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SB 64

January 31, 2023

TO: Members of the Finance Committee

FROM: Nina Themelis, Interim Director of Mayor's Office of Government Relations

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

POSITION: Support with Amendment

Chair Griffith, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports with amendment** Senate Bill 64.

SB 64 ensures people who need medicine to prevent HIV can access medication without needing prior authorization from managed care organizations (MCOs). SB 64 also increases access to HIV medication by allowing pharmacists to prescribe it. These are two powerful tools to address disparities in HIV and decrease rates of HIV, especially among those made vulnerable and marginalized from medical systems.

HIV prevention is an important public health initiative in Baltimore City. Disparities in HIV remain striking. Over 80% of people newly infected with HIV each year in Baltimore City are black. Many of those newly infected with a lifelong illness to manage are youth. A majority are LGBTQ+ and many are marginalized from medical care. HIV is not something that “happens to other people” – it is something that impacts many of us and many of our friends and family. We can and must do more to prevent HIV in our communities.

One of those tools is at our fingertips. There are medications that can prevent HIV. These can be taken right after you are exposed to HIV– either through sex or through a needle stick. This is called “PEP,” or post exposure prophylaxis. However, even though these medications exist – and work – it can be hard to access them. You need to take these medications within 3 days of being exposed to HIV in order for them to work their best. That can be hard to do. By making these medications more readily available at pharmacies, it is more likely that people can access them when they need them. That may be late at night, or on weekends, or during the day when your doctor's office is busy, or maybe you do not have a doctor you can easily call.

SB 64 allows pharmacists to prescribe HIV prevention medications when a person is exposed to HIV and needs the medications quickly. Easy access to pharmacies, being open beyond traditional business hours, and the important role pharmacies play in community health, can help make these medications more accessible when and where people need them. This is even more true for those disproportionately impacted by HIV.

It is rare that pharmacists have prescribing rights without physician oversight. Therefore, the right training, testing, counseling, and follow up are key to ensure this is done safely and responsibly.

We recommend the following amendments to SB64:

- 1) Ensuring pharmacists are aware of state reporting requirements for positive and negative HIV tests.
- 2) Protocols for pharmacies to refer individuals who test HIV *positive* at the time of PEP. Although they are not eligible for PEP, it is imperative pharmacists have clear guidance on how to refer patients into HIV care. We suggest requiring referrals in the form of providing a list of HIV providers, and recommend a warm handoff in areas where that is reasonable. We also recommend pharmacies notify their local health departments, so that our staff of community health partners can reach out to the patient and provide support if needed.
- 3) Removing the reference to Ryan White providers on page 5, row 20 and replacing with general medical providers.
- 4) Add a statement that pharmacists should provide information on PrEP (ongoing HIV prevention) at the time PEP is provided. This can include a list of PrEP providers or other PrEP resources (i.e. various lists of PrEP providers in the state).

HIV prevention medications can also be taken regularly for those who might be exposed to HIV. This is called PrEP. It is well-accepted, evidence-based medicine, and has a grade A recommendation of the US Preventive Services Task Force. Requiring prior authorization for medications can be a barrier. This increases the time and effort required to provide medications to patients, and requests can be denied by insurance companies. Removing prior authorization by MCOs is an important step in reducing barriers for HIV prevention and reducing disparities in access to medications based on insurance carrier.

We have committed to participate in the national goal to End HIV by 90% in Baltimore by 2030. In order to achieve this difficult goal, we must use every tool in the toolbox, including increasing access to medications that can prevent HIV and HIV transmission to others. SB 64 is an important step in increasing PEP to those who can most benefit from it.

For these reasons, the BCA respectfully requests a **favorable with amendment** report on SB 64.