Maryland Commission on LGBTQIA+ Affairs

Bill Title: HIV Prevention Drugs – Prescribing, Dispensing, and Insurance Coverage

Bill Number(s): HB1114

Position: FAVORABLE WITH AMENDMENT

Date: February 27, 2026

Submitted by: Mickey Dhir, Commissioner and Health & Wellness Committee Chair on behalf of the Maryland Commission on LGBTQIA+ Affairs

---

To:

House Health Committee

The Hon. Heather Bagnall, Chair
The Hon. Bonnie Cullison, Vice Chair

Testimony on behalf of the Maryland Commission on LGBTQIA+ Affairs:

My name is Mickey Dhir, and I am a medical provider specializing in HIV prevention and care in Maryland and Commissioner & Chair, Health and Wellness Committee of the Maryland Commission on LGBTQIA+ Affairs. I respectfully submit this testimony on behalf of the Commission, in strong support of HB 1114, with targeted amendments to strengthen clarity, safety, and continuity of care as Maryland expands access to HIV prevention medications.

The Maryland Commission on LGBTQIA+ Affairs, created by the Maryland General Assembly, works to assess challenges facing LGBTQIA+ Marylanders, elevate community voices, and inform policies that advance equity, safety, and well-being. The Commission envisions a Maryland where all LGBTQIA+ people are able to live full and authentic lives.

HB1114 directly addresses these barriers by:

- Eliminating prior authorization, step therapy, and cost-sharing for PrEP and PEP
- Requiring coverage of associated clinical services
- Expanding Medicaid access to HIV prevention medications
- Authorizing pharmacists to prescribe and dispense PrEP

Pharmacist Prescribing of PrEP:

The Commission supports pharmacist prescribing of PrEP. **Pharmacy-based prescribing should function as an integrated entry point within a coordinated system of care rather**

than as a standalone model of HIV prevention. Pharmacy-based access can function as a critical safety net for individuals who:

- Lack a primary care provider and need linkage to ongoing care;
- Experience insurance disruption and require connection to financial assistance or coverage navigation services;
- Live in provider-limited areas and would benefit from coordinated referral to a PrEP-prescribing provider; or
- Are between clinical appointments and need continuity of prevention services.

For these reasons, the Commission strongly supports HB1114 as a forward-thinking and impactful approach to HIV prevention and health equity.

Recommended Amendments

The recommendations presented below are not exhaustive. They are offered as key guardrails that merit explicit consideration in statute or regulation. The Commission welcomes continued collaboration with legislators, regulatory bodies, pharmacists, and clinicians to ensure that implementation is both access-expanding and clinically sound. **For the Committee's consideration, proposed amendment language is provided below in redline format.**

Strong Support for Access and Affordability

HB 1114's elimination of prior authorization, step therapy, and cost-sharing for PrEP and PEP is essential. Administrative and financial barriers remain among the most significant obstacles to timely initiation and sustained use of HIV prevention medications. Removing these barriers will directly improve equitable access across Maryland.

The Commission strongly supports coverage of associated clinical services. To further align with comprehensive prevention standards, we respectfully recommend adding:

- Hepatitis A testing and vaccination; and
- Lipid panel testing when clinically indicated.

Pharmacist Prescribing of PrEP: Support with Structured Implementation

PrEP is not a finite "course" of therapy; it is ongoing preventive care requiring baseline HIV confirmation and routine monitoring under CDC guidance.

Pharmacy-based PrEP access should function as an integrated entry point within a coordinated system of care, ensuring patients are linked to ongoing providers for laboratory monitoring, clinical follow-up, and comprehensive preventive services.

Clarify Initiation and Continuation Authority

The Commission recommends clarifying that pharmacists may:

- Initiate PrEP; and
- Continue or re-initiate PrEP, including when patients lose access to primary care.

For safety and consistency, dispensing beyond an initial limited supply (for example, 30 days) should require documented HIV-negative status consistent with CDC guidance. The pharmacist should verify a negative HIV test result obtained within the preceding seven days using either a laboratory-based HIV antigen/antibody test or an FDA-approved rapid point-of-care test. If the patient does not provide documentation of a recent test, the pharmacist should be authorized to perform or order a CLIA-waived HIV test, and the result must be verified prior to prescribing, dispensing, or administering PrEP. This approach balances access with appropriate clinical safeguards.

Other states provide helpful models. Louisiana authorizes pharmacists to dispense up to a 30-day supply of PrEP pending structured oversight (Louisiana HB711). Georgia permits pharmacist dispensing contingent on documented HIV-negative testing and defined protocol requirements (Georgia SB 195). These examples demonstrate that access expansion and monitoring safeguards can coexist effectively.

