

**2023 -- S 0563 SUBSTITUTE A AS AMENDED**

LC001940/SUB A/2

**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2023**

**A N A C T**

**RELATING TO INSURANCE -- INSURANCE COVERAGE FOR PREVENTION OF HIV  
INFECTION**

Introduced By: Senators Murray, Valverde, Lauria, Pearson, Euer, Lawson, Mack,  
Acosta, Miller, and Cano

Date Introduced: March 07, 2023

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 "SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness  
2 Insurance Policies" is hereby amended by adding thereto the following sections:

3 **27-18-91. Coverage for treatment of pre-exposure prophylaxis (PrEP) for the**  
4 **prevention of HIV and post-exposure prophylaxis (PEP) to prevent HIV infection.**

5 (a) Every group health insurance contract, or every group hospital or medical expense  
6 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
7 any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of  
8 pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis  
9 ("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall  
10 constitute a separate method of administration. A health insurer is not required to cover any  
11 preexposure prophylaxis drug or post exposure prophylaxis drug dispensed or administered by an  
12 out-of-network pharmacy provider unless the enrollee's health plan provides an out-of-network  
13 pharmacy benefit.

14 (b) The healthcare benefits outlined in this chapter apply only to services delivered within  
15 the health insurer's provider network; provided that, all health insurers shall be required to provide  
16 coverage for those benefits mandated by this chapter outside of the health insurer's provider  
17 network where it can be established that the required services are not available from a provider in  
18 the health insurer's network.

1           **27-18-92. Expedited Prior Authorization.**

2           To the extent a prior authorization is permitted and applied, then it shall be conducted in  
3 an expedited manner as soon as possible, but no later than seventy-two (72) hours pursuant to § 27-  
4 18.9-6(a)(1).

5           **27-18-93. Dispensing and Administration of HIV PrEP or PEP Drugs.**

6           (a) Notwithstanding any provision of law to the contrary and as authorized by the Rhode  
7 Island board of pharmacy (the “board”) in accordance with rules and regulations adopted under  
8 subsection (e) of this section, a pharmacist may prescribe, dispense and administer HIV PrEP or  
9 PEP drugs (hereinafter sometimes referred to as “prevention drugs”) as described in § 27-18-91(a)  
10 pursuant to a standing order or collaborative practice agreement or to protocols developed by the  
11 board for when there is no prescription drug order, standing order or collaborative practice  
12 agreement in accordance with the requirements in this subsection and may also order laboratory  
13 testing for HIV infection as necessary.

14           (b) Before furnishing an HIV PrEP or PEP drug to a patient, a pharmacist shall complete a  
15 training program approved by the board on the use of protocols developed by the board for  
16 prescribing, dispensing and administering an HIV prevention drug, on the requirements for any  
17 laboratory testing for HIV infection and on guidelines for prescription adherence and best practices  
18 to counsel patients prescribed an HIV prevention drug.

19           (c) A pharmacist shall dispense or administer a PrEP or PEP drug in at least a thirty (30)  
20 day supply, and up to a sixty (60) day supply, as long as all of the following conditions are met:

21           (1) The patient tests negative for HIV infection, as documented by a negative HIV test  
22 result obtained within the previous seven (7) days. If the patient does not provide evidence of a  
23 negative HIV test result, the pharmacist shall order an HIV test. If the test results are not transmitted  
24 directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction.  
25 If the patient tests positive for HIV infection, the pharmacist or person administering the test shall  
26 direct the patient to a primary care provider and provide a list of primary care providers and clinics  
27 within a reasonable travel distance of the patient's residence;

28           (2) The patient does not report any signs or symptoms of acute HIV infection on a self-  
29 reporting checklist of acute HIV infection signs and symptoms;

30           (3) The patient does not report taking any contraindicated medications;

31           (4) The pharmacist provides counseling to the patient, consistent with CDC guidelines, on  
32 the ongoing use of a PrEP or PEP drug. The pharmacist shall notify the patient that the patient shall  
33 be seen by a primary care provider to receive subsequent prescriptions for a PrEP or PEP drug and  
34 that a pharmacist shall not dispense or administer more than a sixty (60) day supply of a PrEP or

