



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS



TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Clarence K. Lam

FROM: Pamela Metz Kasemeyer
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DATE: January 31, 2023

RE: **OPPOSE UNLESS AMENDED** – Senate Bill 64 – *HIV Prevention Drugs – Prescribing and Dispensing by Pharmacists and Insurance Requirements*

On behalf of the Mid-Atlantic Association of Community Health Centers and the Maryland Chapter of the American Academy of Pediatrics, we submit this letter of **opposition** for Senate Bill 64, **unless the legislation is amended**.

Senate Bill 64 provides critical protections for access to HIV prevention medications, both pre- and post-exposure prophylaxis, by prohibiting prior authorization and step therapy as well as requiring reimbursement. These provisions are strongly supported by the above-named organizations. However, Senate Bill 64 would also authorize pharmacists to dispense certain HIV prevention drugs to a patient without a prescription. While there is appreciation for the intent of the legislation, which is to facilitate access to post-exposure prophylaxis HIV medications in order to enhance HIV prevention, there are a number of concerns with this proposal, some of which may have unintended consequences and therefore would undermine the presumed objectives of the legislation.

The inclusion of post-exposure prophylaxis in the medications that a pharmacist is authorized to dispense without a prescription is of concern. The recommended medical care, counselling, and other services that should be provided post-exposure are not within the scope of practice of a pharmacist. Furthermore, 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. While the legislation directs that a pharmacist shall attempt to connect the patient with their primary care provider, or give the patient names of providers for follow-up, these provisions do not ensure that the critically important counselling and follow-up care will be received.

The above-named organizations will continue to work with the sponsor on this legislation, but in its current form they have the above concerns. Based on those concerns they ask the Committee for an unfavorable report unless the bill can be amended to address the HIV testing, prescribing, and dispensing issues raised by ensuring a defined and direct relationship with a physician(s), analogous to the therapy management contract, so that there is assurance that the appropriate authority, clinical expertise, and standard of care is provided to individuals to effectively enhance HIV prevention.