Oral vs Injectable PrEP

HB 1114 includes both oral and injectable formulations of PrEP. Injectable PrEP requires distinct infrastructure, including medication storage, administration competency, follow-up scheduling, reminder systems, consenting, care-coordination and management of missed doses. The Commission recommends directing the Board of Pharmacy to establish separate regulatory standards for injectable PrEP to ensure safe implementation.

Statewide Protocol and Collaborative Practice

HB 1114 directs the Board of Pharmacy to consider collaborative practice agreements or a statewide protocol.

The Commission does not recommend mandating collaborative practice agreements, as that could unintentionally restrict pharmacist participation, particularly in rural or underserved communities. Instead, the Commission recommends requiring implementation of a statewide protocol incorporating minimum regulatory standards, while allowing collaborative agreements as an optional pathway for integrated health systems.

To ensure sustainable implementation, the Commission also recommends clarifying that pharmacists who prescribe or administer PrEP in compliance with Board of Pharmacy regulations and CDC guidance are afforded appropriate professional liability protections, consistent with other delegated or protocol-based prescribing authorities.

In addition, pharmacists must be reimbursed for clinical services related to PrEP prescribing and administration at a rate comparable to other healthcare providers delivering the same service. Without reimbursement parity, access expansion will not be sustainable in community pharmacy settings.

Training and Ongoing Education

The bill appropriately requires completion of a Board of Pharmacy-approved training program prior to initiating or continuing PrEP prescribing. Such training should include, at a minimum, pharmacology education; assessment of medication history and contraindications; patient evaluation consistent with scope of practice; informed consent procedures; awareness of financial assistance programs; and familiarity with relevant federal guidelines. Given the evolving nature of HIV prevention pharmacotherapy, the Commission further recommends incorporating periodic continuing education requirements to maintain prescribing authority and ensure ongoing competency, including but not limited to HIV PrEP certification. As an example, it is available through HealthHIV - HIVPCP program plus the additional "Pharmacy-Based HIV Prevention and PrEP" module now are eligible to receive the HIVPCP℞ certification.

Conclusion

HB 1114 represents a significant and forward-thinking opportunity to reduce new HIV diagnoses, expand equitable access to prevention, and strengthen Maryland's public health infrastructure. With targeted amendments clarifying initiation and continuation authority, distinguishing oral and injectable standards, strengthening monitoring safeguards, incorporating a limited-supply bridge model, and implementing a statewide protocol framework, Maryland can expand access to PrEP and PEP safely and sustainably.

The Maryland Commission on LGBTQIA+ Affairs respectfully urges a **favorable report with amendments on HB 1114.**

Proposed Amendments in Redline Format

AMENDMENT 1 – Replace "Complete Course" + Add Limited Supply Guardrails

Location: Page 4, lines 24–25

Strike:

"A PHARMACIST MAY PRESCRIBE AND DISPENSE A COMPLETE COURSE OF PREEXPOSURE PROPHYLAXIS TO A PATIENT:"

Insert:

"A PHARMACIST MAY PRESCRIBE, DISPENSE, OR ADMINISTER PREEXPOSURE PROPHYLAXIS IN ACCORDANCE WITH CDC GUIDELINES FOR PREEXPOSURE PROPHYLAXIS AND SUBJECT TO THE REQUIREMENTS OF THIS SECTION."

Add New Subsection After §12–515(B)(1)

Insert new subsection (B)(3):

(3)(I) A PHARMACIST MAY DISPENSE AN INITIAL SUPPLY OF PREEXPOSURE PROPHYLAXIS NOT TO EXCEED 30 DAYS.

(II) DISPENSING BEYOND THE INITIAL SUPPLY SHALL REQUIRE DOCUMENTED HIV-NEGATIVE STATUS OBTAINED WITHIN THE PRECEDING SEVEN DAYS FROM:

1. AN HIV ANTIGEN/ANTIBODY TEST; OR
2. A RAPID POINT-OF-CARE TEST APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION.

(III) IF THE PATIENT DOES NOT PROVIDE DOCUMENTATION OF A RECENT HIV TEST RESULT, THE PHARMACIST MAY ORDER AND ADMINISTER A CLIA-WAIVED HIV TEST.

(IV) THE RESULT OF ANY SUCH TEST SHALL BE VERIFIED BY THE PHARMACIST PRIOR TO PRESCRIBING, DISPENSING, OR ADMINISTERING PREEXPOSURE PROPHYLAXIS.