1 PEP drug to a single patient once every two (2) years without a prescription;  
2 (5) The pharmacist documents, to the extent possible, the services provided by the  
3 pharmacist in the patient's record in the patient profile record system maintained by the pharmacy.  
4 The pharmacist shall maintain records of PrEP or PEP drugs dispensed or administered to each  
5 patient;  
6 (6) The pharmacist does not dispense or administer more than a sixty (60) day supply of a  
7 PrEP or PEP drug to a single patient once every two (2) years, unless otherwise directed by a  
8 practitioner; and  
9 (7) The pharmacist notifies the patient's primary care provider that the pharmacist  
10 completed the requirements specified in this subsection. If the patient does not have a primary care  
11 provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall  
12 provide the patient a list of physicians, clinics or other health care providers to contact regarding  
13 follow-up care.  
14 (d) A pharmacist shall dispense or administer a complete course of a post-exposure  
15 prophylaxis drug as long as all of the following conditions are met:  
16 (1) The pharmacist screens the patient and determines that the exposure occurred within  
17 the previous seventy-two (72) hours and the patient otherwise meets the clinical criteria for a post  
18 exposure prophylaxis drug under CDC guidelines;  
19 (2) The pharmacist provides HIV testing to the patient or determines that the patient is  
20 willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo  
21 HIV testing but is otherwise eligible for a post-exposure prophylaxis drug under this subsection,  
22 the pharmacist may dispense or administer a post-exposure prophylaxis drug;  
23 (3) The pharmacist provides counseling to the patient, consistent with CDC guidelines, on  
24 the use of a post-exposure prophylaxis drug. The pharmacist shall also inform the patient of the  
25 availability of a PrEP or PEP drug for persons who are at substantial risk of acquiring HIV; and  
26 (4) The pharmacist notifies the patient's primary care provider of the dispensing or  
27 administering of the post-exposure prophylaxis drug. If the patient does not have a primary care  
28 provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall  
29 provide the patient a list of physicians, clinics or other health care providers to contact regarding  
30 follow-up care.  
31 (e) The board shall promulgate rules and regulations establishing standards for authorizing  
32 pharmacists to prescribe, dispense and administer HIV prevention drugs in accordance with this  
33 section, including adequate training requirements and protocols for when there is no prescription  
34 drug order, standing order or collaborative practice agreement.

1 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service  
2 Corporations" is hereby amended by adding thereto the following sections:

3 **27-19-83. Coverage for treatment of pre-exposure prophylaxis (PrEP) for the**  
4 **prevention of HIV and post-exposure prophylaxis (PEP) to prevent HIV infection.**

5 (a) Every group health insurance contract, or every group hospital or medical expense  
6 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
7 any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of  
8 pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis  
9 ("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall  
10 constitute a separate method of administration. A health insurer is not required to cover any  
11 preexposure prophylaxis drug or post exposure prophylaxis drug dispensed or administered by an  
12 out-of-network pharmacy provider unless the enrollee's health plan provides an out-of-network  
13 pharmacy benefit.

14 (b) The healthcare benefits outlined in this chapter apply only to services delivered within  
15 the health insurer's provider network; provided that, all health insurers shall be required to provide  
16 coverage for those benefits mandated by this chapter outside of the health insurer's provider  
17 network where it can be established that the required services are not available from a provider in  
18 the health insurer's network.

19 **27-19-84. Expedited Prior Authorization.**

20 To the extent a prior authorization is permitted and applied, then it shall be conducted in  
21 an expedited manner as soon as possible, but no later than seventy-two (72) hours pursuant to § 27-  
22 18.9-6(a)(1).

