

February 26, 2021

The Honorable Paul G. Pinsky
Chair, Education, Health, and Environmental Affairs Committee
2 West Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Support: SB828 HIV Prevention Drugs- Dispensing by Pharmacists and Insurance Requirements

Dear Chairman Pinsky and Members of the Committee:

My name is Dr. Neha Sheth Pandit and I have been an HIV clinical pharmacist for close to 15 years. I am an Associate Professor and Vice Chair for Research and Scholarship at the University of Maryland Baltimore School of Pharmacy. I am a board-certified pharmacotherapy specialist and credentialed with the American Academy of HIV Medicine. I currently practice at the University of Maryland Midtown Campus THRIVE Program which cares for over 2300 people living with HIV and provides pre-exposure and post exposure HIV prophylaxis to those at risk for infection.

In 2012, the first medication for pre-exposure prophylaxis (PrEP) was approved by the Food and Drug Administration. By 2018, despite advances in the science, the uptake of PrEP use was riddled with disparities by geography, gender and other demographics. In the state of Maryland there is a disproportionate need to for PrEP in females and those less than 25 and greater than 55 years of age who are at risk for HIV.¹

There are significant barriers to PrEP uptake including lack of awareness and knowledge, low perception of HIV risk, social stigma, provider bias and medical distrust, lack of access, and financial barriers.² The approval of SB828 would be one of many positive steps for Maryland to overcome these barriers and to move one step closer to Ending the HIV Epidemic.

Studies have shown that pharmacists see their patients between 1.5 to 10 times more frequently than they see primary care physicians. The increased accessibility of community pharmacists will greatly improve the process for PrEP uptake. For post-exposure prophylaxis (PEP), time to antiretroviral initiation is imperative to reduce HIV risk. The accessibility of initial medications for PEP at local pharmacies would not only help educate patients of the necessity to start treatment within 72 hours but also allow patients the ability to schedule an appointment with prescribers with ease by providing appropriate resources.

Pharmacists have shown their abilities to appropriately provide these services with administration of immunizations, naloxone and oral contraceptive dispensing, in addition to administration of point of care testing. In the past year of an unprecedented pandemic, pharmacists sustained their accessibility for patients to ensure continuity of healthcare services. This policy supports the idea that pharmacists are often the first line of health care services for patients and allows for a smooth transition to a prescriber.

Lastly, SB828 provides additional support for the financial barriers for PEP and PrEP. This policy begins to ensure the cost of these medications are not prohibitive for the prevention of HIV. SB828 presents an opportunity for the State of Maryland to improve access to care, extend the public health role of trained pharmacists, and to educate the general public.

I hope that each of you will help increase the access to PrEP and PEP for Maryland constituents by issuing a favorable report on SB828.

Sincerely,



Neha Sheth Pandit, PharmD, AAHIVP, BCPS
Associate Professor
University of Maryland Baltimore School of Pharmacy

1. AIDSvu 2021: <https://aidsvu.org/local-data/united-states/south/maryland/#prep>
2. Mayer KH, et al. Adv Ther 2020;37(5):1778-1811. Doi: 10.1007/s12325-020-01295-0.