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SB 355 - HIV Prevention Drugs - Prescribing and Dispensing by Pharmacists and Insurance Requirements

Background

- Human immunodeficiency virus (HIV) is a virus that attacks the body's immune system and can lead to Acquired Immunodeficiency Syndrome (AIDS) if left untreated.
- SB355 is an amended reintroduction of SB 828 which was first introduced in 2021 with updated language drafted upon consultation with stakeholders and advocates.

Why SB 355 is Needed

- In 2020, there were 31,676 people living with diagnosed HIV in Maryland, including 724 patients newly diagnosed that year.
- Compared to other states, Maryland has high rates of new HIV infections.
 - Maryland was ranked 8th among states in adult and adolescent HIV diagnosis rates in 2019.¹
 - Of those living with HIV in the state, 67% have suppressed viral loads and 77% are engaged in treatment for their HIV.
- Medications for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are effective at preventing the transmission of HIV; the Centers for Disease Control (CDC) estimates that, when taken as directed, **PrEP can reduce the risk of sexual transmission by greater than 90%.**

¹ [Maryland Department of Health](#)

- Accessing these medications can be difficult for people without a primary care physician or those living in rural areas. PEP is most effective when taken within 72 hours of an exposure; the inability to see a provider within that time window in order to secure a prescription may prove to be highly consequential.
- The COVID-19 pandemic has greatly disrupted access to PrEP and PEP. One study in Boston found a 72% reduction in PrEP initiation and a 191% increase in PrEP refill lapses in just four months.²
- Community pharmacists are not only accessible for patients but they are highly well-regarded health care professionals. Given approximately 90% of Americans live within five miles of a pharmacy, pharmacists have a unique ability to expand preventive services and medication accessibility.³

What SB 355 Does

- SB 355 authorizes pharmacists to prescribe up to a 60-day supply of PrEP to HIV-negative individuals with subsequent prescriptions needing to be prescribed from a physician.
- SB 355 authorizes pharmacists to prescribe a complete course of PEP to individuals screened to have been exposed to HIV within the past 72 hours consistent with CDC.
- In each case, patients will undergo post encounter counseling at the pharmacy to be appraised of treatment protocols and the importance of physician-based continuum of care.
- Pharmacists will notify the patient's primary care physician (PCP).
- Patients without a PCP or those unwilling to identify one will be provided a list of providers within their area including a list of Ryan White endorsed clinics which are specialized in preventing the spread of HIV care.
- Patients with eligible health plans will not be subject to any cost-share for either PrEP or PEP within this pathway.

What SB 355 Accomplishes

- SB 355 would improve public health by facilitating increased access points to PrEP and PEP by allowing pharmacists to prescribe and dispense limited supplies.
- California, Oregon, and Colorado permit pharmacists to prescribe and dispense PrEP and PEP.⁴
- SB 355 expands accesspoints to therapeutic medication to mitigate the contraction and spread of HIV.
- SB 355 trains pharmacists on how to properly prescribe and administer PrEP and PEP.

² Mascolini M. COVID-19 disrupts PrEP starts, refills, HIV/STI testing in Boston clinic. *AIDS* 2020. 2020.

³ Qato DM, Zenk S, Wilder J, Harrington R, Gaskin D, Alexander GC. The availability of pharmacies in the United States: 2007-2015. *PLoS One*. 2017;12(8):e0183172. Published 2017 Aug 16. doi:10.1371/journal.pone.0183172

⁴ Zhao A, Dangerfield DT 2nd, Nunn A, et al. Pharmacy-Based Interventions to Increase Use of HIV Pre-exposure Prophylaxis in the United States: A Scoping Review [published online ahead of print, 2021 Oct 20]. *AIDS Behav*. 2021;1-16. doi:10.1007/s10461-021-03494-4