23 **27-19-85. Dispensing and Administration of HIV PrEP or PEP Drugs.**

24 (a) Notwithstanding any provision of law to the contrary and as authorized by the Rhode  
25 Island board of pharmacy (the "board") in accordance with rules and regulations adopted under  
26 subsection (e) of this section, a pharmacist may prescribe, dispense and administer HIV PrEP or  
27 PEP drugs (hereinafter sometimes referred to as "prevention drugs") as described in § 27-18-91(a)  
28 pursuant to a standing order or collaborative practice agreement or to protocols developed by the  
29 board for when there is no prescription drug order, standing order or collaborative practice  
30 agreement in accordance with the requirements in this subsection and may also order laboratory  
31 testing for HIV infection as necessary.

32 (b) Before furnishing an HIV PrEP or PEP drug to a patient, a pharmacist shall complete a  
33 training program approved by the board on the use of protocols developed by the board for  
34 prescribing, dispensing and administering an HIV prevention drug, on the requirements for any

1 laboratory testing for HIV infection and on guidelines for prescription adherence and best practices  
2 to counsel patients prescribed an HIV prevention drug.

3 (c) A pharmacist shall dispense or administer a PrEP or PEP drug in at least a thirty (30)  
4 day supply, and up to a sixty (60) day supply, as long as all of the following conditions are met:

5 (1) The patient tests negative for HIV infection, as documented by a negative HIV test  
6 result obtained within the previous seven (7) days. If the patient does not provide evidence of a  
7 negative HIV test result, the pharmacist shall order an HIV test. If the test results are not transmitted  
8 directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction.  
9 If the patient tests positive for HIV infection, the pharmacist or person administering the test shall  
10 direct the patient to a primary care provider and provide a list of primary care providers and clinics  
11 within a reasonable travel distance of the patient's residence;

12 (2) The patient does not report any signs or symptoms of acute HIV infection on a self-  
13 reporting checklist of acute HIV infection signs and symptoms;

14 (3) The patient does not report taking any contraindicated medications;

15 (4) The pharmacist provides counseling to the patient, consistent with CDC guidelines, on  
16 the ongoing use of a PrEP or PEP drug. The pharmacist shall notify the patient that the patient shall  
17 be seen by a primary care provider to receive subsequent prescriptions for a PrEP or PEP drug and  
18 that a pharmacist shall not dispense or administer more than a sixty (60) day supply of a PrEP or  
19 PEP drug to a single patient once every two (2) years without a prescription;

20 (5) The pharmacist documents, to the extent possible, the services provided by the  
21 pharmacist in the patient's record in the patient profile record system maintained by the pharmacy.  
22 The pharmacist shall maintain records of PrEP or PEP drugs dispensed or administered to each  
23 patient;

24 (6) The pharmacist does not dispense or administer more than a sixty (60) day supply of a  
25 PrEP or PEP drug to a single patient once every two (2) years, unless otherwise directed by a  
26 practitioner; and

27 (7) The pharmacist notifies the patient's primary care provider that the pharmacist  
28 completed the requirements specified in this subsection. If the patient does not have a primary care  
29 provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall  
30 provide the patient a list of physicians, clinics or other health care providers to contact regarding  
31 follow-up care.

32 (d) A pharmacist shall dispense or administer a complete course of a post-exposure  
33 prophylaxis drug as long as all of the following conditions are met:

34 (1) The pharmacist screens the patient and determines that the exposure occurred within

1 the previous seventy-two (72) hours and the patient otherwise meets the clinical criteria for a post  
2 exposure prophylaxis drug under CDC guidelines;

3 (2) The pharmacist provides HIV testing to the patient or determines that the patient is  
4 willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo  
5 HIV testing but is otherwise eligible for a post-exposure prophylaxis drug under this subsection,  
6 the pharmacist may dispense or administer a post-exposure prophylaxis drug;

7 (3) The pharmacist provides counseling to the patient, consistent with CDC guidelines, on  
8 the use of a post-exposure prophylaxis drug. The pharmacist shall also inform the patient of the  
9 availability of a PrEP or PEP drug for persons who are at substantial risk of acquiring HIV; and

10 (4) The pharmacist notifies the patient's primary care provider of the dispensing or  
11 administering of the post-exposure prophylaxis drug. If the patient does not have a primary care  
12 provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall  
13 provide the patient a list of physicians, clinics or other health care providers to contact regarding  
14 follow-up care.