(V) CONTINUATION OF PREEXPOSURE PROPHYLAXIS BEYOND THE INITIAL SUPPLY SHALL REQUIRE DOCUMENTATION OF CDC-CONSISTENT LABORATORY MONITORING AND APPROPRIATE LINKAGE TO AN ONGOING PROVIDER FOR CONTINUED CARE.

AMENDMENT 2 – Oral vs Injectable Standards

Location: Add to §12–515(C) after training subsection

Insert New Subsection (C)(3):

(3) THE BOARD SHALL ESTABLISH SEPARATE REGULATORY STANDARDS FOR LONG-ACTING INJECTABLE PREEXPOSURE PROPHYLAXIS, INCLUDING

REQUIREMENTS FOR:
(I) MEDICATION STORAGE AND HANDLING;
(II) ADMINISTRATION COMPETENCY;
(III) DOCUMENTATION OF CONSENT;
(IV) POST-ADMINISTRATION OBSERVATION;
(V) FOLLOW-UP SCHEDULING AND MISSED DOSE MANAGEMENT; AND
(VI) PROTOCOLS FOR MANAGEMENT OF ADVERSE EVENTS.

AMENDMENT 3 – Statewide Protocol (Not Mandatory CPA)

Location: Page 7, lines 6–9

Strike:

"consider and make recommendations to the General Assembly on collaborative practice agreements or a statewide protocol…"

Insert:

"DEVELOP AND IMPLEMENT A STATEWIDE PROTOCOL INCORPORATING MINIMUM STANDARDS FOR HIV TESTING VERIFICATION, LABORATORY MONITORING, DOCUMENTATION, CARE COORDINATION, AND ADMINISTRATION OF LONG-ACTING INJECTABLE PREEXPOSURE PROPHYLAXIS.

COLLABORATIVE PRACTICE AGREEMENTS MAY BE UTILIZED AS AN OPTIONAL PATHWAY FOR INTEGRATED HEALTH SYSTEMS."

This preserves flexibility while avoiding mandatory CPAs.

AMENDMENT 4 – Liability Protection

Location: Add new subsection to §12–515

Insert New Subsection:

(D) A PHARMACIST WHO ACTS IN GOOD FAITH AND IN COMPLIANCE WITH THIS SECTION AND BOARD REGULATIONS SHALL NOT BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR DISCIPLINE SOLELY FOR PRESCRIBING, DISPENSING, OR ADMINISTERING PREEXPOSURE PROPHYLAXIS UNDER THIS SECTION.

AMENDMENT 5 – Reimbursement Parity

Location: Add to Insurance Article §15–858 (Page 6)

Insert New Subsection (D):

(D)(1) A PHARMACIST AUTHORIZED TO PROVIDE SERVICES RELATED TO PREEXPOSURE OR POSTEXPOSURE PROPHYLAXIS SHALL BE REIMBURSED AT THE SAME RATE AS ANY OTHER PARTICIPATING HEALTH CARE PROVIDER PROVIDING THE SAME SERVICE.

(2) REIMBURSEMENT SHALL INCLUDE CLINICAL SERVICES RELATED TO TESTING, COUNSELING, PRESCRIBING, ADMINISTRATION OF LONG-ACTING INJECTABLES, AND CARE COORDINATION.

AMENDMENT 6 – Hepatitis A + Lipid Testing

Location: Page 6, §15–858(C)(6)–(8)

Add:

(9) SEROLOGIC LABORATORY TESTING FOR HEPATITIS A VIRUS;
(10) VACCINATIONS FOR HEPATITIS A; AND
(11) LIPID PANEL TESTING WHEN CLINICALLY INDICATED.

AMENDMENT 7 – Continuing Education

Location: Page 5, §12–515(C)(1)

Add After Line 16:

(III) A PHARMACIST SHALL COMPLETE PERIODIC CONTINUING EDUCATION IN HIV PREVENTION PHARMACOTHERAPY AT INTERVALS ESTABLISHED BY THE BOARD TO MAINTAIN PRESCRIBING AUTHORITY.

(IV) THE BOARD MAY APPROVE OR RECOGNIZE NATIONALLY ACCREDITED HIV PREVENTION CERTIFICATION PROGRAMS, INCLUDING PROGRAMS THAT PROVIDE SPECIALIZED TRAINING IN PHARMACY-BASED HIV PREVENTION AND PREEXPOSURE PROPHYLAXIS, TO SATISFY THE REQUIREMENTS OF THIS SUBSECTION.