



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 30, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 246 – Public Health - Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program - Establishment – Letter of Support

Dear Chair Beidle:

The Maryland Department of Health respectfully submits this letter of support for SB 246 – Public Health - Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program - Establishment. The nPEP Standing Order Program provides for dispensing of nPEP by Maryland pharmacists to individuals at risk of contracting human immunodeficiency virus (HIV) following isolated sexual, injection drug use, or other nonoccupational HIV exposure. As of September 2023, pharmacists in 17 states have some degree of authority to provide nPEP to their patients¹.

nPEP is a 28-day course of three antiretroviral medications that can be taken after a sexual encounter or the sharing of injection equipment that results in a potential exposure to HIV. The primary barriers of nPEP uptake have been awareness by providers and patients and timely access. Studies indicate that when taken within 72 hours of exposure, nPEP is associated with an 80% decrease in the risk of transmission of HIV.² However, the efficacy of nPEP decreases by the hour and is ineffective 72 hours post exposure. Since 2005, the Centers for Disease Control and Prevention (CDC) has issued guidance for the provision of nPEP and the medications have been proven cost-effective and well tolerated.

Under SB 246, Maryland residents and visitors will be able to access nPEP directly from a pharmacist. This expanded access would increase utilization of nPEP and significantly decrease

¹ *Pharmacists Expand Access to PrEP in 17 States*. Sonjia Collins. Available from the [American Pharmacist Association website](#).

² Cardo DM, Culver DH, Ciesielski CA, et al. A case-control study of HIV seroconversion in health care workers after percutaneous exposure. *N Engl J Med*. 1997; 337: 1485-1490. Available online at: <https://www.nejm.org/doi/full/10.1056/NEJM199711203372101>; Smith DK, Grohskopf LA, Black RJ, et al.: Antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States: recommendations from the U.S. Department of Health and Human Services. *MMWR Recomm. Rep*. 2005;54(RR-2):1–20. Available online at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm>

potential new HIV infections, as prompt use is integral to nPEP efficacy.

Further, the nPEP Program will position Maryland as a leader in achieving the goals outlined in the US Department of Health and Human Services “Ending the HIV Epidemic in the United States.” This federal initiative addresses the ongoing HIV public health crisis by leveraging data and tools available to reduce new HIV infections in the US by 90 percent by 2030.³

The Department notes that increasing access to nPEP in Maryland would amplify the effectiveness of our primary prevention strategies, which include condom use and drug-user health programs. MDH would continue to encourage the use of pre-exposure prophylaxis (PrEP), but would increase awareness of nPEP as a secondary emergency measure should a primary prophylactic measure fail.

Leveraging the expertise of pharmacists to dispense nPEP promptly bridges a vital gap in the emergency response to potential HIV exposures among Marylanders made most vulnerable by their lack of access to care. This bill does not diminish the role of physicians; instead, it enhances the overall healthcare system's responsiveness and effectiveness in dealing with HIV emergencies. The collaborative nature of the nPEP Standing Order Program, designed within the bounds of the Department's established authority and with rigorous safeguards and protocols, ensures that pharmacists work in tandem with the Department, healthcare providers, and communities to deliver not just immediate care, but also a pathway to ongoing, comprehensive treatment and support.

The nPEP Standing Order Program would be another tool to reduce new HIV infections, address health disparities, and move Maryland closer to the goal of ending the HIV epidemic in our state.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

³ Ending the HIV Epidemic in the United States. US Department of Health and Human Services. Available online at: <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/>