



ARKANSAS' APPROACH TO PHARMACIST-LED HIV PREVENTION SERVICES



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. This case study explores Arkansas's journey in integrating HIV prevention services into community pharmacies, showcasing its successes, challenges, and lessons learned.

Context and need for expanded services

In 2019, the “[Ending the HIV Epidemic](#)” (EHE) initiative identified Arkansas as one of seven priority states due to its disproportionate number of HIV diagnoses in rural areas.ⁱ Recognizing the urgent public health need, state leaders sought strategies to expand access to prevention services, with community pharmacies emerging as a practical solution. Expanding pharmacists' scope of practice to include PrEP and PEP prescribing was particularly important in Arkansas. In 2022, over one-third of residents lived in areas with a shortage of primary care providers, while less than 4% adults lived in low-pharmacy-access areas.ⁱⁱ This disparity underscored the value of integrating HIV prevention services into pharmacies, where patients could more easily access care. To address these challenges, Arkansas passed legislation authorizing pharmacists to provide HIV prevention

services under a statewide protocol, positioning them as key healthcare providers in underserved communities.

Legislative successes and challenges

In 2023, Arkansas Senator Aaron Pilkington introduced Act 314 which authorized pharmacists to diagnose and assess conditions, initiate therapy and administer or dispense, or both, drugs that included HIV preexposure prophylaxis (PrEP), and HIV postexposure prophylaxis (PEP) under a statewide protocol.ⁱⁱⁱ To participate, pharmacists must complete an Arkansas Board of Pharmacy approved training course. Act 314 was widely supported by pharmacists, public health organizations, medical societies, and physicians, facing no opposition.

Statewide protocols (also referred to as a standing order) generally are issued by a state board or agency that authorizes pharmacists to prescribe a medication or category of medications under a protocol.

Under statewide protocols, all licensed pharmacists in the state who meet the protocol requirements, such as completing a continuing education program, are authorized to prescribe certain medications under authority granted by the state through laws and regulations, which allows for comprehensive and expedited care for the patient.

The legislation passed and the Arkansas Board of Pharmacy created a statewide protocol to ensure effective implementation of the law.^{iv} The protocol includes:

- ✦ Authorization for pharmacists to prescribe a 30- to 60-day supply of PrEP based on a documented HIV-negative test within the past seven days.
- ✦ On-site HIV testing if a patient cannot provide recent test results.
- ✦ Mandatory referral to a primary care provider for patients with a positive HIV test result.
- ✦ PEP dispensing if the pharmacist confirms HIV exposure within the previous 72 hours and the patient meets clinical criteria.
- ✦ Patient counseling and education on PrEP and PEP medications.

Framing the message for success

Act 314's success demonstrates that policies aimed at reducing HIV infections can gain broad support when framed as practical, community-focused solutions. Advocates tailored their messaging to emphasize how the legislation addressed healthcare gaps, particularly in rural and underserved areas, without engaging in divisive scope-of-practice debates.

Strong advocacy from policymakers who champion public health and recognize pharmacists' critical role as frontline providers was instrumental in advancing the law. Senator Pilkington's leadership played a key role, ensuring the bill focused on expanding access to care rather than scope of practice disagreements. Early engagement with stakeholders, including public health organizations and medical professionals, further minimized opposition and strengthened support for the legislation.

It is important to note that Arkansas also allows pharmacists to provide point-of-care testing, which is key for delivering seamless HIV prevention services to patients. Effective implementation of HIV prevention services depends on pharmacists having the legal authority to:

- ✦ Conduct HIV and related lab tests.
- ✦ Prescribe and dispense PrEP and PEP.
- ✦ Provide education, counseling, and referrals to specialty care.

Equipping pharmacists with these tools simplifies practice implementation and ensures individuals receive comprehensive and accessible care.

Arkansas' key advocacy strategies

- ✦ **Data-driven advocacy**
Understanding the public health need, supported by data, for expanding HIV prevention services to pharmacies to demonstrate the benefits of increased access.
- ✦ **Leadership in the legislature**
Legislative success for expansion of HIV prevention services in Arkansas is due to supportive legislative leadership and the commonsense approach of putting good public health policy above politics and scope of practice territory disagreements.
- ✦ **Strategic messaging**
Framing the legislation as a practical and community-focused solution helped gain support from stakeholders and lawmakers, ensuring a smooth path to passage.

Addressing reimbursement for pharmacies

Expanding pharmacists' authority to provide HIV prevention services is only one piece of the puzzle. For these services to be sustainable, pharmacists must also have pathways for reimbursement through Medicaid and private insurance.

