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The Honorable Melony G. Griffith Chair, Finance Committee 2 East Miller Senate Office Building 11
Bladen Street Annapolis, MD 21401

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

Dear Chairman Griffith and Members of the Committee:

My name is Dr. Matthew Hamill, I am a physician and I have provided care for people with, or at risk of HIV for more than 20 years. I am an Assistant Professor at the Johns Hopkins University where I am on faculty in the division of Infectious Diseases.

I have experienced first-hand the devastation that HIV infection can have on individuals and the wider community, and have witnessed the enormous healthcare costs associated with caring for people living with HIV. The morbidity and mortality associated with HIV can be effectively reduced to close to zero with availability and proper use of medications to prevent the transmission of HIV. Despite large advances in reducing new cases of HIV, the US still has approximately 35,000 new HIV diagnosis annually. HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities and gay, bisexual, and other men who have sex with men.

HIV post-exposure prophylaxis (PEP) can be lifesaving, it is given after an exposure to HIV. It can be used after sexual exposure, after healthcare associated exposures (such as needle sticks), and given to babies born to mothers with HIV. Time is of the essence for initiation of PEP. It has to be started within 72 hours of exposure but ideally within one hour. Many patients are unable to access healthcare facilities because of lack of transportation, barriers imposed by systemic racism, and because of fear and stigma.

Most clinics that would usually offer PEP are closed outside of working hours and at weekends when the requirements for PEP may be highest. Community pharmacies, with highly trained and skillful staff can provide excellent care, close to the individuals home, outside of office hours without fear of the stigma associated with attending a traditional 'STD clinic.' Such provision fills a much-needed healthcare gap for some of the most vulnerable individuals in our society. Pharmacists are already skilled at providing prophylaxis such as immunizations, they have excellent knowledge of drug side effects, and are skilled in providing the adherence support that patients need to properly take their medication. PEP medication is very and generally very well tolerated by the vast majority of users.

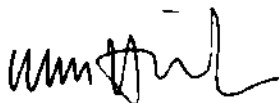
There are several central safety considerations all of which pharmacists can meet with basic additional training. These include follow up referral of the patient to a prescribing provider that will assume care for the patient initiated on PEP to ensure seamless continuity care. Such practices are well-established in pharmacies, for example when a pharmacy provides free screening for diabetes or hypertension this involves referral to primary care services for abnormal results. Comprehensive training to facilitate CDC-endorsed prescribing and dispensing of PEP is readily achievable directly through pharmacy organizations or via organizations like the CDC-sponsored Prevention and Training Center (PTC) at Johns Hopkins (<https://www.stdpreventiontraining.com/>). The Hopkins PTC provides a huge variety of trainings and technical assistance state-wide.

One of the most persistent barriers to PEP is the requirement for insurance coverage. This can introduce delays that may reduce the effectiveness of PEP and result in a preventable HIV infection. In order for us to meet the Ending the HIV Epidemic goal of reducing HIV infections by 90% by 2023 we must prohibit cost-share on PEP and ancillary costs. Current Maryland law prohibits prior authorizations for PEP, but there could still be significant barriers and delays if patients are unable to afford cost-sharing fees.

Another type of HIV prevention is Pre-Exposure Prophylaxis (PrEP). This is a medication that is taken prior to exposure to HIV. There are similar barriers to HIV PEP and PrEP. Prohibiting cost-share on PrEP and ancillary costs and prohibiting prior authorizations and step therapy will increase access, help to make PrEP provision more equitable by ensuring that people can access the correct type of PrEP without any delay.

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. Pharmacists have demonstrated their skill at prevention of poor healthcare outcomes over decades through the administration of immunizations, naloxone and family planning. I hope that the Committee can be a partner for change and help Maryland reach its Ending the HIV Epidemic goals by issuing a favorable report on SB828.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew Hamill', with a stylized flourish at the end.

Matthew Hamill