15 (e) The board shall promulgate rules and regulations establishing standards for authorizing  
16 pharmacists to prescribe, dispense and administer HIV prevention drugs in accordance with this  
17 section, including adequate training requirements and protocols for when there is no prescription  
18 drug order, standing order or collaborative practice agreement.

19 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service  
20 Corporations" is hereby amended by adding thereto the following sections:

21 **27-20-79. Coverage for treatment of pre-exposure prophylaxis (PrEP) for the**  
22 **prevention of HIV and post-exposure prophylaxis (PEP) to prevent HIV infection.**

23 (a) Every group health insurance contract, or every group hospital or medical expense  
24 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
25 any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of  
26 pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis  
27 ("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall  
28 constitute a separate method of administration. A health insurer is not required to cover any  
29 preexposure prophylaxis drug or post exposure prophylaxis drug dispensed or administered by an  
30 out-of-network pharmacy provider unless the enrollee's health plan provides an out-of-network  
31 pharmacy benefit.

32 (b) The healthcare benefits outlined in this chapter apply only to services delivered within  
33 the health insurer's provider network; provided that, all health insurers shall be required to provide  
34 coverage for those benefits mandated by this chapter outside of the health insurer's provider

1 network where it can be established that the required services are not available from a provider in  
2 the health insurer's network.

3 **27-20-80. Expedited Prior Authorization.**

4 To the extent a prior authorization is permitted and applied, then it shall be conducted in  
5 an expedited manner as soon as possible, but no later than seventy-two (72) hours pursuant § 27-  
6 18.9-6(a)(1).

7 **27-20-81. Dispensing and Administration of HIV PrEP or PEP Drugs.**

8 (a) Notwithstanding any provision of law to the contrary and as authorized by the Rhode  
9 Island board of pharmacy (the "board") in accordance with rules and regulations adopted under  
10 subsection (e) of this section, a pharmacist may prescribe, dispense and administer HIV PrEP or  
11 PEP drugs (hereinafter sometimes referred to as "prevention drugs") as described in § 27-18-91(a)  
12 of this section pursuant to a standing order or collaborative practice agreement or to protocols  
13 developed by the board for when there is no prescription drug order, standing order or collaborative  
14 practice agreement in accordance with the requirements in this subsection and may also order  
15 laboratory testing for HIV infection as necessary.

16 (b) Before furnishing an HIV PrEP or PEP drug to a patient, a pharmacist shall complete a  
17 training program approved by the board on the use of protocols developed by the board for  
18 prescribing, dispensing and administering an HIV prevention drug, on the requirements for any  
19 laboratory testing for HIV infection and on guidelines for prescription adherence and best practices  
20 to counsel patients prescribed an HIV prevention drug.

21 (c) A pharmacist shall dispense or administer a PrEP or PEP drug in at least a thirty (30)  
22 day supply, and up to a sixty (60) day supply, as long as all of the following conditions are met:

23 (1) The patient tests negative for HIV infection, as documented by a negative HIV test  
24 result obtained within the previous seven (7) days. If the patient does not provide evidence of a  
25 negative HIV test result, the pharmacist shall order an HIV test. If the test results are not transmitted  
26 directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction.  
27 If the patient tests positive for HIV infection, the pharmacist or person administering the test shall  
28 direct the patient to a primary care provider and provide a list of primary care providers and clinics  
29 within a reasonable travel distance of the patient's residence;

30 (2) The patient does not report any signs or symptoms of acute HIV infection on a self-  
31 reporting checklist of acute HIV infection signs and symptoms;

32 (3) The patient does not report taking any contraindicated medications;

33 (4) The pharmacist provides counseling to the patient, consistent with CDC guidelines, on  
34 the ongoing use of a PrEP or PEP drug. The pharmacist shall notify the patient that the patient shall

