

From Policy to Practice: Expanding HIV Prevention Services through Community Pharmacies

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Welcome and Introductions



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Agenda

- **What is the RxEACH Initiative**
- **Opportunities to Expand Equitable Access to Prevention Services through Community Pharmacies**
- **Understanding the Legal Landscape for Pharmacist Authority to Initiate PrEP and PEP**
- **Pathways to Sustainable Pharmacy-Based HIV Prevention Programs – State Case Studies**
- **Health Department stuff: What's working and not working?**



REACH

PHARMACIES EXPANDING ACCESS
TO COMMUNITY HIV SERVICES

Founding Partner



**ELTON JOHN
AIDS FOUNDATION**

Managing Partner



Core Partners



APhA

American Pharmacists Association

For Every Pharmacist. For All of Pharmacy.



equalityfederation
INSTITUTE

MOLECULAR[®]
TESTING LABS

NMAC

leads with race



Allied Partners

AIDS United

The AIDS Institute

Avita Care Solutions

Equitas Health

Frannie Peabody Center

Latino Commission on AIDS

National Alliance of State Pharmacy

Associations

NASTAD

Southern AIDS Coalition

U.S. Business Action to End HIV

Our Goal

Accelerate Efforts to End the HIV Epidemic in the United States by 2030 by expanding access to HIV prevention services nationwide – through community pharmacies

Anticipated Challenges

Health Inequities Persist:
Stigma, Access to Care, Racism, anti-LGBTQIA+ bias, Education

Equitable access to prevention services: disparities persist

Ensuring no cost-sharing for USPSTF Grade A and B services: HIV screening and HIV PrEP

Operationalizing pharmacy-based services efficiently across complex health care systems

Complicated and diverse state policies guide pharmacy practice

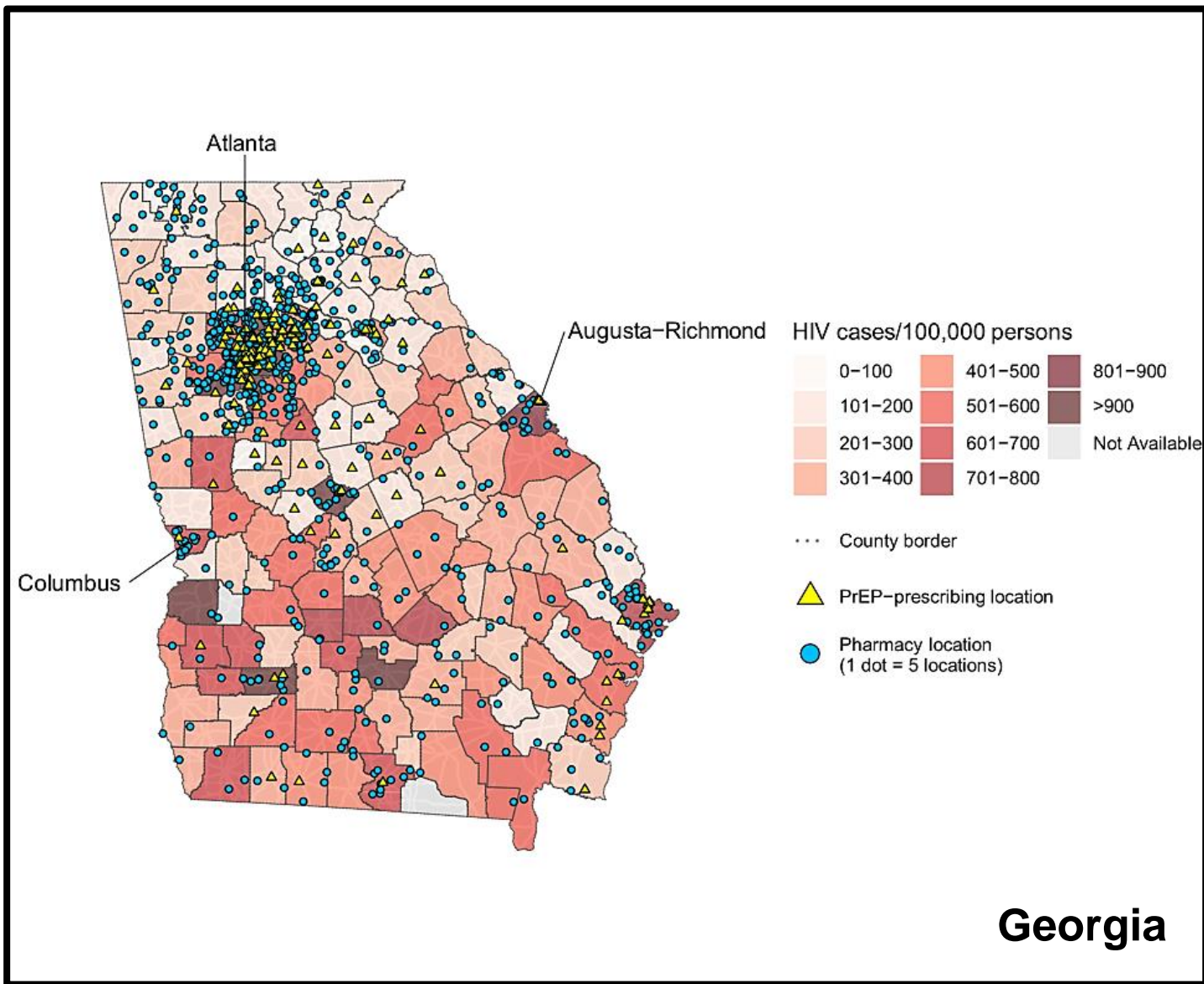
Ensuring effective collaborations across care disciplines

