care plan to the Board of Pharmacy
 27 and the Department of Health annually; authorizing the
 28 board to fine or place certain prohibitions on a
 29 pharmacy that does not comply with the requirements
 30 for access-to-care plans; specifying requirements for
 31 the plans; requiring the board to adopt rules;
 32 providing an effective date.
 33

34 Be It Enacted by the Legislature of the State of Florida:
 35

36 Section 1. This act may be cited as the "John W. Rhey
 37 Act."

38 Section 2. Section 465.1861, Florida Statutes, is created
 39 to read:

40 465.1861 Ordering and dispensing HIV infection prevention
 41 drugs.-

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

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

44 (b) "HIV infection prevention drug" means preexposure
 45 prophylaxis, postexposure prophylaxis, and any other drug
 46 approved by the United States Food and Drug Administration for
 47 the prevention of HIV infection.

48 (c) "Postexposure prophylaxis" means a drug or drug
 49 combination that meets the clinical eligibility recommendations
 50 of the United States Centers for Disease Control and Prevention

ENROLLED

CS/CS/HB 159, Engrossed 2

2024 Legislature

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
70 459.

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

ENROLLED

CS/CS/HB 159, Engrossed 2

2024 Legislature

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

ENROLLED

CS/CS/HB 159, Engrossed 2

2024 Legislature

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:

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

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

ENROLLED

CS/CS/HB 159, Engrossed 2

2024 Legislature

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

ENROLLED

CS/CS/HB 159, Engrossed 2

2024 Legislature

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.

ENROLLED

CS/CS/HB 159, Engrossed 2

2024 Legislature

176

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