



EXPANDING HIV PREVENTION SERVICES THROUGH COMMUNITY PHARMACIES: A CASE STUDY OF MAINE



Expanding HIV prevention services at community pharmacies presents a unique opportunity to enhance public health by increasing accessibility to essential medications such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). PrEP is a medicine taken to prevent HIV while PEP is a medicine to prevent HIV after a potential exposure. By leveraging the widespread presence and accessibility of community pharmacies, states can improve access to these critical prevention tools, particularly in underserved areas.

On June 18, 2021, Maine passed a law titled “An Act to Improve Access to HIV Prevention Medications” (LD 1115). This law allows pharmacists to dispense and administer up to a 60-day supply of PrEP (pre-exposure prophylaxis) medication to patients without a doctor’s prescription. However, specific guidelines apply. Pharmacists must operate under a standing order, a collaborative practice agreement, or a protocol established by the state. Despite its promising start, the law did not include a mechanism for reimbursing pharmacists’ services, a crucial oversight that could hinder the long-term sustainability of the program and its goal to broaden PrEP availability.

This case study explores Maine’s journey in integrating HIV prevention services into community pharmacies.

Context and need for expanded services

Maine’s relatively low incidence of HIV might suggest a lesser need for expansive prevention measures. However, beneath the surface, significant barriers to accessing HIV prevention services are evident, especially in the state’s rural areas.

Statistics paint a compelling picture: as of recent data, around 1,800 Mainers were living with HIV. New diagnoses, while steady, were disproportionately impacting rural areas where access to healthcare is sparse.

Recognizing these challenges, advocacy groups and HIV service providers began to push for a more accessible approach to HIV prevention services, seeing community pharmacies as a pivotal solution. The idea to expand the role of pharmacies in HIV prevention services in Maine was sparked by observing other states introducing legislation with similar goals.

The journey to integrate HIV prevention services into Maine’s pharmacies was driven by a diverse coalition of stakeholders, balancing grassroots organizing, legislative advocacy, and strategic partnerships. Effective community engagement and advocacy were cornerstones of the strategy. Advocacy groups mobilized support through town halls, educational campaigns, and personal testimonials that highlighted the urgent need for more accessible HIV prevention services. Special attention was given to rural areas, where personal stories and data illustrated the challenges of accessing PrEP and PEP. Strategic partnerships with national organizations further bolstered these efforts, providing additional expertise and resources.

Leading the charge was EqualityMaine, a prominent LGBTQ+ advocacy organization with a rich history of championing progressive health initiatives alongside Frannie Peabody Center, Maine’s largest HIV/AIDS service organization, Health Equity Alliance, and GLAD, which provided strategic guidance and draft legislative language.

Maine's key advocacy strategies

- Data-driven Advocacy:** Leveraging HIV statistics, particularly in underserved areas, to strengthen the case for expanded services.
- Compelling Narratives:** Using personal stories to humanize advocacy efforts and strengthen emotional connections.
- Building Relationships:** Cultivating strong connections with policymakers, public health officials, and community members to garner support.

Legislative successes and challenges

The passage of LD 1115 marked a significant milestone in Maine's efforts to expand access to HIV prevention services. Championed by Senator Heather Sanborn, the legislation garnered widespread support due to its potential to improve public health outcomes, especially in underserved communities. The law's authorization for pharmacists to provide PrEP without a prescription promised to increase accessibility and reduce barriers to care.

It also marked the beginning of a more complex process of translating policy into action.

The path to implementation proved more challenging than anticipated. Advocates' efforts were hampered by the complexities of navigating the pharmacy regulatory landscape. This task proved to be time-consuming and resource-intensive, underscoring the challenges of expanding access to HIV prevention services through pharmacies.

The most immediate issue is that pharmacists have not yet been granted the authority to provide PrEP and PEP, as the necessary rules are still pending from the Maine Board of Pharmacy. This delay has placed the effort in a state of uncertainty, preventing it from moving forward. Once the rules are established, pharmacists have expressed operational concerns that may complicate efforts to smoothly integrate HIV prevention services into their daily responsibilities. Compliance with regulations such as CLIA Clinical Laboratory Improvement Amendments (CLIA) and updated pharmacy practice standards could pose significant challenges. Additionally, Maine's relatively low HIV prevalence compared to other states has made it difficult to generate sustained support. This lack of perceived urgency, combined with financial and operational obstacles, has created a complex environment for implementation.

However, the most significant barrier remains the lack of a reimbursement mechanism for pharmacists. Without appropriate compensation, pharmacists cannot be expected to offer these services, even if they have legal authority. While many may be motivated to support HIV prevention efforts, financial limitations will severely constrain their ability to participate. Addressing this critical issue is essential for long-term success and sustainability.

