

## **2021 ACNM SB 828 Senate Side.pdf**

Uploaded by: Elliott, Robyn

Position: FAV



### **Support**

#### **Senate Bill 828 – HIV Prevention Drugs – Dispensed by Pharmacists and Insurance Requirements**

Senate Education, Health, and Environmental Affairs Committee

March 2, 2021

The Maryland Affiliate of the American College of Nurse-Midwives supports *Senate Bill 828 – HIV Prevention Drugs – Dispensed by Pharmacists and Insurance Requirements*. The bill permits pharmacists to dispense post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) to prevent HIV in certain circumstances.

ACNM supports this legislation as a public health initiative for the following reasons:

- **Dispensing of PEP is Time Sensitive:** To be effective in preventing HIV, an individual needs to take PEP within 72 hours of potential exposure to HIV. In some circumstances, pharmacists may be in a better position to provide PEP within this time period;
- **Pathway to Primary Care:** Pharmacists may only provide up to 60 days of PrEP if patients meet certain clinical requirements. Then, the pharmacist must transition care to a primary care provider. This arrangement will increase the number of people who obtain PrEP and who are under the care of a primary care provider.

We ask for a favorable report on this legislation. If we can provide any additional information, please contact Robyn Elliott at (443) 926-4443 or [relliott@policypartners.net](mailto:relliott@policypartners.net).

# **2021 MNA SB 828 Senate Side.docx.pdf**

Uploaded by: Elliott, Robyn

Position: FAV



**To:** Senate Education, Health, and Environmental Affairs Committee

**Bill:** Senate Bill 828 – HIV Prevention Drugs – Dispensed by Pharmacists and Insurance Requirements

**Date:** March 2, 2021

**Position:** Support

The Maryland Nurses Association (MNA) supports *Senate Bill 828 – HIV Prevention Drugs – Dispensed by Pharmacists and Insurance Requirements*. The bill permits pharmacists to dispense post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) to prevent HIV in certain circumstances.

MNA supports this legislation because there is a compelling public health need to increase access to PEP and PrEP. This bill increases access to this life saving medication by using pharmacists to “quick start” the drug regimen and then transition care to primary care providers so that it can be managed by a patient’s health care provider. The bill has well-developed safeguards to ensure that pharmacists are only dispensing these medications in the most clinically appropriate situations.

We ask for a favorable report on this legislation. If we can provide any additional information, please contact Robyn Elliott at (443) 926-4443 or [relliott@policypartners.net](mailto:relliott@policypartners.net).

# **LAM\_FAV\_SB0828.pdf**

Uploaded by: Lam, Clarence

Position: FAV

CLARENCE K. LAM, M.D., M.P.H.  
*Legislative District 12*  
Baltimore and Howard Counties

Education, Health, and Environmental Affairs  
Committee

Executive Nominations Committee

Joint Committee on Ending Homelessness

*Chair*

Joint Audit and Evaluation Committee

Joint Committee on Fair Practices and  
State Personnel Oversight

*Vice Chair*

Baltimore County Senate Delegation

*Chair*

Howard County Senate Delegation



## THE SENATE OF MARYLAND

### ANNAPOLIS, MARYLAND 21401

Miller Senate Office Building  
11 Bladen Street, Room 420  
Annapolis, Maryland 21401  
410-841-3653 • 301-858-3653  
800-492-7122 Ext. 3653  
Clarence.Lam@senate.state.md.us

### 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.

## **SB828 NSP.pdf**

Uploaded by: Pandit, Neha

Position: FAV



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.<sup>1</sup>

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.<sup>2</sup> 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,

A handwritten signature in black ink that reads "Neha Sheth Pandit". The script is cursive and fluid.

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.

# **SB828 MD NARAL SUPPORT.docx.pdf**

Uploaded by: Philip, Diana

Position: FAV



## **SB0828 HIV Prevention Drugs – Dispensing by Pharmacists and Insurance Requirements**

Presented to the Hon. Paul Pinsky and

Members of the Senate Education, Health, and Environmental Affairs Committee

March 2, 2021 2:00pm

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### **POSITION: SUPPORT**

NARAL Pro-Choice Maryland urges Members of the Senate Education, Health, and Environmental Affairs Committee to issue **a favorable report on SB0828 HIV Prevention Drugs – Dispensing by Pharmacists and Insurance Requirements**, sponsored by Senator Clarence Lam.

