



March 24, 2021

Senator Cindy F. Friedman  
Representative John J. Lawn  
Massachusetts State House  
Joint Committee on Health Care Financing

Re: Support for S 1407, An Act enabling pharmacists to prescribe, dispense and administer PrEP.

**A bill to reduce disparities in access to PrEP and connect people to primary care providers for ongoing health needs.**

Dear Senator Friedman, Representative Lawn, and Members of the Joint Committee on Health Care Financing:

We write to convey our strong support for S 1407, which would significantly advance the Commonwealth's goal of ending the HIV epidemic by expanding access to HIV pre-exposure prophylaxis (PrEP) and permitting a pharmacist to dispense a 60-day supply without a prescription for those facing barriers to care.

**We strongly support S 1407 because it expands access to a simple, safe, and effective medication that reduces the risk of HIV transmission by close to 100% and provides our best opportunity to end the HIV epidemic.**

**Current disparities in access cause PrEP to be underutilized. The bill, which authorizes pharmacists to dispense PrEP without a prescription on a short-term basis, will: (1) allow the most vulnerable populations to obtain PrEP quickly; and (2) improve access to care by requiring pharmacists to link customers to medical care for ongoing PrEP oversight and other vital health needs.**

Notably, the Maine legislature passed similar legislation in 2021, which followed California and Colorado as the states enacting pharmacy access to PrEP. Massachusetts has been a leader in effective policies to prevent HIV and should do the same.

**BILL SUMMARY**

This bill authorizes pharmacists to prescribe, dispense, and administer a short-term supply (60-days once in a two-year period) of HIV prevention drugs, known as pre-exposure prophylaxis (PrEP), to a single patient without a prescription. The bill requires pharmacists to provide counseling regarding the ongoing use of PrEP. Further, it requires pharmacists to connect patients without a primary care provider with health care providers for ongoing care and



obtaining a prescription for PrEP. The bill authorizes the Department of Public Health to establish protocols and requirements for the dispensing of PrEP by pharmacists.

### **WHAT IS PREP?**

Simply put, HIV Pre-exposure Prophylaxis (PrEP) is a game changer in HIV prevention; it is a simple, safe daily pill that reduces the risk of HIV transmission by close to 100 percent.<sup>1</sup>

### **WHAT TYPES OF PREP ARE AVAILABLE?**

There are currently two FDA-approved daily oral medications for PrEP: Truvada, which was approved by the FDA in 2012, and Descovy, a similar medication approved by the FDA in 2019. They are taken as a single pill once a day with a fixed dosage. A long-acting injectable form of PrEP was recently approved by the FDA.

### **WHY THIS BILL IS CRITICAL TO ENDING THE HIV EPIDEMIC**

**The HIV epidemic continues despite multiple breakthroughs in treatment and prevention.** According to the Centers for Disease Control and Prevention (CDC), an estimated 1.2 million Americans are living with HIV, and one in seven of these individuals are unaware of their HIV-positive status.<sup>2</sup> The most recent data available shows that there were nearly 38,000 new diagnoses in the United States in 2018, the majority of which were among gay and bisexual men, as well as people who inject drugs.<sup>3</sup> While Massachusetts has been unusually successful in reducing new HIV infections, the most recent Massachusetts HIV/AIDS Epidemiological Profile indicates continued, but steady, HIV transmission at a rate of 640 new cases per year for the years 2014 to 2018.<sup>4</sup> Significant racial disparities in HIV diagnoses continue. According to DPH, Black (non-Hispanic) and Hispanic/Latino individuals were diagnosed with HIV during 2016-2018 at rates seven and four times that of white (non-Hispanic) individuals, respectively.<sup>5</sup>

**PrEP reduces the risk of acquiring HIV via sex by about 99%.<sup>6</sup>** PrEP, therefore, represents an extraordinary tool for eliminating the transmission of HIV in the United States. We need to expand every possible option for people to obtain PrEP.

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<sup>1</sup> Ctr. for Disease Control & Prevention, *PrEP Effectiveness* (Nov. 3, 2020)

<https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>. PrEP is also highly effective (74%) in reducing the risk of HIV transmission via injectable drugs.

