



March 2, 2026

RE: Support for HB 1114 - “HIV Prevention Drugs- Prescribing, Dispensing, and Insurance Coverage”

To the Health Committee,

The Center for HIV Law and Policy (CHLP) is an abolitionist legal and policy organization fighting to end the stigma, discrimination, and violence towards our communities experiencing racial oppression, patriarchal violence, and/or economic divestment. Our work focuses on people living with and deeply affected by HIV and other stigmatized health conditions. We utilize legal advocacy, high-impact policy and research initiatives, and multi-issue partnerships, networks, and resources as concrete ways to support our communities working to decriminalize HIV and other stigmatized health conditions.

Through our Positive Justice Project, we analyze and advocate against the diverse forms of criminalization of people living with HIV and other sexually transmitted infections (STIs).¹ We have collaborated with federal, statewide, and local coalitions of grassroots activists to modernize these laws to reflect scientific developments, remove stigmatizing and counterproductive language, and center the dignity of people living with these conditions.

CHLP would like to express our strong support for HB 1114, which would authorize pharmacists to prescribe and dispense pre-exposure prophylaxis (PrEP) under certain circumstances without requiring cost sharing. PrEP is a medication taken to prevent HIV and works to “stop HIV from taking hold and spreading throughout [the] body.”² PrEP is an essential HIV prevention strategy for people who are HIV-negative and engage in sexual activity or other behaviors through which HIV transmission could occur. PrEP is recommended by both the Centers for Disease Control (CDC) and the

¹ The Center for HIV Law and Policy (CHLP), *HIV Criminalization in the United States: A Sourcebook on State and Federal HIV Criminal Law and Practice*, <https://www.hivlawandpolicy.org/resources/hiv-criminalization-united-states-sourcebook-state-and-federal-hiv-criminal-law-and> (last visited March 5, 2024).

² *Pre-Exposure Prophylaxis (PrEP)*, HIV.gov (last visited Feb. 26, 2026), <https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>.

World Health Organization (WHO) as part of a comprehensive strategy to reduce the prevalence of HIV.³

These public health endorsements are grounded in extensive clinical evidence demonstrating PrEP's effectiveness. PrEP reduces the likelihood of acquiring HIV by 99% from sexual intercourse and by at least 74% from injection drug use.⁴ Studies such as iPrEx, the PrEP IMPACT Trial, and Kaiser Permanente Northern California study have consistently shown that individuals who can maintain adherence experience near complete protection from HIV. These studies underscore that the more regularly PrEP is taken, the more effective it is at preventing HIV transmission. Accordingly, policies that support consistent access are critical to realizing PrEP's full public health benefits, including allowing pharmacists to prescribe and dispense the medication.

Despite the high efficacy of PrEP, overall uptake has been slow, particularly in communities that are historically marginalized. In 2022, just 36% of the 1.2 million people who could benefit from PrEP were actually prescribed the medication.⁵ Significant and widening inequities in PrEP use persist among Black and Hispanic communities, particularly in the southern United States.⁶ Structural inequities related to race, socioeconomic status, and geography limit access to PrEP through barriers such as cost, limited awareness, and reduced access to healthcare and sexual health providers.⁷ Many communities disproportionately impacted by HIV also experience stigma and barriers in traditional clinical settings, yet are more likely to have regular contact with pharmacists than with other healthcare providers.⁸ This pattern reflects the accessibility of pharmacies, as nine in ten Americans live within five miles of a pharmacy, and pharmacies often offer extended hours compared to traditional healthcare settings.⁹ These factors highlight how pharmacist prescribing authority can play a critical role in bridging gaps in PrEP access for communities most affected by HIV.

Legislation allowing pharmacists to prescribe PrEP has already demonstrated success in addressing these access gaps. At least 10 states have passed similar legislation

³ <https://www.cdc.gov/hivnexus/hcp/prep/index.html>;

<https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/pre-exposure-prophylaxis>

⁴ Pre-Exposure Prophylaxis (PrEP), *HIV.gov* (last visited Feb. 26, 2026),

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

⁵ Expanding PrEP Coverage in the United States to Achieve EHE Goals, *CDC NCHHSTP* (Oct. 17, 2023),

<https://www.cdc.gov/nchhstp/director-letters/expanding-prep-coverage.html>

⁶ *Id.*; Noah Mancuso et al., *Changes in Geographic Drive Time Access to Pre-Exposure Prophylaxis (PrEP) in the United States, 2017 to 2025*, 61 *Prev. Med. Rep.* 103367 (2025), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12808839>

⁷ Maria L. Lopez, Implementing PrEP in the Pharmacy, *Pharmacy Today* (April 2020),

[https://www.pharmacytoday.org/article/S10420991\(20\)30306-6/pdf](https://www.pharmacytoday.org/article/S10420991(20)30306-6/pdf)

⁸ Pharmacist-Initiated PrEP and PEP Issue Brief, *NASTAD* (Dec. 6, 2024),

https://nastad.org/sites/default/files/2024-12/Pharmacist_Initiated_PrEP_PEP_IssueBrief_120624.pdf

⁹ Sonya Collins, *Pharmacists Expand Access to PrEP in 17 States*, *Pharmacy Today* 29, no. 9 (Sept. 2023): 22–26,

<https://www.pharmacist.com/Blogs/CEO-Blog/Article/pharmacists-expand-access-to-prep-in-17-states>

allowing pharmacists to prescribe PrEP.¹⁰ Such legislation will broaden access to HIV prevention, particularly in rural and underserved communities where health care providers may be limited. In fact, studies show that allowing pharmacists to prescribe PrEP has a direct correlation to increased PrEP usage. In states that passed legislation allowing pharmacists to prescribe PrEP, the number of filled prescriptions grew 24% after the first year, and 110% after two years.¹¹ These results illustrate that pharmacist prescribing laws can effectively expand PrEP access and help reduce longstanding inequities in HIV prevention.

By passing HB 1114, Maryland would take a meaningful step toward expanding equitable access to HIV prevention and addressing persistent disparities in PrEP uptake. By allowing pharmacists to prescribe PrEP, more individuals, especially those facing systemic barriers, can access prevention, engage in care earlier, and overcome obstacles such as stigma, transportation, and limited healthcare options. CHLP urges the Committee to support HB1114 as a practical, evidence-based approach to strengthening Maryland's public health response to HIV.

Sincerely,



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The Center for HIV Law and Policy

¹⁰ Pharmacist Prescribing: HIV PrEP and PEP, *Nat'l Alliance of State Pharmacy Ass'ns* (Dec. 9, 2022, updated May 15, 2023), <https://naspa.us/resource/pharmacist-prescribing-hiv-prep-and-pep/>.

¹¹ HIV PrEP Fills Rise After States Expand Pharmacist Prescribing Authority, *Maryland General Assembly* (Nov. 2, 2022), https://mgaleg.maryland.gov/cmte_testimony/2023/fin/1K11TJQvbucPngiZizBFcU9LSbOTB6_2U.pdf.