Our organization is an advocate for reproductive health, rights, and justice. As part of our efforts to protect reproductive freedom for all Marylanders, we work to ensure every individual has the right to decide if, when, and how to form their families, and to parent in good health, in safety, and with dignity. In doing so, we support increasing access to preexposure prophylaxis (PrEP) for pregnant and parenting people at risk of getting HIV.

PrEP is a preventive measure for individuals who are at constant risk of developing HIV based on their lifestyle or the identities they hold; when taken correctly, PrEP can be [99% effective](#) in reducing the risk of HIV transmission.<sup>1</sup> Gay and bisexual men, African Americans, Latinx individuals, injected drug users (IDUs), and transgender individuals are [disproportionally impacted by HIV](#) because of the ways in which systemic racism, stigma, and the social determinants of health have historically impacted the wellbeing of these populations.<sup>2</sup> Based on a number of factors, individuals from these groups may also lack access to comprehensive health insurance and/or may not have a healthcare provider that they trust and can easily access.

Allowing pharmacists to provide PrEP to an individual who may have recently been exposed to HIV is a novel public health approach to reduce transmission of the infection. For most people, pharmacies are more accessible than a doctor's office, and allowing pharmacists to dispense PrEP will ensure increased access to the medications for individuals at risk of HIV and without a medical home. This bill also ensures that pharmacists connect individuals who do not currently have a primary care provider to a medical home, which is a great strategy in improving access to comprehensive primary health care.

For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0828**. Thank you for your time and consideration.

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<sup>1</sup> How effective is PrEP? CDC. Nov 2, 2020. Accessed at <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>

<sup>2</sup> High Impact HIV Prevention: CDC's Approach to Reducing HIV Infections in the United States. August 2011. Accessed at: [https://www.cdc.gov/hiv/pdf/policies\\_NHPC\\_Booklet.pdf](https://www.cdc.gov/hiv/pdf/policies_NHPC_Booklet.pdf)

## **SB828 - HIV Prescription Drugs - FAV - EPIC Stephe**

Uploaded by: RASMUSSEN, DENNIS

Position: FAV



A Network Of  
Independently Owned  
Pharmacies

Testimony offered on behalf of:

## EPIC PHARMACIES, INC.

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IN SUPPORT OF:

**SB 828 – HIV Prescription Drugs – Dispensing by Pharmacists and Insurance Requirements**

Hearing 3/2/21 at 1:00PM

EPIC Pharmacies Supports SB 828 – HIV Prescription Drugs – Dispensing by Pharmacists and Insurance Requirements.

EPIC Pharmacies support efforts to reducing barriers for patients to receive both pre and post exposure prophylaxis for HIV infection. The pharmacist is often the most accessible health care provider and patients see their pharmacist an average of twenty-four times a year in a setting that is comfortable for the patient as well as in a setting that is not identified with any particular diagnosis or disease.

The only concerns we have with the bill have to do with nomenclature rather than substance. The bill mentions on numerous occasions that the treatment may be administered “without a prescription.” We would advise that the writers of the bill work in concert with the insurance administration and state attorney general with respect to making sure that this language is permissible. Can the State of Maryland make the schedule of a drug less restrictive than approved by the the Food and Drug Administration? If not, the State of Maryland has utilized other techniques in the past such as utilizing “Standing Orders” with respect to Narcan dispensing. We have no doubt that these concerns will be addressed, clarified, and/ or resolved, and are happy to help in any capacity.

As such, EPIC Pharmacies recommends a favorable report on SB 828.

Thank you,

A handwritten signature in black ink that reads "Steve Wiener, Pharmacist".

Steve Wiener, Rph

EPIC PharmPAC Treasurer

Mt. Vernon Pharmacy and Mt. Vernon Pharmacy at Fallsway

## **SB828 - HIV Prescription Drugs - FAV - EPIC Stephe**

Uploaded by: Wiener, Stephen

Position: FAV



A Network Of  
Independently Owned  
Pharmacies

Testimony offered on behalf of:

## EPIC PHARMACIES, INC.

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IN SUPPORT OF:

**SB 828 – HIV Prescription Drugs – Dispensing by Pharmacists and Insurance Requirements**

Hearing 3/2/21 at 1:00PM

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Thank you,

A handwritten signature in black ink that reads "Steve Wiener, Pharmacist".