1.2 million people recommended for PrEP; ~250,000 people lack insurance, stark disparities

Incentivizing participation across commercial and public payors for community pharmacists as 'providers'

Pharmacy-Based HIV Prevention Services

- **HIV Screening: Ordering & administering HIV screening & patient consultation**
- **PrEP/PEP: Perform patient assessment and independent providing**
- **Linkage to Care: Pharmacies as an entry point.**
- **Medication administration and adherence: Identify and re-engage patients who have stopped filling ARVs**
- **Harm Reduction Services: Distribution of sterile injection equipment, naloxone, and safe disposal services**



Bridging Gaps

Each blue dot represents 5 pharmacies. Yellow triangles indicate PrEP Prescribing Locations.

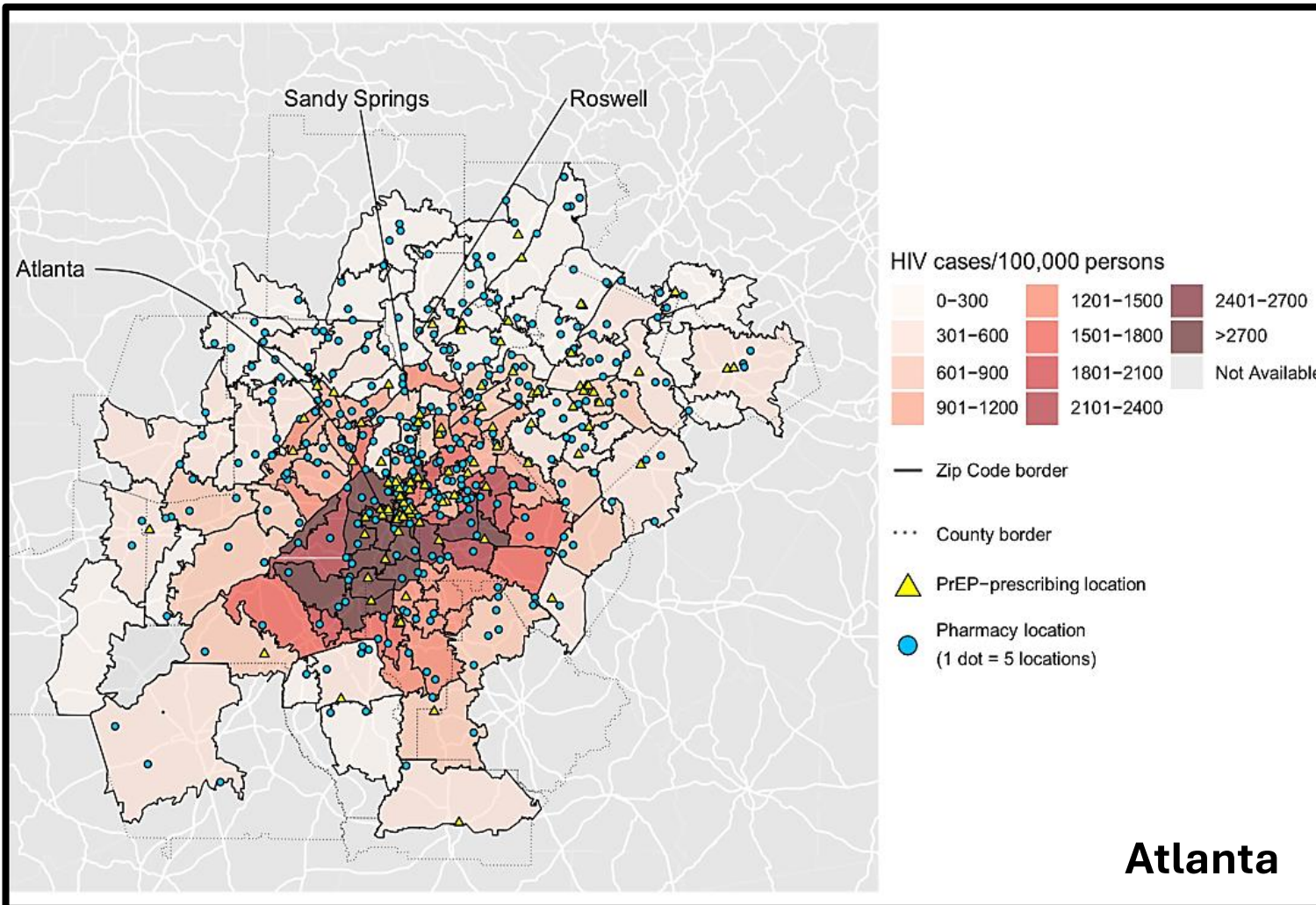
Existing public health infrastructure is accessible in communities where services are needed most.

