RxEACH
PHARMACIES EXPANDING ACCESS TO COMMUNITY HIV SERVICES

EXPANDING HIV PREVENTION SERVICES THROUGH COMMUNITY PHARMACIES STATE MODEL POLICY CHECKLIST

The state-level policy landscape varies greatly from one state to the next. The following state model policy checklist is designed to guide advocates, policymakers, and regulators in creating a legislative framework that will result in sustainable community pharmacy-based HIV prevention and linkage to care program services, specifically Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). This checklist aims to ensure that these services are accessible, affordable, and effectively integrated into community health frameworks, ultimately contributing to the goal of ending the HIV epidemic.

Access to HIV prevention services is critical in reducing HIV and ensuring better public health outcomes. Expanding these services through community pharmacies offers a unique opportunity to reach a broader population, particularly those who may face barriers to accessing other healthcare settings. Pharmacies are trusted community hubs that can play a vital role in expanding access to HIV prevention and linkage to care services. Pharmacy-based care is increasingly focused on patient-centered preventive services in collaboration with other health care providers.

At the end of the checklist, links are provided to a few relevant state examples with one or more sections that includes recommended content. However, it is important to keep in mind that every state is different and there is not one state policy that is a comprehensive match with the recommended policy components. Ideally, a final enacted policy would include all of the suggested items outlined in this document. However, the policy development process often requires strategic decisions and compromises to achieve progress toward passing a new policy.

Prescriptive Authority for Pharmacists

Expanding pharmacist prescribing authority to include HIV PrEP and PEP allows pharmacists to provide PrEP and PEP directly to patients, in accordance with CDC Guidelines, including the support for PrEP care management.

These legislative components enhance and streamline patient access to critical HIV prevention services and promote timely intervention. These changes often require amending the state's pharmacy practice act or corresponding pharmacy regulations.

- ☐ **Independent Prescriptive Authority:** Pharmacists will have independent prescriptive authority for all forms of Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), in alignment with current clinical guidelines, without time or quantity limits.
- ☐ **Authority to Order and Administer Tests:** Pharmacists will have the authority to order and administer HIV tests and the laboratory panel required for PrEP initiation and monitoring, including sexually transmitted infection tests.
- ☐ **Authority to Administer Medication:** Pharmacists will have the authority to administer HIV prevention and treatment medications through any route of administration, as appropriate.
- ☐ **Remove referral requirements:** Pharmacists will not be required to have an initial referral from a physician for patients to access HIV prevention services.
- ☐ **Pharmacy Technician Support:** If not already allowed, pharmacy technicians should be authorized to perform any duties that do not require the clinical judgement/discretion of a licensed pharmacist. For example, pharmacy technicians should be eligible to perform CLIA-waived tests, administer medications, and collect information from the patient for the pharmacist to assess and evaluate.

Role of the Board of Pharmacy

Legislation can outline the roles and responsibilities of the Board of Pharmacy with clear boundaries and timelines ensuring the patients receive quality care and services are implemented without time consuming administrative burdens.

These legislative components include items to include explicitly in a policy and where it can be advantageous for the policy to not or be silent on a requirement. These changes often require amending the state's pharmacy practice act or corresponding pharmacy regulations.

- ☐ The legislation does not require the Board of Pharmacy, or any collaborative bodies like the Board of Medical Examiners, to create or adopt specific rules to implement the law.
- ☐ The legislation does not enable the Board of Pharmacy, or collaborative bodies, to create limitations or requirements on providers that are more stringent than those stated within the law.
- ☐ If the statute identifies a role for the Board of Pharmacy, then it should be noted that the Board will have the authority to develop care protocols or rules for the policy's implementation, without needing approval from the Board of Medicine or other state entities.
- ☐ Legislation should include a timeline from date of enactment by when the implementation protocol and any associated regulations needs to be completed, such as no longer than 180 days after the bill is enacted will the final/approved protocols be published for implementation.

Coverage from Commercial and Public Health Plans

Implementing policies that require public and commercial health plans to provide coverage and reimbursement or payment for services provided by enrolled pharmacist providers for HIV prevention.

These legislative components include provisions that will ensure that reimbursement or payment rates are appropriate and commensurate with other health professionals. Allowing pharmacists to enroll as providers and bill Medicaid and commercial payers simplifies billing and reimbursement processes, reduce administrative burdens, and make HIV prevention services more accessible to individuals. This often requires amending the state's insurance code and the state's Medicaid code.

