



DEPARTMENT OF HEALTH

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

MARYLAND BOARD OF PHARMACY

Neil Leikach, RPh, FACA, Board President — Deena Speights-Napata, MA, Executive Director

2024 SESSION POSITION PAPER

BILL NO.: SB 246 – Public Health – Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program – Establishment
COMMITTEE: Health and Government Operations
POSITION: Letter of Support with Amendment

TITLE: Public Health – Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program – Establishment

POSITION & RATIONALE:

The State Board of Pharmacy (Board) respectfully submits this letter of support with amendment for SB 246 – Public Health – Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program – Establishment (SB 246). The Board supports the establishment of an nPEP Standing Order Program; however, due to potential complications of certain combinations of antiretroviral medications, the Board questions whether dispensing nPEP should be included as a delegable act. The Board’s concern is focused on the provision of SB 246 which permits the delegation of “...dispensing of nPEP under a standing order to an employee or a volunteer of an authorized private or public entity....”

SB 246 authorizes the prescribing and dispensing of nPEP medication in accordance with the *Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV – United States 2016 (CDC Guidelines)*¹; or any subsequent guidelines published by the Centers for Disease Control and Prevention.

CDC Guidelines state, “no strong evidence exists.. that any specific combination of antiretroviral medication is optimal for nPEP use” (Dominguez 3). Additionally, CDC Guidelines state, “the recommended regimens for nPEP...are based on expert opinion from the accumulated experience with antiretroviral combinations that effectively suppress viral replication among HIV-infected persons for the purpose of HIV treatment and mainly observational studies of the medication tolerance and adherence when these same drugs are taken for nPEP” (Dominguez 3).

¹ Dominguez, Kenneth L. et al. (2016). Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016.

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

As CDC Guidelines do not recommend specific medications, but rather rely on the education and experience of clinicians, the Board believes the dispensing of nPEP should not be delegated to employees and volunteers. SB 246 should require the oversight and clinical input of a licensed health care provider, or licensed personnel under the direct supervision of a licensed health care provider, who can properly select and manage combinations of antiretroviral medications. Specifically, the Board submits that registered pharmacy technicians, and many other allied health professionals, are knowledgeable of harmful and unsafe combinations of medications, capable of highlighting potential adverse interactions, and capable of safely providing nPEP in accordance with SB 246

Based on the above-mentioned items, the Board recommends the following amendment:

Amendment One:

One page 5, line 4, STRIKE “an employee or a volunteer,” and then INSERT “A HEALTHCARE PRACTITIONER LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE....”

With the proposed amendment, the Board respectfully requests a favorable report on SB 246.

If you would like to discuss this further, please do not hesitate to contact Deena Speights-Napata, MA, Executive Director, at deena.speights-napata@maryland.gov or (410) 764-4753.

Sincerely,



Deena Speights-Napata, MA
Executive Director
State Board of Pharmacy