1 be seen by a primary care provider to receive subsequent prescriptions for a PrEP or PEP drug and  
2 that a pharmacist shall not dispense or administer more than a sixty (60) day supply of a PrEP or  
3 PEP drug to a single patient once every two (2) years without a prescription;

4 (5) The pharmacist documents, to the extent possible, the services provided by the  
5 pharmacist in the patient's record in the patient profile record system maintained by the pharmacy.  
6 The pharmacist shall maintain records of PrEP or PEP drugs dispensed or administered to each  
7 patient;

8 (6) The pharmacist does not dispense or administer more than a sixty (60) day supply of a  
9 PrEP or PEP drug to a single patient once every two (2) years, unless otherwise directed by a  
10 practitioner; and

11 (7) The pharmacist notifies the patient's primary care provider that the pharmacist  
12 completed the requirements specified in this subsection. If the patient does not have a primary care  
13 provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall  
14 provide the patient a list of physicians, clinics or other health care providers to contact regarding  
15 follow-up care.

16 (d) A pharmacist shall dispense or administer a complete course of a post-exposure  
17 prophylaxis drug as long as all of the following conditions are met:

18 (1) The pharmacist screens the patient and determines that the exposure occurred within  
19 the previous seventy-two (72) hours and the patient otherwise meets the clinical criteria for a post  
20 exposure prophylaxis drug under CDC guidelines;

21 (2) The pharmacist provides HIV testing to the patient or determines that the patient is  
22 willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo  
23 HIV testing but is otherwise eligible for a post-exposure prophylaxis drug under this subsection,  
24 the pharmacist may dispense or administer a post-exposure prophylaxis drug;

25 (3) The pharmacist provides counseling to the patient, consistent with CDC guidelines, on  
26 the use of a post-exposure prophylaxis drug. The pharmacist shall also inform the patient of the  
27 availability of a PrEP or PEP drug for persons who are at substantial risk of acquiring HIV; and

28 (4) The pharmacist notifies the patient's primary care provider of the dispensing or  
29 administering of the post-exposure prophylaxis drug. If the patient does not have a primary care  
30 provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall  
31 provide the patient a list of physicians, clinics or other health care providers to contact regarding  
32 follow-up care.

33 (e) The board shall promulgate rules and regulations establishing standards for authorizing  
34 pharmacists to prescribe, dispense and administer HIV prevention drugs in accordance with this

1 [section, including adequate training requirements and protocols for when there is no prescription](#)  
2 [drug order, standing order to collaborative practice agreement.](#)

3 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance  
4 Organizations" is hereby amended by adding thereto the following sections:

5 **27-41-96. Coverage for treatment of pre-exposure prophylaxis (PrEP) for the**  
6 **prevention of HIV and post-exposure prophylaxis (PEP) to prevent HIV infection.**

7 [\(a\) Every group health insurance contract, or every group hospital or medical expense](#)  
8 [insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by](#)  
9 [any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of](#)  
10 [pre-exposure prophylaxis \("PrEP"\) for the prevention of HIV and post-exposure prophylaxis](#)  
11 [\("PEP"\) to prevent HIV infection. Each long-acting injectable drug with a different duration shall](#)  
12 [constitute a separate method of administration. A health insurer is not required to cover any](#)  
13 [preexposure prophylaxis drug or post exposure prophylaxis drug dispensed or administered by an](#)  
14 [out-of-network pharmacy provider unless the enrollee's health plan provides an out-of-network](#)  
15 [pharmacy benefit.](#)

16 [\(b\) The healthcare benefits outlined in this chapter apply only to services delivered within](#)  
17 [the health insurer's provider network; provided that, all health insurers shall be required to provide](#)  
18 [coverage for those benefits mandated by this chapter outside of the health insurer's provider](#)  
19 [network where it can be established that the required services are not available from a provider in](#)  
20 [the health insurer's network.](#)

