

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)



132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1687

H.P. 1122

House of Representatives, April 17, 2025

An Act to Clarify and Increase Access to HIV Prevention Medications

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

A handwritten signature in cursive script, reading "R B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative MOONEN of Portland.
Cosponsored by Representatives: BOYER of Cape Elizabeth, CLUCHEY of Bowdoinham,
Speaker FECTION of Biddeford, MASTRACCIO of Sanford, MATHIESON of Kittery.

1 Be it enacted by the People of the State of Maine as follows:

2 Sec. 1. 22 MRSA §3197 is enacted to read:

3 **§3197. Prescribing, dispensing and administering HIV prevention drugs**

4 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
5 following terms have the following meanings.

6 A. "Carrier" has the same meaning as in Title 24-A, section 4301-A, subsection 3.

7 B. "HIV prevention drug" has the same meaning as in Title 32, section 13786-E,
8 subsection 1, paragraph B.

9 **2. Reimbursement for pharmacists prescribing, dispensing and administering**
10 **HIV prevention drugs.** No later than January 1, 2027, the department shall provide
11 reimbursement under the MaineCare program to a pharmacist for prescribing, dispensing
12 and administering HIV prevention drugs under Title 32, section 13786-E. The department:

13 A. Shall provide coverage for services provided by the pharmacist under this
14 subsection at the same rate the department reimburses a physician for equivalent
15 services;

16 B. Shall authorize a pharmacist to bill the carrier and receive direct payment for a
17 service under this subsection that the pharmacist provides to a MaineCare member and
18 shall identify the pharmacist as the provider in the billing and the claims process for
19 payment of the service; and

20 C. May not impose on a pharmacist a practice, education or collaboration requirement
21 that is inconsistent with or more restrictive than a requirement of state law or an agency
22 or board rule for the pharmacist to receive payment for a service provided under this
23 subsection.

24 **3. Reimbursement model.** No later than January 1, 2027, the department shall create
25 and implement under the MaineCare program a reimbursement model to increase access to
26 HIV prevention drugs administered under Title 32, section 13786-E.

27 **Sec. 2. 24-A MRSA §4317-D, sub-§2, ¶A,** as enacted by PL 2021, c. 265, §4, is
28 amended to read:

29 A. If the federal Food and Drug Administration has approved one or more HIV
30 prevention drugs that use the same method of administration, a carrier is not required
31 to cover all approved drugs as long as the carrier covers at least one approved drug for
32 each method of administration with no out-of-pocket cost. Each long-acting injectable
33 drug with a different duration constitutes a separate method of administration.

34 **Sec. 3. 24-A MRSA §4317-D, sub-§3,** as enacted by PL 2021, c. 265, §4, is
35 amended to read:

36 **3. Limits on prior authorization and step therapy requirements.** Notwithstanding
37 any requirements in section 4304 or 4320-N to the contrary, a carrier may not subject any
38 HIV prevention drug to any prior authorization or step therapy requirement except as
39 provided in this subsection. If the federal Food and Drug Administration has approved one
40 or more methods of administering HIV prevention drugs, a carrier is not required to cover
41 all of the approved drugs without prior authorization or step therapy requirements as long

1 as the carrier covers at least one approved drug for each method of administration without
2 prior authorization or step therapy requirements. Each long-acting injectable drug with a
3 different duration constitutes a separate method of administration. If prior authorization or
4 step therapy requirements are met for a particular enrollee with regard to a particular HIV
5 prevention drug, the carrier is required to cover that drug with no out-of-pocket cost to the
6 enrollee.

7 **Sec. 4. 32 MRSA §13702-A, sub-§2-C** is enacted to read:

8 **2-C. Carrier.** "Carrier" has the same meaning as in Title 24-A, section 4301-A,
9 subsection 3.

10 **Sec. 5. 32 MRSA §13786-E, sub-§2, ¶B,** as enacted by PL 2021, c. 265, §6, is
11 amended to read:

12 B. A pharmacist shall dispense or administer a preexposure prophylaxis drug in at least
13 a 30-day supply, and up to a 60-day supply of an oral medication, or in one
14 administration of an injectable medication of any duration, as long as all of the
15 following conditions are met:

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

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

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

28 (4) The pharmacist provides counseling to the patient, consistent with CDC
29 guidelines, on the ongoing use of a preexposure prophylaxis drug. The pharmacist
30 shall notify the patient that the patient must be seen by a primary care provider to
31 receive subsequent prescriptions for a preexposure prophylaxis drug and that a
32 pharmacist may not dispense or administer more than a 60-day supply of a an oral
33 preexposure prophylaxis drug or one administration of an injectable preexposure
34 prophylaxis drug of any duration to a single patient once every 2 years without a
35 prescription;

36 (5) The pharmacist documents, to the extent possible, the services provided by the
37 pharmacist in the patient's record in the patient profile record system maintained
38 by the pharmacy. The pharmacist shall maintain records of preexposure
39 prophylaxis drugs dispensed or administered to each patient;

40 (6) The pharmacist does not dispense or administer more than a 60-day supply of
41 a an oral preexposure prophylaxis drug or one administration of an injectable
42 preexposure prophylaxis drug of any duration to a single patient once every 2 years,
43 unless otherwise directed by a practitioner; and

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

Sec. 6. 32 MRSA §13786-E, sub-§4 is enacted to read:

4. Coverage for HIV prevention services provided by pharmacist. A carrier offering a health care plan in the State:

A. Shall provide coverage for services provided by a pharmacist pursuant to this section at the same rate that the carrier reimburses a physician for equivalent services;

B. Shall authorize a pharmacist to bill the carrier and receive direct payment for a service that the pharmacist provides to an enrollee pursuant to this section and shall identify the pharmacist as provider in the billing and claims process for payment for the service; and

C. May not impose on a pharmacist, in order for the pharmacist to receive payment for a service provided pursuant to this section, a practice, education or collaboration requirement that is inconsistent with or more restrictive than a requirement of state law or agency or board rules.

Sec. 7. Exemption from review. Notwithstanding the Maine Revised Statutes, Title 24-A, section 2752, this Act is enacted without review and evaluation by the Department of Professional and Financial Regulation, Bureau of Insurance.

Sec. 8. Department of Health and Human Services to apply for waiver under Medicaid program. The Department of Health and Human Services shall apply to the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services for any amendment to the state Medicaid plan or for any waiver under the state Medicaid program necessary to implement this Act by January 1, 2027.

SUMMARY

This bill clarifies, with respect to insurance coverage for HIV prevention medication, that each long-acting injectable drug with a different duration constitutes a separate method of administration. The bill clarifies that pharmacists are allowed to dispense HIV preventive oral medication under current law, allows pharmacists to dispense injectable medication of any duration in certain circumstances and requires insurance carriers to treat pharmacists dispensing HIV drugs in a manner equivalent to how the insurance carriers treat physicians and allow pharmacists to bill the carriers and receive payment directly. The bill also provides reimbursement under the MaineCare program to pharmacists for prescribing, dispensing and administering HIV prevention drugs.