

Subject HIV Drugs
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Overview

This bill allows pharmacists who meet specified criteria to prescribe and administer drugs to prevent HIV, subject to following standardized protocols developed by the Board of Pharmacy. The bill also requires health plans, MA, and MinnesotaCare to cover these drugs and provides for nondiscrimination in coverage and reimbursement. The bill also prohibits these payers from requiring prior authorization or step therapy for drugs to prevent HIV.

Summary

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1	Prohibition on use of step therapy for antiretroviral drugs.
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Adds § 62Q.1842.

Subd. 1. Definitions. Defines “health plan” and “step therapy protocol.” Health plan is defined to include managed care and county-based purchasing plans, and integrated health partnerships, under MA and MinnesotaCare, as well as private sector plans.

Subd. 2. Prohibition on use of step therapy protocols. Prohibits a health plan that covers antiretroviral drugs for the prevention of HIV/AIDS, from limiting or excluding coverage by requiring prior authorization for the drugs or by requiring an enrollee to follow a step therapy protocol.

2	Coverage for drugs to prevent the acquisition of human immunodeficiency virus.
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Adds § 62Q.54.

(a) Requires a health plan that provides prescription drug coverage to also cover, in accordance with this section:

- 1) any antiretroviral drug approved by the FDA for preventing HIV that is prescribed, dispensed, or administered by a pharmacist meeting the requirements of section 151.37, subd. 17; and

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| | 2) any laboratory testing necessary for therapy that uses the drugs, that is ordered, performed, and interpreted by a pharmacist who meets the requirements of section 151.37, subd. 17. |
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(b) Requires a health plan to provide the same terms of coverage for drugs to prevent HIV that are prescribed or administered by a pharmacist who meets the requirements of section 151.37, subd. 17, as would apply had the drug been prescribed or administered by a physician, physician assistant, or advanced practice registered nurse. Allows plans to require pharmacists or pharmacies to meet reasonable medical management requirements, if other providers must meet the same requirements.

(c) Requires a health plan to reimburse an in-network pharmacy or pharmacist for the drugs and testing described in paragraph (a) at a rate equal to that provided to a physician, physician assistant, or advanced practice registered nurse providing similar services.

(d) Provides that a health plan is not required to cover the drugs and testing described in paragraph (a) if provided by a pharmacist or pharmacy that is out-of-network, unless the plan covers similar services provided by out-of-network providers. Requires plans to ensure that their provider network includes in-network pharmacies that provide the services described in paragraph (a).

3	Practitioner.
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Amends § 151.01, subd. 23. Includes in the definition of “practitioner” a pharmacist authorized to prescribe drugs to prevent HIV under section 151.37, subd. 17.

4	Practice of pharmacy.
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Amends § 151.01, subd. 27. Includes the following in the definition of the practice of pharmacy:

- prescribing, dispensing, and administering drugs to prevent HIV, if the pharmacist meets the requirements of section 151.37, subd. 17; and
- ordering, conducting, and interpreting laboratory tests necessary for therapies that use drugs to prevent HIV, if the pharmacist meets the requirements of section 151.37, subd. 17.

5	Drugs for preventing the acquisition of HIV.
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Amends § 151.37, by adding subd. 17. (a) States that a pharmacist is authorized to prescribe and administer drugs to prevent HIV in accordance with this subdivision.

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(b) Requires the Board of Pharmacy, by January 1, 2023, to develop a standardized protocol for a pharmacist to follow in prescribing drugs under paragraph (a). Allows the board to consult with specified groups in developing the protocol.

(c) Before a pharmacist is authorized to prescribe a drug under paragraph (a), requires the pharmacist to successfully complete a training program specifically developed for prescribing drugs to prevent HIV, offered by a college of pharmacy, an accredited continuing education provider, or a program approved by the board. Requires the pharmacist to complete continuing education requirements as specified by the board, in order to maintain authorization to prescribe.

(d) Before prescribing a drug under paragraph (a), requires the pharmacist to follow the appropriate standardized protocol.

(e) Before dispensing a drug under paragraph (a), requires the pharmacist to provide counseling and specified information to the patient.

(f) Prohibits a pharmacist from delegating prescribing authority under this subdivision. Allows a pharmacist intern to prepare the prescription, but requires a pharmacist authorized to prescribe under this subdivision to review, approve, and sign the prescription, before the prescription is processed or dispensed.

(g) States that nothing in the subdivision prohibits a pharmacist from participating in the initiation, management, modification, and discontinuation of drug therapy according to a protocol authorized in this section and section 151.01, subd. 27 (authorization for participation in drug therapy under the definition of the practice of pharmacy).

6 Drugs.

Amends § 256B.0625, subd. 13. Requires MA coverage of, and reimbursement for, antiretroviral drugs to prevent HIV, and any laboratory testing necessary for therapy using these drugs, to meet the requirements that would otherwise apply to a health plan under section 62Q.524. This requirement also applies to MinnesotaCare by cross-reference in other law.

7 Prior authorization.

Amends § 256B.0625, subd. 13f. Prohibits MA, and MinnesotaCare by cross-reference in other law, from applying prior authorization and step therapy protocol requirements to antiretroviral drugs used to prevent HIV.



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