21 **27-41-97. Expedited Prior Authorization.**

22 [To the extent a prior authorization is permitted and applied, then it shall be conducted in](#)  
23 [an expedited manner as soon as possible, but no later than seventy-two \(72\) hours pursuant to § 27-](#)  
24 [18.9-6\(a\)\(1\).](#)

25 **27-41-98. Dispensing and Administration of HIV PrEP or PEP Drugs.**

26 [\(a\) Notwithstanding any provision of law to the contrary and as authorized by the Rhode](#)  
27 [Island board of pharmacy \(the "board"\) in accordance with rules and regulations adopted under](#)  
28 [subsection \(e\) of this section, a pharmacist may prescribe, dispense and administer HIV PrEP or](#)  
29 [PEP drugs \(hereinafter sometimes referred to as "prevention drugs"\) as described in § 27-18-91\(a\)](#)  
30 [pursuant to a standing order or collaborative practice agreement or to protocols developed by the](#)  
31 [board for when there is no prescription drug order, standing order or collaborative practice](#)  
32 [agreement in accordance with the requirements in this subsection and may also order laboratory](#)  
33 [testing for HIV infection as necessary.](#)

34 [\(b\) Before furnishing an HIV PrEP or PEP drug to a patient, a pharmacist shall complete a](#)

1 training program approved by the board on the use of protocols developed by the board for  
2 prescribing, dispensing and administering an HIV prevention drug, on the requirements for any  
3 laboratory testing for HIV infection and on guidelines for prescription adherence and best practices  
4 to counsel patients prescribed an HIV prevention drug.

5 (c) A pharmacist shall dispense or administer a PrEP or PEP drug in at least a thirty (30)  
6 day supply, and up to a sixty (60) day supply, as long as all of the following conditions are met:

7 (1) The patient tests negative for HIV infection, as documented by a negative HIV test  
8 result obtained within the previous seven (7) days. If the patient does not provide evidence of a  
9 negative HIV test result, the pharmacist shall order an HIV test. If the test results are not transmitted  
10 directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction.  
11 If the patient tests positive for HIV infection, the pharmacist or person administering the test shall  
12 direct the patient to a primary care provider and provide a list of primary care providers and clinics  
13 within a reasonable travel distance of the patient's residence;

14 (2) The patient does not report any signs or symptoms of acute HIV infection on a self-  
15 reporting checklist of acute HIV infection signs and symptoms;

16 (3) The patient does not report taking any contraindicated medications;

17 (4) The pharmacist provides counseling to the patient, consistent with CDC guidelines, on  
18 the ongoing use of a PrEP or PEP drug. The pharmacist shall notify the patient that the patient shall  
19 be seen by a primary care provider to receive subsequent prescriptions for a PrEP or PEP drug and  
20 that a pharmacist shall not dispense or administer more than a sixty (60) day supply of a PrEP or  
21 PEP drug to a single patient once every two (2) years without a prescription;

22 (5) The pharmacist documents, to the extent possible, the services provided by the  
23 pharmacist in the patient's record in the patient profile record system maintained by the pharmacy.  
24 The pharmacist shall maintain records of PrEP or PEP drugs dispensed or administered to each  
25 patient;

26 (6) The pharmacist does not dispense or administer more than a sixty (60) day supply of a  
27 PrEP or PEP drug to a single patient once every two (2) years, unless otherwise directed by a  
28 practitioner; and

29 (7) The pharmacist notifies the patient's primary care provider that the pharmacist  
30 completed the requirements specified in this subsection. If the patient does not have a primary care  
31 provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall  
32 provide the patient a list of physicians, clinics or other health care providers to contact regarding  
33 follow-up care.