Steve Wiener, Rph

EPIC PharmPAC Treasurer

Mt. Vernon Pharmacy and Mt. Vernon Pharmacy at Fallsway



# **MMCOA SB828 03 02 2021.pdf**

Uploaded by: Briemann, Jennifer

Position: UNF



**MMCOA**  
**Board of Directors**

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*CEO*  
Maryland Physicians Care

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Amerigroup Maryland, Inc.

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Edward Kumian  
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Priority Partners MCO, Inc.

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Health Plan Maryland

Jai Seunarine  
*CEO*  
Jai Medical Systems

Shannon McMahon  
*Executive Director, Medicaid*  
*Policy*  
Kaiser Permanente - Mid-  
Atlantic States

Eric R. Wagner  
*Executive Vice President*  
MedStar Family Choice,  
Inc.

Kathlyn Wee  
*CEO*  
UnitedHealthcare  
of the Mid-Atlantic, Inc.

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

**OPPOSE**

**Senate Education, Health, and Environmental Affairs Committee  
Senate Finance Committee**

**March 2, 2021**

Thank you for the opportunity to submit testimony in opposition to Senate Bill 828 – HIV Prevention Drugs – Dispensing by Pharmacists and Insurance Requirements.

The Maryland Managed Care Organization Association (MMCOA), which is comprised of all nine MCOs that serve Medicaid, is committed to ensuring access to the prescription drugs and devices that our members depend on for their health. Maryland's nine MCOs serve over 1.3 million Marylanders through the Medicaid HealthChoice program.

While we support efforts to improve member access to care, this bill may increase costs to the Health Choice program through the limitation of which drug is administered under the bill's provisions. Specifically, language on the bottom of page 8 is very problematic as it would require us to cover the more expensive Descovy for PrEP when there is already a clinically-equivalent, lower cost alternative- Truvada- available first.

In addition, we believe the legislation presents clinical concerns for our members by eliminating the provider/patient education and evaluation that is critical, based on the patient's medical history and current needs. We do not support elimination of prior authorization and step therapy for PrEP. Furthermore, we would also want to encourage more communication on generic equivalency as part of the testing for HepC and HIV.

At a minimum, we would encourage the adoption of the following amendment:

- (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE  
COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL OR  
GROUP CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE  
STATE.  
(B) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REQUIRE  
PRIOR AUTHORIZATION FOR **ONE DRUG IN THE THERAPEUTIC  
CLASS:**

(1) PREEXPOSURE PROPHYLAXIS FOR HIV PREVENTION  
DISPENSED WITH A PRESCRIPTION;  
~~(2) UP TO A 60-DAY SUPPLY OF A PREEXPOSURE  
PROPHYLAXIS FOR HIV PREVENTION DISPENSED WITHOUT A  
PRESCRIPTION; OR~~  
(3) POSTEXPOSURE PROPHYLAXIS FOR HIV PREVENTION.

For these reasons, we respectfully oppose Senate Bill 828.

The MMCOA looks forward to continued collaboration with the State as we work to identify ways to improve access to affordable high-quality care for all Medicaid participants.

*Please contact Jennifer Briemann, Executive Director of MMCOA, with any questions regarding this testimony at [jbriemann@marylandmco.org](mailto:jbriemann@marylandmco.org).*

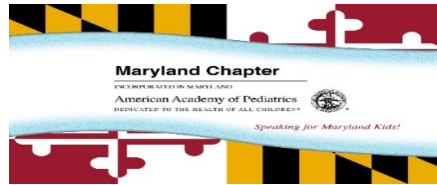
## **SB0828\_UNF\_MedChi, MDAAP, MACHC\_HIV Drugs - Dispen**

Uploaded by: Kasemeyer, Pam

Position: UNF



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*

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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

## **SB828\_PEP and PrEP\_OAA.pdf**

Uploaded by: Taylor, Allison

Position: UNF



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

March 2, 2021

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

**RE: SB 828 – Oppose unless Amended**

Dear Chair Pinsky and Members of the Committee:

Kaiser Permanente respectfully opposes SB 828, “HIV Prevention Drugs – Dispensing by Pharmacists and Insurance Requirements.” While we support expanding access to both pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), we believe this proposal would need substantial amendments to address the concerns outlined below.

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 775,000 members. In Maryland, we deliver care to over 450,000 members.

