AN ACT

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:

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


(a) Every group health insurance contract, or every group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis ("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall constitute a separate method of administration. A health insurer 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.

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

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


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

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

(c) A pharmacist shall dispense or administer a PrEP or PEP drug in at least a thirty (30) day supply, and up to a sixty (60) day supply, 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 seven (7) days. If the patient does not provide evidence of a negative HIV test result, 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 PrEP or PEP drug. The pharmacist shall notify the patient that the patient shall be seen by a primary care provider to receive subsequent prescriptions for a PrEP or PEP drug and that a pharmacist shall not dispense or administer more than a sixty (60) day supply of a PrEP or
PEP drug to a single patient once every two (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 PrEP or PEP drugs dispensed or administered to each patient;

(6) The pharmacist does not dispense or administer more than a sixty (60) day supply of a PrEP or PEP drug to a single patient once every two (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 subsection. 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.

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

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

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

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

(4) The pharmacist notifies the patient's primary care provider of the dispensing or administering of the post-exposure prophylaxis drug. 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.

(e) The board shall promulgate rules and regulations establishing standards for authorizing pharmacists to prescribe, dispense and administer HIV prevention drugs in accordance with this section, including adequate training requirements and protocols for when there is no prescription drug order, standing order or collaborative practice agreement.
SECTION 2. Chapter 27-19 of the General Laws entitled “Nonprofit Hospital Service Corporations” is hereby amended by adding thereto the following sections:


(a) Every group health insurance contract, or every group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of pre-exposure prophylaxis (“PrEP”) for the prevention of HIV and post-exposure prophylaxis (“PEP”) to prevent HIV infection. Each long-acting injectable drug with a different duration shall constitute a separate method of administration. A health insurer is not required to cover any pre-exposure 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.

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


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


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

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

(c) A pharmacist shall dispense or administer a PrEP or PEP drug in at least a thirty (30)
day supply, and up to a sixty (60) day supply, 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 seven (7) days. If the patient does not provide evidence of a
negative HIV test result, 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 PrEP or PEP drug. The pharmacist shall notify the patient that the patient shall
be seen by a primary care provider to receive subsequent prescriptions for a PrEP or PEP drug and
that a pharmacist shall not dispense or administer more than a sixty (60) day supply of a PrEP or
PEP drug to a single patient once every two (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 PrEP or PEP drugs dispensed or administered to each
patient;

(6) The pharmacist does not dispense or administer more than a sixty (60) day supply of a
PrEP or PEP drug to a single patient once every two (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 subsection. 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.

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

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

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

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

(4) The pharmacist notifies the patient's primary care provider of the dispensing or
administering of the post-exposure prophylaxis drug. 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.

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

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

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

(a) Every group health insurance contract, or every group hospital or medical expense
insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of
pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis
("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall
constitute a separate method of administration. A health insurer 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.

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


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


(a) Notwithstanding any provision of law to the contrary and as authorized by the Rhode
Island board of pharmacy (the “board”) in accordance with rules and regulations adopted under
subsection (e) of this section, a pharmacist may prescribe, dispense and administer HIV PrEP or
PEP drugs (hereinafter sometimes referred to as “prevention drugs”) as described in § 27-18.9-91(a)
of this section pursuant to a standing order or collaborative practice agreement or to protocols
developed by the board for when there is no prescription drug order, standing order or collaborative
practice agreement in accordance with the requirements in this subsection and may also order
laboratory testing for HIV infection as necessary.

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

(c) A pharmacist shall dispense or administer a PrEP or PEP drug in at least a thirty (30)
day supply, and up to a sixty (60) day supply, 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 seven (7) days. If the patient does not provide evidence of a
negative HIV test result, 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 PrEP or PEP drug. The pharmacist shall notify the patient that the patient shall
be seen by a primary care provider to receive subsequent prescriptions for a PrEP or PEP drug and
that a pharmacist shall not dispense or administer more than a sixty (60) day supply of a PrEP or
PEP drug to a single patient once every two (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 PrEP or PEP drugs dispensed or administered to each
patient;

(6) The pharmacist does not dispense or administer more than a sixty (60) day supply of a
PrEP or PEP drug to a single patient once every two (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 subsection. 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.

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

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

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

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

(4) The pharmacist notifies the patient's primary care provider of the dispensing or
administering of the post-exposure prophylaxis drug. 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.

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

Organizations" is hereby amended by adding thereto the following sections:

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

(a) Every group health insurance contract, or every group hospital or medical expense
insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of
pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis
("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall
constitute a separate method of administration. A health insurer 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.

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


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

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

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

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

(c) A pharmacist shall dispense or administer a PrEP or PEP drug in at least a thirty (30)
day supply, and up to a sixty (60) day supply, 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 seven (7) days. If the patient does not provide evidence of a
negative HIV test result, 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 PrEP or PEP drug. The pharmacist shall notify the patient that the patient shall
be seen by a primary care provider to receive subsequent prescriptions for a PrEP or PEP drug and
that a pharmacist shall not dispense or administer more than a sixty (60) day supply of a PrEP or
PEP drug to a single patient once every two (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 PrEP or PEP drugs dispensed or administered to each
patient;

(6) The pharmacist does not dispense or administer more than a sixty (60) day supply of a
PrEP or PEP drug to a single patient once every two (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 subsection. 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.

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

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

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

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

(4) The pharmacist notifies the patient's primary care provider of the dispensing or administering of the post-exposure prophylaxis drug. 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.

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

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

23-6.3-2. Definitions.

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

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

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

(3) "Anonymous HIV testing" means an HIV test that utilizes a laboratory generated code based system, which does not require an individual's name or other identifying information that may reveal one's identity, including information related to the individual's health insurance policy, to be associated with the test.
(4) "Antibody" means a protein produced by the body in response to specific foreign substances such as bacteria or viruses.

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

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

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

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

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

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

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

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

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

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

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

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

(17) "Healthcare settings" means venues offering clinical STD services including, but not limited to, hospitals, urgent care clinics, STD clinics and other substance abuse treatment facilities,
mental health treatment facilities, community health centers, primary care and OB/GYN physician
offices, and family planning providers.

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

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

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

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

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

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

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

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

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

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

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

(29) "Qualified professional HIV test counselor" means: (i) A physician, physician
assistant, certified nurse practitioner, midwife, or nurse licensed to practice in accordance with applicable state law; (ii) A medical student who is actively matriculating in a medical degree program and who performs duties assigned to them by a physician; or (iii) A person who has completed an HIV counseling training program, in accordance with regulations hereunder promulgated.

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

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