



## EXPANDING HIV PREVENTION SERVICES IN COMMUNITY PHARMACIES: EXPLORING VIRGINIA'S JOURNEY FROM POLICY TO PRACTICE

Expanding human immunodeficiency virus (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 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.

Community pharmacies are well-positioned to expand access to HIV prevention, particularly in rural and underserved areas with a shortage of primary care providers and health clinics. However, stigma may deter patients from seeking HIV services, especially in small communities. Integrating HIV prevention with other pharmacy-based services—such as immunizations, point-of-care testing, tobacco cessation, and chronic disease management—can help normalize these offerings. Because pharmacies often serve as an entry point into the healthcare system, establishing strong referral pathways to primary and specialty care is critical.

In 2020, Virginia passed legislation expanding pharmacists' scope of practice, allowing them to initiate treatment, dispense, and administer medications under a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. While not exclusive to HIV prevention, legislation passed in 2021 expanded this authority to include provisions for pharmacist-led PrEP

and PEP services, recognizing their role in expanding access to care. This policy change was built on the success of the Walgreens pilot program, data-driven advocacy, and a broader effort to integrate pharmacists into public health strategies, particularly in addressing physician shortages and healthcare disparities across the state.

### Building the case for pharmacist-initiated HIV prevention services

The Virginia Department of Health (VDH) identified the need to expand access to HIV prevention services years before the passage of statewide legislation. In 2015, Walgreens and VDH launched the *No Wrong Door* pilot program,<sup>i</sup> which established HIV point-of-care testing at thirteen Walgreens pharmacies. Locations were selected in areas where increased healthcare access was most needed, particularly those with limited resources and higher rates of undiagnosed HIV infections. Over twelve months, the program expanded to nineteen pharmacies.<sup>ii</sup>

The *No Wrong Door* program aimed to expand access to HIV testing by offering walk-in services outside traditional business hours and integrating testing with other point-of-care services in community pharmacies. Pharmacists provided HIV testing, counseling, education, and, when appropriate, PEP or PrEP initiation, along with referrals for individuals who received a positive test result and required additional care.

The *No Wrong Door* approach normalized HIV testing in nontraditional clinical settings and demonstrated that pharmacies are essential access points for HIV prevention services and linkage to care. By expanding the role of pharmacists in prevention efforts and aligning services with patients' daily activities, pharmacies became a convenient and accessible option, particularly in areas with limited access to primary care or community-based organizations.

Further reinforcing the role of pharmacists in expanding healthcare access, a 2019 study by the Virginia Joint Commission on Health Care found that expanding pharmacists' clinical services could help address healthcare gaps, particularly in prevention.<sup>iii</sup> The study underscored pharmacists' ability to improve access to essential health services, including HIV prevention. These findings, combined with the success of the No Wrong Door pilot program and a broader national push for pharmacist-initiated prevention services strengthened advocacy efforts, building the momentum for legislative action.

## Virginia's key advocacy strategies

-  **Data-driven advocacy:**  
Leveraged Virginia Department of Health initiatives, such as the No Wrong Door project and HIV surveillance data, to build a strong case.
-  **Building relationships:**  
Fostered connections with policymakers, pharmacists, pharmacy and physician professional associations, public health officials at affected state agencies such as Department of Health, Department of Medical Assistance Services, and Boards of Medicine and Pharmacy, and community advocates to secure broad support.
-  **Strategic legislative framing:**  
Positioned pharmacy-based HIV prevention services as a common-sense, community-focused solution to healthcare disparities, ensuring bipartisan appeal.

## Legislative successes and challenges

In 2020, Delegate Mark Sickles introduced [HB 1506](#), which expanded pharmacists' scope of practice and included an enactment clause directing the Virginia Board of Pharmacy to convene a stakeholder workgroup to explore additional statewide protocols for specific conditions, including HIV PrEP and PEP. The workgroup's recommendations informed [HB 2079](#), introduced in 2021 by Delegate Sam Rasoul, which was passed and codified the Board's authority to develop statewide protocols for pharmacists to initiate and dispense HIV prevention medications, including PrEP and PEP.