While Act 314 does not require insurers to cover pharmacist-led services, Arkansas has taken steps to facilitate payment:

Arkansas Medicaid recognizes pharmacists as atypical healthcare providers. Pharmacists may order and administer testing and may order or prescribe PrEP and PEP pursuant to the statewide protocol. The pharmacy can then bill for the testing and the dispensed drug prescribed or ordered by the pharmacist enrolled with Medicaid.

BlueCross BlueShield of Arkansas covers clinical services related to HIV prevention when pharmacists are credentialed in their network.

Key lessons learned

Arkansas's experience demonstrates the critical role of sustainable insurance reimbursement models, strong legislative champions, and strategic policy design in expanding pharmacist-led HIV prevention services. While Act 314 represents significant progress, ensuring long-term success requires a commitment from insurance carriers, policymakers, and healthcare advocates.

✚ Sustainable reimbursement is essential

Without adequate reimbursement for pharmacists' services—including testing, counseling, education, and referrals—these programs cannot be financially sustainable. Expanding pharmacist services without securing payment mechanisms is a missed opportunity to improve access to care.

✚ Legislative champions drive change

Strong leadership from policymakers who recognize the value of pharmacist-provided healthcare can help overcome scope-of-practice debates and secure bipartisan support.

✚ Leverage existing models and strategies

States can learn from Arkansas and other jurisdictions that have implemented pharmacist-led HIV prevention services. Adopting proven legislative frameworks, advocacy strategies, and payment structures can streamline the path to implementation.

Asking the right questions

✚ Do mechanisms exist to ensure pharmacists are reimbursed by insurance for clinical services, not just dispensing medication?

✚ Does the state allow pharmacists to conduct or order necessary HIV tests, and if not, what changes are needed?

- ✦ How can a statewide protocol or standing order be implemented to allow pharmacists to provide PrEP and PEP without unnecessary regulatory barriers?
- ✦ What data and public health needs can be leveraged to strengthen the case for pharmacist-led HIV prevention services?
- ✦ How will policymakers, insurers, and public health leaders collaborate to create a sustainable and scalable model?

Strategies for success

Leverage existing provider status for reimbursement

Ensure pharmacists are recognized as healthcare providers under Medicaid and private insurance to secure sustainable payment for both services and dispensing.

Utilize statewide protocols to streamline implementation

A standardized statewide protocol allows all eligible pharmacists to provide PrEP and PEP without requiring individual provider agreements, reducing administrative burdens.

Frame the policy as a practical public health solution

Positioning HIV prevention services in pharmacies as a way to increase healthcare access—particularly in rural areas—helps gain bipartisan support and avoid scope of practice debates. The [State Action Playbook](#) includes tools to support effective messaging and policy development.

Ensure pharmacists have the authority to test and treat

Pharmacists must have the ability to administer and interpret HIV tests, prescribe PrEP and PEP, and provide necessary counseling and referrals to ensure seamless patient care.

Engage legislative champions who prioritize public health

Identifying and supporting legislators who focus on healthcare access and prevention, rather than professional competition, is critical for successful policy advancement.

Establish a sustainable payment model early

Without clear insurance reimbursement

structures, pharmacists may be unable to provide HIV prevention services long-term. Policymakers should work with insurers to ensure adequate payment beyond medication dispensing. See the [State Model Policy Checklist](#) for additional guidance on creating a legislative framework to support sustainable community pharmacy-based HIV prevention and linkage to care program services.

Support workforce readiness and training

Requiring pharmacists to complete standardized training ensures that they are equipped to provide high-quality, patient-centered HIV prevention services.

Arkansas recognized the expansion of HIV prevention services as a statewide public health priority, and implementation of Act 314 demonstrate how cross-sector collaboration among pharmacists and pharmacies, public health organizations, and policymakers can lead to impactful legislation that can improve healthcare access. Arkansas serves as a model for other states, showcasing how integrating pharmacists into public health initiatives can expand HIV prevention efforts while addressing healthcare disparities. Moving forward, sustainable reimbursement models and continued stakeholder engagement will be essential to maintaining access and ensuring long-term success.

ⁱ *Ending the HIV epidemic*. HIV.gov. (2019). <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview> Accessed December 1, 2024.

ⁱⁱ *Profile of the primary care physician workforce in Arkansas* (2023). Arkansas Center for Health Improvement. https://achi.net/wp-content/uploads/2023/12/230712B-HRSA-Report_UPDATE.pdf Accessed December 1, 2024.

ⁱⁱⁱ Act 314 of the 94th Arkansas General Assembly, Regular Session, (2023.).<https://arkleg.state.ar.us/Home/FTPDocument?path=%2FACTS%2F2023R%2FPublic%2FACT314.pdf> Accessed December 1, 2024.

^{iv} Ark. Code Ann. § 17-92-101 https://healthy.arkansas.gov/wp-content/uploads/HIV_PrEP_and_PEP_Protocols.pdf Accessed December 1, 2024.