**PrEP is not just a medication, but a comprehensive program to prevent HIV.** Our clinical experts are concerned that authorizing direct access to PrEP at a pharmacy could inhibit overall HIV prevention efforts and could negatively impact patient care. A pharmacist-driven program to help expand access and utilization to PrEP can be valuable and effective if done right. There are effective pharmacy-based PrEP programs that operate under a physician’s direction and include the various, critical elements of a PrEP program, including screening and monitoring labs, risk-reduction counseling, STI screening, and clinical follow-up. In many of our locations at Kaiser Permanente, we have trained clinical pharmacists providing PrEP through such programs, including appropriate screening for other sexually transmitted diseases and referral to substance use programs, and it works well because physicians are an integral part of the care. We are not comfortable allowing a pharmacist to independently furnish PrEP outside of a comprehensive PrEP program, which is highly specialized and requires extensive time and training.

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

**PrEP is not recommended for all patients, regardless of risk of acquiring HIV.** The U.S. Preventive Services Task Force recommends that clinicians offer PrEP with effective antiretroviral therapy to persons who are at high risk of HIV acquisition, which is outlined in [recent guidance](#). This legislation includes no guardrails to ensure that the appropriate population receive this medication, which we think would be important given the medication's high cost. We also question whether community pharmacists will have the time to do appropriate counseling and monitoring of labs and adherence during ongoing PrEP and whether they have the clinical skillset to interpret an HIV test to distinguish an acute HIV seroconversion, in which case starting PrEP could lead to HIV drug resistance.

**Maryland Medicaid already pays for PrEP and PEP.** Coverage for PrEP and PEP was carved into coverage through the HealthChoice program on January 1, 2020. Therefore, there is no need to amend section 15-103 of the Health – General Article to mandate coverage.

**The State may already have a funding source to help defray insurance costs associated with PrEP and PEP.** [Chapter 46 of the Acts of 2016](#) established a Special Fund consisting of “any rebates received by the [Maryland Department of Health] from the Maryland AIDS Drug Assistance Program as a result of State General Fund expenditures,” to be used only for “State-identified priorities for HIV prevention, surveillance, and care services.” [As noted in the fiscal note for that legislation](#), MDH intended to use this fund to defray costs associated with PrEP for high-risk HIV-negative individuals. At that time, DLS estimated that a one-time General Fund expenditure of \$100,000 would generate over \$3.7 million in rebates by 2021. The General Assembly should understand whether this Special Fund is adequately covering the cost of PrEP for eligible Marylanders before prohibiting a carrier from imposing a cost-sharing requirement.

Thank you for the opportunity to comment. Please feel free to contact Allison Taylor at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

Sincerely,



Allison Taylor  
Director of Government Relations  
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.



## **12 - EHEA - SB 828 - Board of Pharmacy - LOI.pdf**

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary*

**MARYLAND BOARD OF PHARMACY**  
4201 Patterson Avenue, Baltimore, Maryland 21215-2299  
Kevin M. Morgan, Board President  
Deena Speights-Napata, Executive Director

March 2, 2021

The Honorable Paul G. Pinsky  
Chair, Education, Health and Environmental Affairs Committee  
2 West Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: Senate Bill 828 – HIV Prevention Drugs – Dispensing by Pharmacists and Insurance Requirements - Letter of Information**

Dear Senator Pinsky and Committee Members:

The Maryland Board of Pharmacy (the “Board”) is submitting this letter of information for Senate Bill (SB) 828 – HIV Prevention Drugs – Dispensing by Pharmacists and Insurance Requirements.

The Board of Pharmacy is broadly in favor of measures that provide increased access to healthcare, including access to medications that may be integral in HIV prevention. However, this letter is to inform the Committee that the HIV prevention drugs at issue are approved by the Food and Drug Administration (“FDA”) as prescription-only drugs, and thus would arguably require that a pharmacist have a prescription in order to dispense such drugs.

SB 828 states that a pharmacist may dispense HIV prevention drugs without a prescription, which ostensibly conflicts with FDA’s approval as prescription-only. For all intents and purposes, in removing the prescription requirement, SB 828 allows a pharmacist to prescribe HIV prevention drugs in accordance with certain conditions. Therefore, the Board respectfully requests that the bill include language specifically indicating that a pharmacist may prescribe and dispense HIV prevention drugs in order to comport with federal FDA prescription requirements.

I hope this information is useful. If you would like to discuss this further, please contact me at 410-764-4753 or [deena.speights-napata@maryland.gov](mailto:deena.speights-napata@maryland.gov).

Sincerely,

**DEENA SPEIGHTS-NAPATA**

Deena Speights-Napata, M.A.  
Executive Director