Addressing the reimbursement gap

Pharmacist reimbursement is essential for long-term sustainability and success. Maine advocacy groups, public health officials, and community stakeholders are actively working on policy pathways to ensure pharmacists are fairly compensated for providing HIV prevention and linkage to care services. By securing adequate reimbursement, Maine aims to promote the sustainability of pharmacy-based PrEP services and encourage broader participation among pharmacies.





I wish we had looked more closely at each step and service from every provider's perspective to identify the gaps we needed to address in the legislation prior to its consideration.


- Katie

Key lessons

The implementation of PrEP and PEP services in Maine pharmacies revealed valuable insights into the complexities of policy implementation and the necessity of comprehensive planning. A central takeaway was the critical role of collaboration and partnership among diverse stakeholders. Building a robust coalition—including pharmacists, healthcare providers, patient advocacy groups, and policymakers—proved essential for successful implementation.


 **Collaboration and Partnership:** Establishing a strong coalition among various stakeholders is crucial for navigating challenges and achieving shared goals.


 **Collaboration and Partnership:** A thorough understanding of the pharmacy landscape, including reimbursement structures and patient needs, is essential for effective implementation.


 **Collaboration and Partnership:** Ensuring adequate reimbursement for pharmacists and developing strategies to support uninsured or underinsured individuals are vital for long-term sustainability.

The ongoing delay in finalizing rules by the Maine Board of Pharmacy serves as a cautionary tale regarding the scope of practice regulatory process. Despite the enabling legislation passing over three years ago, pharmacists still lack the authority to provide PEP and PrEP due to unfinished regulatory rules.

This highlights the need for several proactive strategies:

 **Collaboration and Partnership:** Maintain ongoing dialogue with regulatory bodies to convey the urgency of timely implementation and the implications of legislative changes.

 **Collaboration and Partnership:** Set clear, realistic timelines for rule finalization to ensure accountability and alignment among stakeholders, minimizing gaps between policy enactment and practical application.

 **Collaboration and Partnership:** Establish channels for feedback from pharmacists and stakeholders to identify regulatory hurdles early and address them proactively.

Finally, the case of Maine underscores the importance of generating sustained political and public support for HIV prevention initiatives. Effectively communicating the benefits of expanded access to PrEP and PEP is essential for maintaining momentum and ensuring the success of these vital services.

Key recommendations for getting started

Maine's experience offers valuable lessons for other states considering similar initiatives to integrate HIV prevention services into community pharmacies.

Asking the right questions

- ⚙️ What state-specific regulations impact the provision of HIV prevention services in pharmacies?
- ⚙️ How will pharmacists be compensated for providing these services?
- ⚙️ How can services be tailored and flexible enough to meet the needs of the community?
- ⚙️ What strategies will be employed to promote the availability of PrEP and PEP services in pharmacies to ensure community awareness and utilization?

ENGAGE PHARMACISTS EARLY

Involve pharmacists and pharmacy associations from the outset to benefit from their practical insights and support.

ESTABLISH COLLABORATIVE COALITIONS

Build a diverse coalition that includes advocacy groups, public health officials, healthcare providers, and community stakeholders to drive momentum and address challenges collaboratively.

DEVELOP A COMPREHENSIVE IMPLEMENTATION PLAN

Address all aspects of program rollout, including infrastructure, training, referral systems, and evaluation. Reference: State Action Playbook.

ADDRESS IMPLEMENTATION CHALLENGES

Proactively identify potential issues such as reimbursement mechanisms, pharmacist training, and infrastructure needs to prevent setbacks during implementation. Reference: State Action Playbook

SECURE COMMUNITY AND LEGISLATIVE SUPPORT

Cultivate strong relationships with local and state policymakers to ensure sustained advocacy for HIV prevention initiatives. Highlighting community needs and personal stories can enhance credibility and support.

ENSURE REIMBURSEMENT PATHWAYS

Advocate for policies that secure adequate reimbursement for pharmacists providing HIV prevention services, which is critical for attracting and retaining pharmacy. Reference: Model Policy Checklist

MAINTAIN ONGOING DIALOGUE WITH REGULATOR BODIES

Foster proactive communication with regulatory agencies to address delays or hurdles in implementing new policies. Setting realistic timelines can enhance accountability and progress.

Maine's initiative to expand access to HIV prevention services through community pharmacies stands as a testament to the power of strategic collaboration and dedicated public health efforts. To realize the full potential of this program and ensure its widespread adoption, addressing the reimbursement gap and streamlining the regulatory process remains essential. By leveraging the lessons learned from Maine's experience, other states can build upon Maine's successes to enhance access to crucial HIV prevention and linkage to care services.