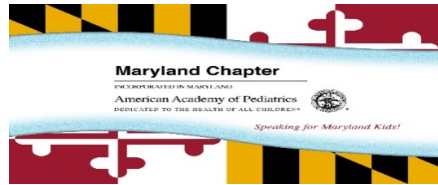




The Maryland State Medical Society  
 1211 Cathedral Street  
 Baltimore, MD 21201-5516  
 410.539.0872  
 Fax: 410.547.0915  
 1.800.492.1056  
 www.medchi.org



MID-ATLANTIC ASSOCIATION OF  
 COMMUNITY HEALTH CENTERS

TO: The Honorable Paul G. Pinsky, Chair  
 Members, Senate Education Health and Environmental Affairs Committee  
 The Honorable Clarence Lam

FROM: J. Steven Wise  
 Pamela Metz Kasemeyer  
 Danna L. Kauffman

DATE: March 2, 2021

RE: **OPPOSE** – Senate Bill 828 – *HIV Prevention Drugs – Dispensing by Pharmacists and Insurance Requirements*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **opposition** for Senate Bill 828. Senate Bill 828 would authorize pharmacists to dispense certain HIV prevention drugs to a patient without a prescription. While the above-named organizations appreciate the intent of the legislation is to facilitate access to both pre- and post-exposure prophylaxis HIV medications in order to enhance HIV prevention, they have a number of concerns with this proposal, some of which may have unintended consequences and therefore would undermine the presumed objectives of the legislation.

First, the bill creates definitions of pre- and post-exposure prophylaxis which both allow the Board of Nursing, Board of Pharmacy, and Board of Physicians to define drug combinations that can be used for these purposes. However, these professional regulatory boards do not define treatments on drug combinations for illnesses and are not established to do so. The portion of the definition relying on the Centers for Disease Control to define these drug combinations is more appropriate.

Second, the bill allows a pharmacist to dispense a 30-day supply, but no more than a 60-day supply, of pre-exposure prophylaxis without a prescription under certain circumstances. There is concern that patients will pharmacy shop and continue to receive these incremental supplies instead of seeking needed medical care from a physician or other provider. Furthermore, a provider would not know how many 30-60 day supplies of pre-exposure prophylaxis a patient has received, because maintaining electronic medical records is not part of a pharmacists’ normal protocols, and these drugs are not subject to the Prescription Drug Monitoring Program.

Further, the inclusion of post-exposure prophylaxis in the medications that a pharmacist is authorized to dispense without a prescription is also of concern. The recommended medical care, counselling, and other services that should be provided post-exposure differ from those required for pre-exposure and are not within the scope of practice of a pharmacist.

Finally, the bill allows a pharmacist to order an HIV test for a patient after the pharmacist “screens” the patient. Pharmacists are not normally permitted under their scope of practice to order tests without a prescription from a prescriber and are not trained to “screen” patients in the way that physicians are. The above-named organizations will continue to work with the sponsor on this legislation, but in its current form they have the above concerns and based on those concerns ask the Committee for an unfavorable report.

**For more information call:**

J. Steven Wise  
 Pamela Metz Kasemeyer  
 Danna L. Kauffman  
 410-244-7000