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 Virginia Pharmacy Association (VPhA) led advocacy efforts to expand pharmacists' clinical authority, with key support from Walgreens and the VDH. A strong coalition of pharmacists, public health leaders, and policymakers worked together to advance the bill, ensuring HIV prevention services were incorporated into the broader expansion of pharmacists' responsibilities. The Virginia Board of Pharmacy collaborated with key stakeholders to develop statewide protocols essential for implementation, including clear guidelines to integrate PrEP and PEP services into their care models effectively.

The primary opposition came from the Medical Society of Virginia, which has historically resisted legislation perceived as expanding pharmacists' scope of practice. However, advocates successfully framed the bill as a practical solution to healthcare access challenges, emphasizing its potential to improve public health outcomes in underserved areas. This strategic messaging helped garner support and ensure its passage.

## Addressing reimbursement for pharmacists

[SB 1538](#) introduced by Senator Todd Pillion and passed during the 2023 Virginia General Assembly session made significant progress in securing Medicaid and commercial payment coverage for pharmacist-led HIV prevention services. However, challenges remain. The process of enrolling pharmacists as Medicaid or private insurance providers is time-consuming and administratively burdensome. Without full provider recognition, pharmacists struggle to secure reimbursement from insurance beyond the cost of medications, limiting their ability to sustain these services. Additionally, pharmacies must adapt workflows to integrate HIV prevention services, ensuring adequate staffing, dedicated space, and proper medical record systems. Sustainable reimbursement from insurance remains essential for long-term success.

## Key considerations for future policy efforts

Virginia's experience highlights the importance of strategic planning, strong collaboration, and regulatory alignment in implementing pharmacist-led HIV prevention services. While the No Wrong Door pilot demonstrated the feasibility of pharmacy-based HIV services, full-scale implementation required overcoming additional barriers, including regulatory inconsistencies, insurance reimbursement challenges, and operational hurdles.

## 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

## Position pharmacists as a practical solution

Emphasize their accessibility, ability to serve underserved areas, and experience providing preventative care to build support among policymakers and the public.

## Align pharmacy practice laws and testing policies early

Successful implementation requires synchronizing scope of practice, test-and-treat protocols, and reimbursement policies. States should evaluate whether pharmacists can conduct or order HIV tests, which are necessary before initiating PrEP or PEP. This alignment will remove barriers and ensure timely patient care.

## Secure sustainable reimbursement pathways

Pharmacists must be recognized as providers and reimbursed by insurance for both clinical services and medication dispensing to ensure long-term viability. 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.

## Standardize statewide protocols

Clear guidelines and structured workflows help pharmacists efficiently integrate PrEP and PEP services into existing care models.

## Integrate HIV services into routine pharmacy care

Embedding PrEP and PEP services within broader pharmacy-based offerings (e.g., immunizations, chronic disease management) can increase uptake and reduce stigma.

## Engage policymakers with practical messaging

Positioning pharmacists as accessible, community-based providers offering solutions to care gaps helps build bipartisan support and reduce opposition from medical organizations. The [State Action Playbook](#) includes tools to support effective messaging and policy development.

Virginia's experience demonstrates that expanding pharmacists' role in HIV prevention requires strategic policy alignment, strong partnerships, sustainable reimbursement, and well-defined implementation plans. States looking to adopt similar models should prioritize early coalition-building, regulatory consistency, and a clear insurance reimbursement strategy to ensure long-term success.

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<sup>i</sup> Collins, B. et al. (2018) *The 'No wrong door' approach to HIV testing: Results from a statewide retail pharmacy-based HIV testing program in Virginia, 2014-2016*, *Public health reports* (Washington, D.C.: 1974). Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6262519/#-bibr22-0033354918801026> (Accessed: December 1, 2024).

<sup>ii</sup> Virginia Department of Health. Health planning regions in Virginia. 2007. [http://www.vdh.virginia.gov/content/uploads/sites/3/2016/03/Maps\\_2007Bsmall.pdf](http://www.vdh.virginia.gov/content/uploads/sites/3/2016/03/Maps_2007Bsmall.pdf). Accessed December 1, 2024.

<sup>iii</sup> *Joint Commission on Health Care*. (2020) Available at: <https://jchc.virginia.gov/> Available at: <https://rga.lis.virginia.gov/Published/2020/HD2> (Accessed: December 1, 2024).