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The Honorable Paul G. Pinsky
Senate Education, Health, and Environmental Affairs Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

Testimony of FreeState Justice

IN SUPPORT OF

SB355: HIV Prevention Drugs - Prescribing and Dispensing by Pharmacists and Insurance Requirements

To the Honorable Chair Paul Pinsky, Vice Chair Cheryl Kagan, and esteemed members of the Education, Health, and Environmental Affairs Committee:

FreeState Justice is Maryland's lesbian, gay, bisexual, transgender, and queer (LGBTQ) civil rights advocacy organization. Each year, we provide free legal services to dozens, if not hundreds, of LGBTQ+ Marylanders who could not otherwise be able to afford an attorney, as well as advocate more broadly on behalf of the LGBTQ+ community.

We write today in support of Senate Bill 355, which expands access to HIV prevention medications by expanding insurance coverage, limiting the ability of insurers to require pre-authorization before medication can be dispensed, and permitting pharmacists to dispense initial prescriptions of HIV prevention medications under limited circumstances. We strongly believe these provisions will help to minimize the spread of HIV in Maryland.

Antiretroviral drugs have been used since the late 1980s as a form of treatment for people living with AIDS. Beginning in the 1990s, antiretrovirals have also been used preemptively to prevent the

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transmission of HIV, first in the form of post-exposure prophylaxis (PEP), and more recently as pre-exposure prophylaxis (PrEP).

PEP is often prescribed to individuals who have been unintentionally or unknowingly exposed to HIV, and, when begun within 72 hours of exposure, can significantly reduce the risk of contracting HIV. While PEP was initially used primarily occupationally by healthcare providers who were exposed to HIV or to prevent transmission to infants at the time of birth, the Department of Health and Human Services has recommended the non-occupational use of PEP in a variety of circumstances since 2005, including condom breakage, unprotected sex with an anonymous partner, or needle sharing. Although it is typically easy to obtain a PEP prescription for its original occupational uses (as they take place within a healthcare setting), the 72 hour time limit to start PEP can be a significant barrier in non-occupational situations.

PrEP, on the other hand, is an antiretroviral medication that, when taken in advance of exposure, significantly reduces the likelihood the individual will contract HIV. When taken as prescribed, PrEP can reduce the risk of contracting HIV by 99%, virtually eliminating new HIV cases. The first PrEP medication, Truvada, was approved by the Food and Drug Administration in 2012, with other medications following over the past decade, including most recently Apretude, an extended-release injectable that patients need to take only once every two months instead of daily.

While both PEP and PrEP dramatically decrease the risk to users of contracting HIV, significant barriers prevent their uptake. In addition to requiring a physician's prescription, PEP and especially PrEP often require insurance pre-authorization. The delays brought about by these barriers can cause at-risk individuals to miss their critical 72 hour window to take PEP or to miss out on the protection of PrEP before unintentional exposure. By limiting the ability of insurers to require pre-authorization for the use of PEP and PrEP, Senate Bill 355 ensures Marylanders will not miss out on their protection simply because they are waiting for a decision.

Furthermore, Senate Bill 355 also expands access to PEP and PrEP by reducing the barriers to obtaining an initial prescription. Under SB355, pharmacists may dispense an initial 60-day prescription of PEP or PrEP without a physician's prescription, in a method similar to how Maryland pharmacists may prescribe emergency contraception behind the counter. Pharmacies are significantly more accessible to individuals without primary care providers, have more flexible hours than many medical provider offices, and generally do not require appointments in advance, something that is especially critical where individuals are unable to make an appointment with a physician in timely manner or where time is of the essence, such as during the 72 hour window for PEP.

Significant protections remain in place, however, to ensure that individuals are not prescribed PEP or PrEP inappropriately and that they follow up with a physician. In addition to requiring extensive, non-waivable counseling on taking the medication (including side effects, the importance of following the medication regimen precisely, and the need for continued testing for a variety of sexually-transmitted infections), Senate Bill 355 also requires pharmacists to verify that the patient is not already HIV+, either by submission of a test done within the prior 7 days or by doing an instant test at point of service. In the event that the individual tests positive, the pharmacist is to provide them with a list of referrals to health care providers specialized in the treatment of HIV/AIDS. Together with the 60 day limit on pharmacist prescriptions, these provisions ensure that individuals will not be able to obtain long-term access to medication without a doctor's oversight.

By authorizing pharmacists to prescribe and dispense PEP and PrEP to patients, SB355 taps into the under-recognized potential of pharmacists' roles in HIV prevention and contributes greatly to public health through expanding patients' accessibility to life changing medication, and allowing PEP and PrEP to reach a broader population of community members.

For these reasons, FreeState Justice urges a favorable report on Senate Bill 355.