



Testimony on SB 355 House Government and Operations Committee

March 24, 2022

The Maryland Association of Chain Drug Stores (MACDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to express support for SB 355. We thank Senator Lam for introducing it and urge the Committee to approve this bill that will greatly expand access to groundbreaking HIV prevention medication for Marylanders. ***SB355 authorizes pharmacists to initiate and dispense Human Immunodeficiency Virus (HIV) prevention medication to medically qualified patients at risk of contracting HIV.*** Successful passage of this bill will ensure Marylanders have greatly expanded opportunities 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 the approval of groundbreaking medications that prevent HIV infection both before and after potential exposure. They are known as 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 and well-trained to link patients safely and conveniently to HIV prevention services in their own local communities. 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 to support patients and the entire healthcare team.¹

Because pharmacies are open in the evening and on weekends, they are uniquely able to provide care to underserved communities and populations that may not have convenient access to a physician. This is especially critical for individuals at-risk of contracting HIV because for PeP to be effective, the patient must start therapy with 72 hours of possible exposure. Thus, timely access this medication – including over the weekend and during hours when physician offices are closed – is absolutely essential for these medications to be effective at stopping the spread of HIV.

Pharmacists who practice in states that have authorized them to provide HIV prevention services provide high quality care to the public. When providing this care to their patients, pharmacists follow the same CDC protocols and consult the same clinical guidance as other clinicians when assessing patient eligibility for PeP and PrEP. Thus for example, if according to the CDC protocol and guidelines a patient is not eligible for treatment at the pharmacy, they will be counseled to seek immediate care elsewhere. Additionally, Maryland pharmacists already have the authority to provide the point-of-care testing services that are needed to support provision of these treatments; for more extensive testing, pharmacies may partner with local labs. Pharmacy providers' ability to efficiently conduct and facilitate access to these testing services was clearly demonstrated during COVID.

With nearly 1.2 million people in the United States aged 13+ living with diagnosed or undiagnosed HIV infection, the time to act is now. Among Marylanders living with HIV in 2019, it was estimated that nearly 90% had been diagnosed, while an estimated more than 3,500 individuals remain undiagnosed.ⁱⁱ Recognizing the critical nature of timely access to PrEP and PEP, 12 states – including neighboring Virginia – have already acted to recognize pharmacists’ ability to provide HIV prevention services. This is in addition to community pharmacy models and pilot studies that encourage expanded access to HIV therapies by leveraging pharmacists within the community.ⁱⁱⁱ As of last year, Virginians have access to these therapies at pharmacies after similar legislation passed in 2020.^{iv}

Given pharmacies’ location and convenience, SB355 would similarly allow Marylanders the same benefit -- especially those who may not have the resources to seek care elsewhere or have sensitivity about seeking care at other venues due to the stigma that, unfortunately, still exists around HIV.

Recommended Amendments

1. Amend bill to allow pharmacists to initiate and dispense a 60-day supply of HIV prevention therapies.

As the medication experts on the healthcare team, pharmacists have the education and training to confirm whether a patient is clinically eligible for these therapies, and to dispense the appropriate medication for a patient, along with monitoring and counseling on potential side effects and possible drug interactions. 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 give pharmacy providers the flexibility to offer patients an avenue to receive uninterrupted care, especially as some patients may not have a primary care provider at the time of their initial pharmacy visit. Creating extra and often redundant administrative requirements that are already covered in the CDC protocol, will only impact the patient as it takes away pharmacists’ time with patients.

2. Amend bill to allow pharmacists to provide HIV prevention medications even when a patient declines to be counseled.

Provisions within SB355 limit pharmacists’ ability to provide this service, which ultimately prevents patients from receiving the care they require in the most efficient manner. 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 or health care professional. **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 allowed to offer the service if the patient is eligible and in need of the service.**

- 3. If the committee opts to further amend the bill regarding insurance company allowances around the use of prior authorization for PEP and PrEP therapies, we encourage lawmakers to consider the approaches implemented in California and Oregon where insurers must cover at least one PEP and PrEP medication in their formulary for which prior authorization is not required.**

Insurance coverage of PEP and PrEP therapies is an important factor in the accessibility of these medications. Ensuring timely access to these these drugs not only improves the public health and individual patient outcomes, it also helps to minimize healthcare cost burdens of HIV treatment. CDC reports that 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}

Given that *timely* access to HIV prevention therapies is vital to the effectiveness of this medication, insurance coverage for PEP and PrEP pharmacy care should reflect this. Thus, if lawmakers to opt to amend the provisions in SB 355 to allow for the use of prior authorization restrictions for these medications, we encourage Maryland lawmakers to consider the approaches enacted by California and Oregon wherein insurers must cover one PEP and PrEP drug in their formulary for which step therapy and prior authorization would not be required.

Conclusion

As demonstrated during the COVID pandemic, 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.

Available at: <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.japha.org/article/S1544-3191\(20\)30039-X/fulltext](https://www.japha.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.

Available at: <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.

Available at: 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

Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4353265/>