H.611

An act relating to miscellaneous provisions affecting the Department of Vermont Health Access

The Senate proposes to the House to amend the bill as follows:

First: By striking out Sec. 2, 18 V.S.A. § 4682, in its entirety and inserting in lieu thereof a new Sec. 2 to read as follows:

Sec. 2. 18 V.S.A. § 4682 is amended to read:

§ 4682. DISCRIMINATION AGAINST 340B ENTITIES PROHIBITED

* * *

(b) A manufacturer or its agent shall not directly or indirectly require a 340B covered entity to submit any claims, utilization, encounter, purchase, or other data as a condition for allowing the acquisition of a 340B drug by or delivery of a 340B drug to a 340B contract pharmacy or a 340B covered entity unless the claims or utilization data sharing is required by the U.S. Department of Health and Human Services.

* * *

(d) ~~A manufacturer or its agent shall offer or otherwise make available 340B drug pricing to a 340B covered entity or 340B contract pharmacy in the form of a discount at the time of purchase and shall not offer or otherwise make available 340B drug pricing in the form of a rebate.~~ [Repealed.]

Second: In Sec. 9, amending 2025 Acts and Resolves No. 50, Sec. 8, in subsection (a), by striking out "2026" both times it appears and inserting in lieu thereof "~~2026~~ 2027"

Third: By striking out Sec. 10, effective date, in its entirety and inserting in lieu thereof two new sections to be Secs. 10 and 11 to read as follows:

Sec. 10. 8 V.S.A. § 4077 is amended to read:

§ 4077. REPRODUCTIVE HEALTH CARE SERVICES

* * *

(h)(1) As used in this subsection:

(A) "HIV prevention drug" means any preexposure prophylaxis drug or postexposure prophylaxis drug, including oral and long-acting injectable formulations, that is approved by the FDA for HIV prevention or that is otherwise authorized for HIV prevention pursuant to FDA labeling or federal clinical guidelines.

(B) "Supportive health service" means any health service that is necessary to monitor a patient to ensure the safe and effective ongoing use of an HIV prevention drug and includes:

(i) an office visit;

(ii) laboratory testing;

(iii) testing for a sexually transmitted infection;

(iv) medication self-management and adherence counseling;

(v) patient education and counseling by the patient's health care provider regarding the appropriate use of the HIV prevention drug; and

(vi) any other health services that are components of comprehensive HIV prevention drug services as determined by the patient's health care provider.

(2) A health insurance plan shall provide coverage for HIV preexposure prophylaxis drugs as recommended by the U.S. Preventive Services Task Force as of August 22, 2023. This coverage shall be provided without any deductible, coinsurance, co-payment, or other cost-sharing requirement, except to the extent that such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223.

(3) Medicaid and any other public health care assistance program offered or administered by the State or by any subdivision or instrumentality of the State, except for any program funded in whole or in part by federal grants that include prohibitions on coverage of HIV prevention drugs, shall provide coverage of HIV prevention drugs and supportive health services and shall:

(A) not require any cost sharing, including co-payments;

(B) provide coverage without requiring prior authorization or any other protocol that may restrict or delay dispensing for at least one FDA-approved drug in each category of preexposure and postexposure prophylaxis drugs; and

(C) not deny coverage based on the type of health care professional issuing the prescription for any HIV prevention drug for which Medicaid does not require prior authorization, provided the health care professional is acting within the professional's authorized scope of practice and is enrolled as a participating provider in Vermont Medicaid.

Sec. 11. EFFECTIVE DATE

This act shall take effect on passage.