



**2024 SESSION
POSITION PAPER**

BILL: SB 246 – Public Health – Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program – Establishment

COMMITTEE: Senate – Finance Committee

POSITION: Letter of Support

BILL ANALYSIS: SB 246 establishes the Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program. The program allows authorized pharmacists to dispense nPEP, a medication to reduce the risk of contracting HIV after potential exposure, following CDC guidelines and in accordance with a standing order. The Maryland Department of Health (MDH) is tasked with adopting regulations and establishing guidelines for participant entities. Pharmacists registered with the program must screen patients, determine eligibility based on CDC Guidelines, provide nPEP when appropriate, and notify or refer to primary care services.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) strongly supports SB 246. Improving access to nPEP, a drug known to effectively prevent HIV infection following exposure, will decrease the HIV burden in Maryland and disparities in new HIV infections. MACHO supports Maryland joining twelve other states (Arkansas, California, Colorado, Illinois, Maine, Nevada, New Mexico, New York, North Carolina, Oregon, Utah, and Virginia) in authorizing pharmacists to dispense nPEP to eligible residents.¹

HIV nPEP is highly effective in preventing HIV infection if it is administered within 72 hours of potential exposure. In fact, nPEP is more effective the sooner it is administered following exposure.² Accessing nPEP through the traditional medical system can be challenging due to limited hours, difficulty getting appointments, and challenges with transportation. Community pharmacies are highly accessible; 90% of the U.S. population lives within 5 minutes of a pharmacy.³ Many pharmacies have extended hours beyond those of the traditional medical system, making them well-positioned to administer nPEP, a highly time-sensitive treatment. Local health departments are also uniquely positioned in their communities to be trusted places for this important medical care.

Access to nPEP is also an equity issue. In Maryland, over 30,000 people are living with HIV, and there were 751 new HIV diagnoses in 2022.⁴ Over 90% of new HIV cases in Maryland in 2022 occurred among racial/ethnic minorities.⁵ Minority populations experience significant barriers to accessing the traditional

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¹ National Alliance of State and Territorial AIDS Directors, *Pharmacist Authority to Initiate PrEP & PEP and Participate in Collaborative Practice Agreements*. August 10, 2023.

<https://nastad.org/resources/pharmacist-authority-initiate-prep-pep-and-participate-collaborative-practice-agreements>

² US Department of Health & Human Services, *Post-Exposure Prophylaxis*. Updated November 15, 2023.

<https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/post-exposure-prophylaxis/>

³ Berenbrok et. al. *Access to community pharmacies: A nationwide geographic information systems cross-sectional analysis*. Journal of the American Pharmacists Association. <https://doi.org/10.1016/j.japh.2022.07.003>

⁴ Maryland Department of Health, Center for HIV Surveillance, Epidemiology and Evaluation, *Quick Maryland HIV Statistics*. <https://health.maryland.gov/phpa/OIDEOR/CHSE/pages/statistics.aspx>

⁵ Maryland Department of Health, Center for HIV Surveillance, Epidemiology and Evaluation, *HIV In Maryland*, 2022. Updated September 2023. <https://health.maryland.gov/phpa/OIDEOR/CHSE/pages/statistics.aspx>

healthcare system in comparison to non-Hispanic white residents.⁶ Allowing pharmacists to dispense nPEP will help reduce barriers to accessing timely treatment, ultimately, improving health equity.

MACHO supports MDH's efforts to ensure pharmacists provide nPEP while remaining connected to the traditional doctor-patient relationship. SB 246 includes requirements for pharmacists to notify the patient's primary care provider after dispensing nPEP. If the patient does not have a primary care provider, the pharmacist must provide a list of primary care providers and clinics for follow up within the traditional medical system. This will help assure quality and continuance of care for the patient.

For these reasons, MACHO submits this LOS for the Committee's consideration on SB 246. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at rmaioral@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

⁶ The Commonwealth Fund, *Achieving Racial and Ethnic Equity in U.S. Health Care*. November 18, 2021.
<https://www.commonwealthfund.org/publications/scorecard/2021/nov/achieving-racial-ethnic-equity-us-health-care-state-performance>