34 (d) A pharmacist shall dispense or administer a complete course of a post-exposure

1 prophylaxis drug as long as all of the following conditions are met:

2 (1) The pharmacist screens the patient and determines that the exposure occurred within  
3 the previous seventy-two (72) hours and the patient otherwise meets the clinical criteria for a post  
4 exposure prophylaxis drug under CDC guidelines;

5 (2) The pharmacist provides HIV testing to the patient or determines that the patient is  
6 willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo  
7 HIV testing but is otherwise eligible for a post-exposure prophylaxis drug under this subsection,  
8 the pharmacist may dispense or administer a post-exposure prophylaxis drug;

9 (3) The pharmacist provides counseling to the patient, consistent with CDC guidelines, on  
10 the use of a post-exposure prophylaxis drug. The pharmacist shall also inform the patient of the  
11 availability of a PrEP or PEP drug for persons who are at substantial risk of acquiring HIV; and

12 (4) The pharmacist notifies the patient's primary care provider of the dispensing or  
13 administering of the post-exposure prophylaxis drug. If the patient does not have a primary care  
14 provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall  
15 provide the patient a list of physicians, clinics or other health care providers to contact regarding  
16 follow-up care.

17 (e) The board shall promulgate rules and regulations establishing standards for authorizing  
18 pharmacists to prescribe, dispense and administer HIV prevention drugs in accordance with this  
19 section, including adequate training requirements and protocols for when there is no prescription  
20 drug order, standing order or collaborative practice agreement.

21 SECTION 5. Section 23-6.3-2 of the General Laws in Chapter 23-6.3 entitled "Prevention  
22 and Suppression of Contagious Diseases - HIV/AIDS" is hereby amended to read as follows:

23 **23-6.3-2. Definitions.**

24 As used in this chapter the following words shall have the following meanings:

25 (1) "Agent" means a person empowered by the patient to assert or waive the confidentiality,  
26 or to disclose or consent to the disclosure of confidential information, as established by chapter  
27 37.3 of title 5, as amended, entitled "Confidentiality of Health Care Communications and  
28 Information Act."

29 (2) "AIDS" means the medical condition known as acquired immune deficiency syndrome,  
30 caused by infection of an individual by the human immunodeficiency virus (HIV).

31 (3) "Anonymous HIV testing" means an HIV test that utilizes a laboratory generated code  
32 based system, which does not require an individual's name or other identifying information that  
33 may reveal one's identity, including information related to the individual's health insurance policy,  
34 to be associated with the test.

1 (4) "Antibody" means a protein produced by the body in response to specific foreign  
2 substances such as bacteria or viruses.

3 (5) "Community-based organization" means an entity that has written authorization from  
4 the department for HIV counseling, testing and referral services (HIV CTRS).

5 (6) "Confidential HIV testing" means an HIV test that requires the individual's name and  
6 other identifying information including information related to the individual's health insurance  
7 policy, as appropriate.

8 (7) "Consent" means an explicit exchange of information between a person and a healthcare  
9 provider or qualified professional HIV test counselor through which an informed individual can  
10 choose whether to undergo HIV testing or decline to do so. Elements of consent shall include  
11 providing each individual with verbal or written information regarding an explanation of HIV  
12 infection, a description of interventions that can reduce HIV transmission, the meanings of positive  
13 and negative test results, the voluntary nature of the HIV testing, an opportunity to ask questions  
14 and to decline testing.

15 (8) "Controlled substance" means a drug, substance, or immediate precursor in schedules  
16 I-V listed in the provisions of chapter 28 of title 21 entitled, "Uniform Controlled Substances Act."

17 (9) "Department" means the Rhode Island department of health.

18 (10) "Diagnosis of AIDS" means the most current surveillance case definition for AIDS  
19 published in the Centers for Disease Control & Prevention (CDC).

20 (11) "Diagnosis of HIV" means the most current surveillance case definition for HIV  
21 infection published in the CDC's (MMWR).

22 (12) "Director" means the director of the Rhode Island department of health.

23 (13) "ELISA result" means enzyme-linked immunosorbent assay or EIA (enzyme  
24 immunoassay) which is a serologic technique used in immunology to detect the presence of either  
25 antibody or antigen.

26 (14) "Health benefits" include accident and sickness, including disability or health  
27 insurance, health benefit plans and/or policies, hospital, health, or medical service plans, or any  
28 health maintenance organization plan pursuant to title 27 or otherwise.

