



Mission: To improve public health in Maryland through education and advocacy
Vision: Healthy Marylanders living in Healthy Communities

TESTIMONY IN SUPPORT OF HOUSE BILL 127 WITH AMENDMENTS
Public Health - Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program -
Establishment
Before the House Health and Government Operations Committee
By: Maryland Public Health Association (MdPHA)
Hearing date: March 31, 2024

Chair Pena-Melnyk and Members of the House Health and Government Operations Committee, thank you for this opportunity to testify in support of House Bill 127. This bill would require the creation of the Nonoccupational Postexposure Prophylaxis (nPEP) Standing Order Program to allow pharmacists and health care providers to prescribe or dispense nPEP under certain circumstances; and authorizing the Maryland Department of Health to administer the Program, collect fees necessary for the administration of the Program, and establish guidelines for training related to the Program.

We kindly request a favorable amendment to page 2 of the [pre-filed house bill 127](#), under section 13-5201 to include the definition of "The Department".¹

As a non-profit, statewide organization dedicated to improving the life of all Marylanders through education, advocacy, and collaboration, we firmly believe that this bill represents a crucial step forward in protecting individuals from the transmission of HIV. Nonoccupational Postexposure Prophylaxis (nPEP) stands as a critical intervention in preventing the transmission of HIV among individuals who may have been exposed to the virus through sexual contact and/or through injection drug use, outside of occupational settings.^{2,3} Effective delivery of nPEP following exposures that have substantial risks for HIV infection requires swift evaluation of patients and consideration of biomedical and behavioral interventions to address potential health risks.² Hence, therapy should only be considered when ARVs can be started within 72 hours of exposure.⁴ Unfortunately, barriers such as limited access to healthcare providers and the need for immediate action often impede individuals from promptly receiving nPEP.

As previously mentioned, timing is of paramount importance in initiating nPEP to effectively lower the risk for HIV acquisition. A study involving the use of antiretrovirals (ARVs) in macaques for post-

¹ Maryland General Assembly. (2024). House Bill 127, Pre-filed. Retrieved from <https://mgaleg.maryland.gov/2024RS/bills/hb/hb0127F.pdf>

² Core concepts—Nonoccupational postexposure prophylaxis—Prevention of hiv—National hiv curriculum. (n.d.). Retrieved January 29, 2024, from <https://www.hiv.uw.edu/go/prevention/nonoccupational-postexposure-prophylaxis/core-concept/all>.

³ Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (n.d.). Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV—United States, 2016. Retrieved from <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

⁴ HIV Postexposure Prophylaxis (PEP), Nonoccupational (nPEP): HIV Postexposure Prophylaxis, Nonoccupational. (2021). <https://emedicine.medscape.com/article/2172304-overview#:~:text=Timing%20of%20nPEP&text=A%20study%20involving%20the%20use,and%2072%20hours%20from%20exposure.>

exposure prophylaxis demonstrated 100% efficacy when therapy was delivered within 24 hours, with decreased efficacy when therapy was delayed to 48 hours and 72 hours from exposure.⁵

The nPEP Standing Order Program has proven to be a pivotal tool in numerous states across the country in mitigating the risk of HIV transmission among individuals who have been exposed outside of occupational settings. As of December 2022, ten U.S. states including California, Colorado, Idaho, Illinois, Maine, Nevada, New Mexico, Oregon, Utah and Virginia have direct statewide prescribing authority to allow pharmacists to prescribe PEP for HIV prevention, while other states have Delegated Prescribing Authority/Collaborative Practice Agreements.⁶

The proposed nPEP Standing Order Program addresses these barriers by empowering pharmacists and healthcare providers to prescribe or dispense nPEP under defined circumstances. By leveraging the expertise and accessibility of pharmacists, this program extends the reach of preventive healthcare services to communities where access to traditional healthcare settings may be limited or where individuals may be hesitant to seek medical care due to stigma or other barriers.

Moreover, the following are compelling reasons why Maryland should join other states in allowing pharmacists and healthcare providers to initiate nPEP: 1) timely access to care, 2) expanded reach, 3) reduction of stigma, and 4) cost-effectiveness. Therefore, as advocates for public health, it is our moral and ethical responsibility to ensure that all individuals have access to the tools and resources necessary to protect their health and well-being. The enactment of HB127 and the establishment of the nPEP Standing Order Program would signify a significant milestone in our commitment to HIV prevention and healthcare equity.

Thank you for your consideration of this critical legislation. By authorizing pharmacists and healthcare providers to prescribe or dispense nPEP under specific circumstances, this program streamlines access to a crucial preventive intervention and addresses critical gaps in our healthcare system.

We therefore urge a favorable report for HB 127.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

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⁵ Tsai, C. C., Emau, P., Follis, K. E., Beck, T. W., Benveniste, R. E., Bischofberger, N., Lifson, J. D., & Morton, W. R. (1998). Effectiveness of postinoculation (R)-9-(2-phosphonylmethoxypropyl) adenine treatment for prevention of persistent simian immunodeficiency virus SIV_{mac} infection depends critically on timing of initiation and duration of treatment. *Journal of Virology*, 72(5), 4265–4273. <https://doi.org/10.1128/JVI.72.5.4265-4273.1998>

⁶ National Alliance of State Pharmacy Associations. (2022). Pharmacist Prescribing: HIV Prep and Pep. NASPA. <https://naspas.us/blog/resource/pharmacist-prescribing-hiv-prep-and-pep/>