- ☐ **Pharmacist Provider Reimbursement/Payment:** Pharmacist providers will be compensated for providing HIV prevention services, including patient assessment, management, and consultation, by both public and commercial health plans. Reimbursement should be at a rate not less than other nonphysician providers. No payer may deny coverage based solely on the provider type that administers HIV/STI screening or prescribes PrEP or PEP.
- ☐ **No Cost Sharing:** Patients will not be subjected to cost-sharing for accessing HIV prevention services, including PrEP and PEP and the associated laboratory tests.
- ☐ **Coverage for All Modalities or Route of Administration:** All modalities/routes of administration for PrEP, receiving HIV screening, PEP, and laboratory services, including telehealth and self-collected kits, will be covered by public and commercial health plans, including when an enrolled pharmacist provider is the prescriber.
- ☐ **Coverage for Laboratory Tests:** All necessary laboratory tests for HIV screening and PrEP/PEP administration will be covered by both public and commercial health plans as published in the U.S. Preventive Services Task Force Grade A and B Guidelines.
- ☐ **Pharmacy Choice:** Patients can receive services from any willing pharmacy capable of offering them, with coverage guaranteed by public and commercial health plans.
- ☐ **Laboratory Choice:** Patients can receive testing services from any willing and appropriately accredited and certified laboratory capable of offering them, covered guaranteed by public and commercial health plans.
- ☐ **Prior Authorizations:** Prohibit utilization management techniques such as prior authorization, step therapy, or any other protocol designed to delay provision of PrEP.
- ☐ Coverage for kitting and shipping for self-collect test kits.

Training Requirements

Many pharmacists are committed and energized by contributing to the U.S.'s effort to end the HIV epidemic. Entry level requirements for pharmacists include robust clinical training, including on HIV prevention and care. However, we recognize that HIV-related services and people seeking these services can be stigmatized, and it is essential that culturally responsive and non-stigmatized care is provided, which can necessitate additional training.

This legislative component highlights that establishing a requirement for pharmacist training in HIV prevention services, if prior training was not received.

- ☐ Legislation should state that a pharmacist is responsible for being trained and knowledgeable prior to providing HIV prevention services, including PrEP and PEP services. However, the legislative language should be flexible, allow multiple training programs to qualify in meeting the requirement, including training programs developed by pharmacist employers, and not mandate a specific training. This ensures greater accessibility in HIV prevention pharmacist education.

Existing State Policy Examples

Tennessee: Example of Independent Prescriptive Authority

""practice of pharmacy" includes the issuing of a prescription or medical order of the following drugs, drug categories, or devices, excluding controlled substances, that are issued in accordance with the product's federal food and drug administration-approved labeling or guidelines of the federal centers for disease control and prevention that are limited to:… Post-exposure prophylaxis for nonoccupational exposure to HIV infection, and the ordering of lab tests in conjunction with initiation of therapy."

Oregon: Example of prescriptive authority through statewide protocols and reimbursement for services

""Practice of pharmacy" means:…The prescribing, dispensing and administering of preexposure prophylactic antiretroviral therapies and post-exposure prophylactic antiretroviral therapies, pursuant to section 2 of this 2021 Act and rules adopted by the board under section 2 of this 2021 Act and ORS 689.645."

"Notwithstanding any provisions of a health benefit plan as defined in ORS 743B.005, whenever the plan provides for payment or reimbursement for a service that is within the lawful scope of practice of a pharmacist, the insurer: (1) May provide payment or reimbursement for the service when the service is provided by a pharmacist; and (2) Shall provide, in the same manner as would be provided for any other health care provider, payment or reimbursement for:… The prescription, dispensation and administration of preexposure and postexposure prophylactic antiretroviral therapies pursuant to section 2 of this 2021 Act and any rules adopted by the State Board of Pharmacy under section 2 of this 2021 Act and ORS 689.645; and (B) The service provided by the pharmacist."

Delaware: Example of pharmacist service coverage, reimbursement rates

"No health insurer, health service corporation, managed care organization, or health maintenance organization may deny benefits for eligible services based on the type of provider performing the service as long as the provider is acting within the provider's scope of practice."

"No contract of insurance delivered or issued for delivery in this State by a health insurer, health service corporation, managed care organization, or health maintenance organization may exclude pharmacists as providers of services covered in the contract."

"A carrier [see legislation for carrier definition] must provide reimbursement to a pharmacist for a service or procedure at a rate not less than that provided to other nonphysician practitioners."

Rhode Island: Example for removing prior authorizations and coverage

"Every group health insurance contract, or every group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis ("PEP") to prevent HIV infection."

"A health insurer shall provide access to at least one pre-exposure ("PrEP") drug in each method of administration and at least one of the Centers for Disease Control and Prevention preferred post-exposure ("PEP") drug treatment regimen, without any prior authorization or step therapy requirement. There shall be no copayment required, and no deductible shall need to be met, to obtain the prescription covered by the contract, plan, or policy."