

**SB355 – HIV Prevention Drugs - Prescribing and Dispensing by Pharmacists and
Insurance Requirements
Education, Health, and Environmental Affairs Committee
February 10, 2022**

Position: Support with Amendments

The Maryland Association of Chain Drug Stores (MACDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to express support for broad access to convenient quality care for Marylanders by leveraging community pharmacies. We thank Senator Lam for introducing this bill and urge the Committee to recognize pharmacists as qualified healthcare professionals, more than capable of providing enhanced access to lifesaving therapy. *SB355 authorizes pharmacists to initiate and dispense Human Immunodeficiency Virus (HIV) prevention medications.* Successful passage of this bill is imperative to ensure Marylanders have additional healthcare destinations and necessary patient choice and convenience to receive the timely care they deserve to prevent HIV infection and spread.

Broaden Pharmacist Authority to Ensure Increased Access for Marylanders

HIV prevention has transformed in recent years because of increased access to and use of effective prevention medications including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). As one of the most frequently visited and trusted members of a patient's healthcare team, pharmacists are well-positioned to safely and conveniently link patients to essential care, such as HIV prevention services, within various communities across Maryland. Nearly 90% of Americans live within 5 miles of a pharmacy and evidence shows that patients visit pharmacies 10 times more frequently than other healthcare providers, demonstrating that pharmacists can fill gaps in patient care and support the healthcare team.ⁱ

In 2019, nearly 1.2 million people in the United States aged 13+ were living with diagnosed or undiagnosed HIV infection. In Maryland, among people living with HIV in 2019, it was estimated that nearly 90% had been diagnosed, while an estimated more than 3,500 people with HIV in Maryland remain undiagnosed.ⁱⁱ Currently, approximately 12 states recognize pharmacists' ability to provide HIV prevention services, in addition to community pharmacy models and pilot studies noting expanded access by leveraging pharmacists within the community.ⁱⁱⁱ Most recently, Virginia pharmacists were granted authority to initiate and dispense HIV prevention medications.^{iv} Given pharmacies' enhanced accessibility and convenience within the community, especially for timely services such as HIV prevention, SB355 would similarly allow pharmacists the ability to help those affected by HIV, especially those who may not have the appropriate resources to seek care elsewhere.

Recommended Amendments

1. As medication experts of the healthcare team, pharmacists have adequate background and training to confirm and dispense the appropriate medication for a patient, along with monitoring and counseling on potential side effects. **As such, pharmacists are fully capable of initiating and dispensing a 60-day supply versus only a 30-day supply to patients, as appropriate.** Furthermore, extending this authority for pharmacists without burdensome restrictions will also provide patients an avenue to receive uninterrupted care, especially as some patients may not have a primary care provider at the time of their pharmacy visit. Creating extra administrative requirements will only impact the patient as it takes away pharmacists' time with patients.
2. Certain requirements within SB355 limit pharmacists from providing the proposed service, which ultimately prevents patients from receiving the care they require. As a standard, pharmacists offer patients the opportunity to receive counseling and consultation regarding their new and existing medications. However, requiring pharmacists to refuse provision of HIV prevention services due to patients' not accepting the offer for consultation could prove to be a dangerous precedent for any medication. **Pharmacists have the necessary technology and infrastructure to document their offer to counsel the patient and the patient's refusal within the electronic system and thus, should still be able to offer the service if the patient is eligible and in need of the service.**
3. Finally, successful implementation of this care service is vital to expanding access for Marylanders, and sustainability of this service is an important component for uptake by both patients and pharmacies. Implementation of HIV prevention measures, including the utilization of life-saving prevention medications such as PrEP, can lead to healthcare cost-savings. According to the Centers for Disease Control and Prevention (CDC), HIV prevention efforts conducted between 2008 to 2017 have resulted in 10,000 fewer HIV infections per year and saved \$4.58 billion.^v Additionally, studies have shown that HIV prevention implementation can lead to estimated healthcare savings of nearly \$230,000 per person and have noted the use of PrEP to be a cost-effective measure.^{vi,vii} **Thus, appropriate reimbursement and coverage for pharmacy care should be implemented to support patient access, especially those in rural and medically underserved areas, and sustain the provision of quality, affordable pharmacy care throughout Maryland communities.**

Conclusion

The COVID pandemic has clearly demonstrated that pharmacies are critical partners in providing access to care. Maryland boasts more than 800 pharmacies that have been open and operational during the pandemic to provide patients with community-based healthcare, while allowing physicians to focus on providing more specialized care to COVID patients. Pharmacies' accessibility and integration in communities across the state, their doctorate-level clinical training, and their ability to ensure patients have access to the supportive care measures they need make them well-positioned to provide HIV prevention services. Thus, MACDS and

NACDS support passage of SB355 with our recommended amendments to provide vulnerable Marylanders who are at-risk of HIV with the option to receive the care they deserve in the setting they feel most comfortable. We appreciate the tremendous efforts already taken by the General Assembly to enhance healthcare access and welcome the continued opportunity to work to with you and your constituents.

ⁱ *studied in Medicaid patient population* Hemberg N, Huggins D, et al. Innovative Community Pharmacy Practice Models in North Carolina. North Carolina Medical Journal. June 2017. <http://www.ncmedicaljournal.com/content/78/3/198.full>

ⁱⁱ <https://health.maryland.gov/phpa/OIDEOR/CHSE/SiteAssets/Pages/statistics/Maryland-HIV-Fact-Sheet-2021.pdf>

ⁱⁱⁱ [https://www.iapha.org/article/S1544-3191\(20\)30039-X/fulltext](https://www.iapha.org/article/S1544-3191(20)30039-X/fulltext)

^{iv} <https://www.dhp.virginia.gov/pharmacy/docs/protocols/PrEPCombinedProtocol12-22-2021.pdf>

^v CDC. CDC's HIV Work Saves Lives and Money. Feb 2020. <https://www.cdc.gov/nchhstp/budget/infographics/hiv.html>

^{vi} Schackman BR, Fleishman JA, Su AE, et al. The lifetime medical cost savings from preventing HIV in the United States. Med Care. 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4359630/#:~:text=Results,lifetime%20cost%20estimate%20is%20%2496%2C700>.

^{vii} Ouellet E, Durand M, Guertin JR, LeLorier J, Tremblay CL. Cost effectiveness of 'on demand' HIV pre-exposure prophylaxis for non-injection drug-using men who have sex with men in Canada. *Can J Infect Dis Med Microbiol*. 2015 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4353265/>