

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-FIVE

H.P. 1122 - L.D. 1687

An Act to Clarify and Increase Access to HIV Prevention Medications

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

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

§3197. Prescribing, dispensing and administering HIV prevention drugs

1. Definition. As used in this section, unless the context otherwise indicates, "HIV prevention drug" has the same meaning as in Title 32, section 13786-E, subsection 1, paragraph B.

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

A. Shall provide coverage for services provided by the pharmacist under this subsection;

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

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

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

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

2. Coverage required. A carrier offering a health plan in this State shall provide coverage for an HIV prevention drug that has been prescribed by a provider or that has

been prescribed, dispensed and administered by a pharmacist under Title 32, section 13786-E. Coverage under this section is subject to the following.

A. If the federal Food and Drug Administration has approved one or more HIV prevention drugs that use the same method of administration, a carrier is not required to cover all approved drugs as long as the carrier covers at least one approved drug for each method of administration with no out-of-pocket cost. Notwithstanding this paragraph, a carrier shall provide coverage with no out-of-pocket cost for HIV prevention drugs for the prevention of the acquisition of HIV infection in accordance with a rating of A or B in the recommendations of the United States Preventive Services Task Force or equivalent rating from a successor organization and guidelines issued by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

B. A carrier is not required to cover any preexposure prophylaxis drug or post-exposure prophylaxis drug dispensed or administered by an out-of-network pharmacy provider unless the enrollee's health plan provides an out-of-network pharmacy benefit.

C. A carrier may not prohibit, or permit a pharmacy benefits manager to prohibit, a pharmacy provider from prescribing, dispensing or administering any HIV prevention drugs.

D. A carrier 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 the provider in the billing and claims process for payment for the service. A carrier 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. 3. 24-A MRSA §4317-D, sub-§3, as enacted by PL 2021, c. 265, §4, is amended to read:

3. Limits on prior authorization and step therapy requirements. Notwithstanding any requirements in section 4304 or 4320-N to the contrary, a carrier may not subject any HIV prevention drug to any prior authorization or step therapy requirement except as provided in this subsection. If the federal Food and Drug Administration has approved one or more methods of administering HIV prevention drugs, a carrier is not required to cover all of the approved drugs without prior authorization or step therapy requirements as long as the carrier covers at least one approved drug for each method of administration without prior authorization or step therapy requirements. Notwithstanding this subsection, a carrier shall provide coverage without prior authorization or step therapy requirements for HIV prevention drugs for the prevention of the acquisition of HIV infection in accordance with a rating of A or B in the recommendations of the United States Preventive Services Task Force or equivalent rating from a successor organization and guidelines issued by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. If prior authorization or step therapy requirements are met for a particular enrollee with regard to a particular HIV prevention drug, the carrier is required to cover that drug with no out-of-pocket cost to the enrollee.

Sec. 4. 32 MRSA §13786-E, sub-§2, ¶B, as enacted by PL 2021, c. 265, §6, is amended to read:

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

- (1) The patient tests negative for HIV infection, as documented by a negative HIV test result obtained within the previous 7 days. If the patient does not provide evidence of a negative HIV test result in accordance with this subparagraph, the pharmacist shall order an HIV test. If the test results are not transmitted directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction. If the patient tests positive for HIV infection, the pharmacist or person administering the test shall direct the patient to a primary care provider and provide a list of primary care providers and clinics within a reasonable travel distance of the patient's residence;
- (2) The patient does not report any signs or symptoms of acute HIV infection on a self-reporting checklist of acute HIV infection signs and symptoms;
- (3) The patient does not report taking any contraindicated medications;
- (4) The pharmacist provides counseling to the patient, consistent with CDC guidelines, on the ongoing use of a preexposure prophylaxis drug. The pharmacist shall notify the patient that the patient must be seen by a primary care provider to receive subsequent prescriptions for a preexposure prophylaxis drug and that a pharmacist may not dispense or administer more than a 60-day supply of a an oral preexposure prophylaxis drug or one administration of an injectable preexposure prophylaxis drug of any duration to a single patient once every 2 years without a prescription;
- (5) The pharmacist documents, to the extent possible, the services provided by the pharmacist in the patient's record in the patient profile record system maintained by the pharmacy. The pharmacist shall maintain records of preexposure prophylaxis drugs dispensed or administered to each patient;
- (6) The pharmacist does not dispense or administer more than a 60-day supply of a an oral preexposure prophylaxis drug or one administration of an injectable preexposure prophylaxis drug of any duration to a single patient once every 2 years, 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. 5. 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. 6. Department of Health and Human Services to apply for waiver under Medicaid program. The Department of Health and Human Services shall apply to the United States 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.

Sec. 7. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Medical Care - Payments to Providers 0147

Initiative: Provides funding for MaineCare reimbursement to pharmacists for HIV prevention medications.

GENERAL FUND	2025-26	2026-27
All Other	\$0	\$1,470
GENERAL FUND TOTAL	\$0	\$1,470

FEDERAL EXPENDITURES FUND	2025-26	2026-27
All Other	\$0	\$15,591
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$15,591

OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
All Other	\$0	\$1,609
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$1,609

Office of MaineCare Services 0129

Initiative: Provides one-time funding for technology costs to implement MaineCare reimbursement to pharmacists for HIV prevention medications.

GENERAL FUND	2025-26	2026-27
All Other	\$0	\$42,794
GENERAL FUND TOTAL	\$0	\$42,794

FEDERAL EXPENDITURES FUND	2025-26	2026-27
All Other	\$0	\$131,360
FEDERAL EXPENDITURES FUND TOTAL	\$0	\$131,360

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF**

DEPARTMENT TOTALS

GENERAL FUND	\$0	\$44,264
FEDERAL EXPENDITURES FUND	\$0	\$146,951

OTHER SPECIAL REVENUE FUNDS	\$0	\$1,609
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$192,824