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Support SB 828
HIV Prevention Drugs - Dispensing by Pharmacists and Insurance Requirements
Senator Clarence Lam

Why SB 828 is Needed

- In 2019, there were 31,630 people living with diagnosed HIV in Maryland.
- Maryland has high rates of new HIV infections: in 2018, Maryland was ranked sixth among states for new HIV diagnoses, tied with Mississippi.
- Medications called pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are effective at preventing the transmission of HIV; the CDC estimates that, when taken as directed, **PrEP can reduce the risk of sexual transmission by 99%**.
- Accessing these medications can be difficult for people without a primary care physician or people living in rural areas.
- 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.
- There are large racial disparities in HIV, with Black Marylanders having an HIV rate **ten times higher** than White Marylanders, but national studies show lower rates of PrEP access among Black and Latinx people. Increasing access points may help reduce these health inequities.

What SB 828 Does

- Allows Maryland pharmacists to dispense PEP and up to 60 days of PrEP without a prescription.
- Removes insurance-related barriers to care by prohibiting prior authorization for PrEP and PEP and requiring that insurers cover ancillary services required for the use of these medications, like STI testing and kidney function testing.

Current PrEP/PEP Pharmacy Access Laws

- California and Colorado have passed laws to allow PrEP and PEP to be dispensed by pharmacists without a prescription.
- Virginia passed a House bill last week creating a pathway to PrEP pharmacy access.
- New York allows PEP to be dispensed by pharmacists.
- Other states, including Oregon, Florida, Missouri, and Minnesota, are considering similar legislation this session
- Colorado is considering legislation to require insurers to cover ancillary services this session.
- Pilot studies of pharmacy-based PrEP/PEP clinics have shown this model is safe, effective, and financially-sustainable.