<sup>2</sup> Ctrs. for Disease Control & Prevention, *HIV in the United States and Dependent Areas* (Nov. 2020), <https://www.cdc.gov/hiv/statistics/overview/ata glance.html>.

<sup>3</sup> *Id.*

<sup>4</sup> Massachusetts Dep't of Pub. Health Bureau of Infectious Disease and Laboratory Sci., *Massachusetts HIV/AIDS Epidemiologic Profile Statewide Report 3* (2020).

<sup>5</sup> *Id.* at 4.

<sup>6</sup> Ctr. for Disease Control & Prevention, *PrEP Effectiveness* (Nov. 3, 2020)

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**PrEP is underutilized, particularly in communities of color.** Evidence shows that PrEP is underutilized. For example, PrEP is indicated for nearly 492,000 gay and bisexual men aged 18-59.<sup>7</sup> However, Gilead, the manufacturer of these drugs, estimated filling approximately 140,000 Truvada prescriptions in 2018.<sup>8</sup> Most recently, the CDC reported that in 2019 only 23% of people eligible for PrEP were prescribed it.<sup>9</sup> The CDC also reported that only 8% of Black people and 14% of Latinx people eligible for PrEP received it compared to 63% of white people who were eligible for PrEP.<sup>10</sup>

Similarly, an earlier study found that Black and Hispanic MSM were significantly less likely than were white MSM to be aware of PrEP, to have discussed PrEP with a health care provider, or to have used PrEP within the past year.<sup>11</sup> The study concluded that “[s]ocial, structural, and epidemiologic factors are the underlying determinants of racial/ethnic health disparities. Therefore, prevention efforts that address these factors have the potential to decrease disparities along the HIV PrEP continuum of care.”<sup>12</sup> Increasing access to providers that can dispense PrEP and connect individuals to competent health care professionals that can provide long term care and prescriptions is a vital step in dismantling these health disparities.

### **WHAT SAFEGUARDS DOES THE BILL INCLUDE?**

This bill establishes guardrail protocols to promote patient safety prior to accessing PrEP. Patients are required to present a negative HIV test and may not have either signs or symptoms of HIV infection or report taking any contraindicated medications prior to receiving the short-term supply. Patients can only receive one 60-day supply once every two years without an applicable prescription. Further, the Department of Public Health is required to issue rules to establish statewide drug therapy protocols for prescribing and dispensing PrEP that are consistent with CDC guidelines.

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<sup>7</sup> Dawn K. Smith, et al., *Vital Signs: Estimated Percentages and Numbers of Adults with Indications for Preexposure Prophylaxis to Prevent HIV Acquisition — United States, 2015*, 64 MORBIDITY AND MORTALITY WEEKLY REPORT 1292 (Nov. 27, 2015).

<sup>8</sup> Ian W. Holloway et al, *Longitudinal trend in PrEP familiarity, attitudes, use and discontinuation among a national probability sample of gay and bisexual men, 2016-2018*, 15 PLOS ONE 1, 2, 5 (Dec. 31, 2020). Recent estimates suggest that there may be as many as approximately 200,000-205,000 current PrEP users. PrEPWatch, *United States* (Dec. 31, 2020), <https://www.prepwatch.org/country/united-states/>.

<sup>9</sup> Ctrs. for Disease Control & Prevention, *2019 National HIV Surveillance System Reports* (May 27, 2021), <https://www.cdc.gov/nchhstp/newsroom/2021/2019-national-hiv-surveillance-system-reports.html>.

<sup>10</sup> Ctrs. for Disease Control & Prevention, *Monitoring Selected National HIV Prevention and Care Objectives by Using Surveillance Data* 35 (2021).

<sup>11</sup> Dafna Kanny et al, *Racial/Ethnic Disparities in HIV Preexposure Prophylaxis Among Men who have sex with men-23 urban areas, 2017*, 68 MORBIDITY AND MORTALITY WEEKLY REPORT 801 (Sept. 20, 2019).

<sup>12</sup> *Id.* at 802.



In sum, the time-limited pharmacy access to PrEP established by S 1407 is a vital tool for overcoming barriers to HIV prevention. We urge the Joint Committee on Health Care Financing to favorably report this bill.

Sincerely,

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