29 (15) "Healthcare facility" means those facilities licensed by the department in accordance  
30 with the provisions of chapter 17 of this title.

31 (16) "Healthcare provider," as used herein, means a licensed physician, physician assistant,  
32 certified nurse practitioner, [pharmacist](#) or midwife.

33 (17) "Healthcare settings" means venues offering clinical STD services including, but not  
34 limited to, hospitals, urgent care clinics, STD clinics and other substance abuse treatment facilities,

1 mental health treatment facilities, community health centers, primary care and OB/GYN physician  
2 offices, and family planning providers.

3 (18) "HIV" means the human immunodeficiency virus, the pathogenic organism  
4 responsible for HIV infection and/or the acquired immunodeficiency syndrome (AIDS) in humans.

5 (19) "HIV CD4 T-lymphocyte test result" means the results of any currently medically  
6 accepted and/or FDA approved test used to count CD4 T-lymphatic cells in the blood of an HIV-  
7 infected person.

8 (20) "HIV counseling" means an interactive process of communication between a person  
9 and a healthcare provider or qualified professional HIV test counselor during which there is an  
10 assessment of the person's risks for HIV infection and the provision of counseling to assist the  
11 person with behavior changes that can reduce risks for acquiring HIV infection.

12 (21) "HIV screening" means the conduct of HIV testing among those who do not show  
13 signs or symptoms of an HIV infection.

14 (22) "HIV test" means any currently medically accepted and/or FDA approved test for  
15 determining HIV infection in humans.

16 (23) "Occupational health representative" means a person, within a healthcare facility,  
17 trained to respond to occupational, particularly blood borne, exposures.

18 (24) "Opts out" means that a person who has been notified that a voluntary HIV test will  
19 be performed, has elected to decline or defer testing. Consent to HIV testing is inferred unless the  
20 individual declines testing.

21 (25) "Perinatal case report for HIV" means the information that is provided to the  
22 department related to a child aged less than eighteen (18) months born to an HIV-infected mother  
23 and the child does not meet the criteria for HIV infection or the criteria for "not infected" with HIV  
24 as defined in the most current surveillance case definition for HIV infection published by the CDC.

25 (26) "Person" means any individual, trust or estate, partnership, corporation (including  
26 associations, joint stock companies), limited liability companies, state, or political subdivision or  
27 instrumentality of a state.

28 (27) "Persons at high risk for HIV infection" means persons defined as being high risk in  
29 the CDC's most current recommendations for HIV testing of adults, adolescents and pregnant  
30 women in healthcare settings or through authority and responsibilities conferred on the director by  
31 law in protecting the public's health.

32 (28) "Polymerase chain reaction (PCR) test" means a common laboratory method of  
33 creating copies of specific fragments of DNA or RNA.

34 (29) "Qualified professional HIV test counselor" means: (i) A physician, physician

1 assistant, certified nurse practitioner, midwife, or nurse licensed to practice in accordance with  
2 applicable state law; (ii) A medical student who is actively matriculating in a medical degree  
3 program and who performs duties assigned to them by a physician; or (iii) A person who has  
4 completed an HIV counseling training program, in accordance with regulations hereunder  
5 promulgated.

6 (30) "Sexually transmitted diseases (STD's)" means those diseases included in § 23-11-1,  
7 as amended, entitled "Sexually Transmitted Diseases," and any other sexually transmitted disease  
8 that may be required to be reported by the department.

9 SECTION 6. This act shall take effect on January 1, 2024.

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LC001940/SUB A/2  
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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO INSURANCE -- INSURANCE COVERAGE FOR PREVENTION OF HIV  
INFECTION

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1           This act would require coverage for the treatment of pre-exposure prophylaxis (PrEP) for  
2 the prevention of HIV and post-exposure prophylaxis (PEP) for treatment of HIV infection,  
3 commencing January 1, 2024.

4           This act would take effect on January 1, 2024.

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LC001940/SUB A/2  
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