



January 30, 2024

[submitted electronically via: mgaleg.maryland.gov]

The Honorable Joseline A. Pena-Melnyk
Chair, Health and Government Operations Committee
241 Taylor House Office Building Room 241
6 Bladen Street
Annapolis, MD 21401

RE: HB127 – nPEP Standing Order Program – SUPPORT

Dear Chair Pena-Melnyk, Vice Chair Cullison, and members of the Health and Government Operations Committee:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on [House Bill \(HB\) 127](#). This bill will authorize pharmacists to prescribe and dispense HIV Nonoccupational post-exposure prophylaxis (PEP). We urge the committee to amend HB127 to also allow pharmacists to prescribe and dispense HIV pre-exposure prophylaxis (PrEP) and perform necessary Clinical Laboratory Improvement Amendments of 1988 (CLIA) waived tests to prescribe HIV PrEP and PEP.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession, including 12,228 licensed pharmacists in Maryland. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. APhA represents the pharmacists, student pharmacists, and pharmacy technicians who practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

As one of the most accessible and trusted health care providers in their communities,¹ pharmacists have a significant role to contribute in initiating access to HIV PrEP/PEP and providing culturally competent and sensitive care. Nearly 90% of the U.S. population lives within five miles of a community pharmacy and this

¹ Berenbrok LA, Tang S, Gabriel N, Guo J, Sharareh N, Patel N, Dickson S, Hernandez I, Access to Community Pharmacies: A Nation-Wide Geographic Information Systems Cross-sectional Analysis, *Journal of the American Pharmacists Association* (2022), doi: <https://doi.org/10.1016/j.japh.2022.07.003>.

high level of accessibility allows pharmacists to serve in a unique role as another point of entrance for patients to get integrated into longitudinal and acute HIV preventative services.

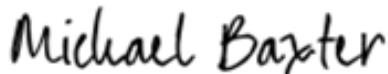
The language proposed in HB127 is aligned with recommendations from the White House Office of National AIDS Policy. **Specifically, leveraging the current healthcare workforce, including pharmacists, is a key component of President Biden’s National HIV/AIDS Strategy.**²

“Pharmacists’ knowledge and accessibility in nearly every urban and rural community can be leveraged as part of a comprehensive HIV prevention and care strategy to expand access to care and improve population health. As trusted health care professionals, pharmacists develop a strong rapport with patients and may be the key to addressing current disparities in PrEP-prescribing patterns as well as serving as an essential liaison between patients and other members of the multidisciplinary care team. Pharmacists and community pharmacies can also be utilized to expand rapid, point-of-care HIV testing in communities. In addition, studies have shown that engaging pharmacists as key players in a care team can increase retention in care and adherence to ART and maintain viral suppression.”

Programs allowing pharmacists to furnish HIV PrEP/PEP have expanded across the country in the past ten years. Pharmacists have the authority to initiate HIV PrEP in 14 states³ and HIV PEP in 15 states,⁴ via a statewide protocol, standing order, or independent prescriptive authority. Pharmacists in these programs serve as a point of triage, established within accessible and familiar community settings, for patients to enter into the HIV preventative care system. The accessibility of pharmacists is particularly important for PEP, due to the time-sensitive nature required for the initiation of medication therapy within 72 hours (3 days) of a suspected exposure. Engagement through PEP pharmacy services also establishes a contact point for the transition from PEP to PrEP for high-risk patients, as recommended by the most recent guideline recommendations by the U.S. Public Health Service, allowing for a more seamless entry into the HIV preventative care system.⁵

For these reasons, we urge the committee to amend HB127 to allow pharmacists to prescribe and dispense HIV PrEP/PEP and perform all necessary CLIA-waived tests. If you have any questions or require additional information, or would like to meet with pharmacists in Maryland please don’t hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,



² The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.

³ Arkansas, California, Colorado, Connecticut, Idaho, Illinois, Maine, Montana, Nevada, New Mexico, Oregon, Rhode Island, Utah, Virginia

⁴ Arkansas, California, Colorado, Connecticut, Idaho, Illinois, Maine, Montana, Nevada, New Mexico, North Carolina Oregon, Rhode Island, Utah, Virginia

⁵ Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published 2021.

Michael Baxter
Vice President, Federal Government Affairs

cc: Delegate Bonnie Cullison, Vice Chair
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