Boosting Equitable Access

>70,000 community pharmacies in the U.S

>800,000 pharmacy personnel
 56% of community pharmacies are in Medically Underserved Areas/Populations

Even in our most populous communities, we see great opportunity in leveraging community pharmacies



Empowering Choice

Individuals can choose to receive PrEP and other prevention services in a location that best suits their needs.

Collaboration with medical providers

Needed to ensure continuity of care beyond an initial HIV test or PrEP prescription from a pharmacist.

Harrington, K. R. V., C. Chandra, D. I. Alohan, D. Cruz, H. N. Young, A. J. Siegler, and N. D. Crawford. "Examination of HIV Preexposure Prophylaxis Need, Availability, and Potential Pharmacy Integration in the Southeastern U.S." *JAMA Netw Open* 6, no. 7 (Jul 3 2023): e2326028.

<https://dx.doi.org/10.1001/jamanetworkopen.2023.26028>.

*Health Care Provider Taxonomy Code: A **pharmacy** where pharmacists store, prepare, and dispense medicinal preparations and/or prescriptions for a local patient population in accordance with federal and state law; counsel patients and caregivers (sometimes independent of the dispensing process); administer vaccinations; and provide other professional services associated with pharmaceutical care such as health screenings, consultative services with other health care providers, collaborative practice, disease state management, and education classes.

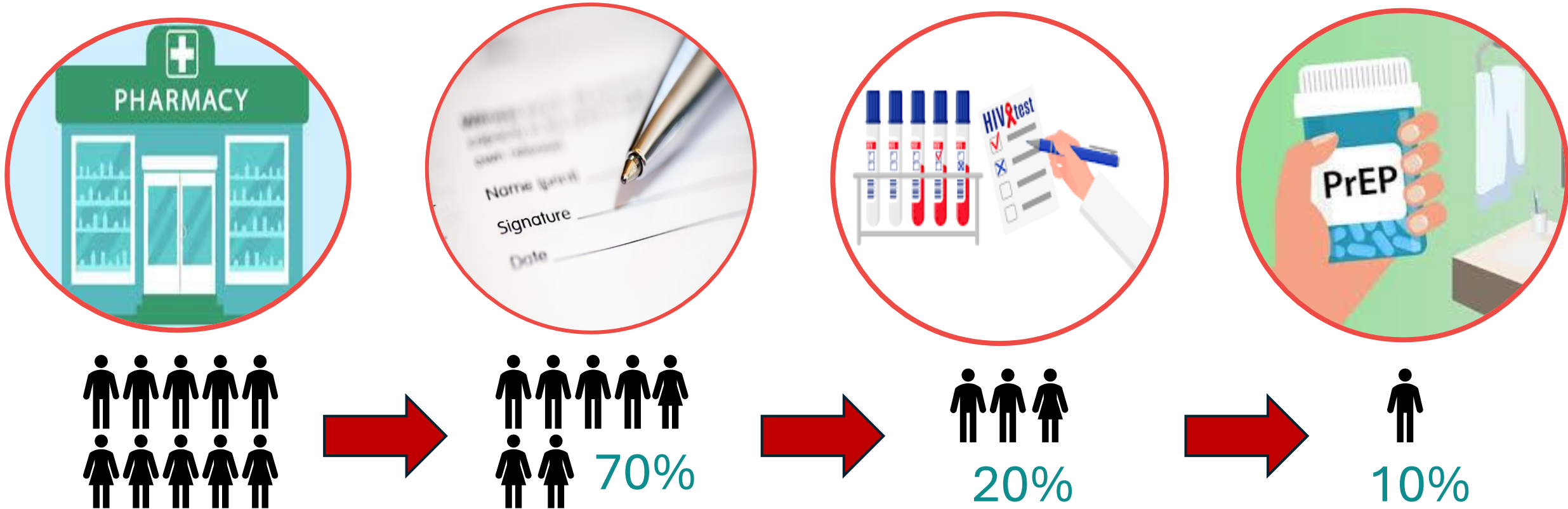


Opportunity: Mitigating Stigma

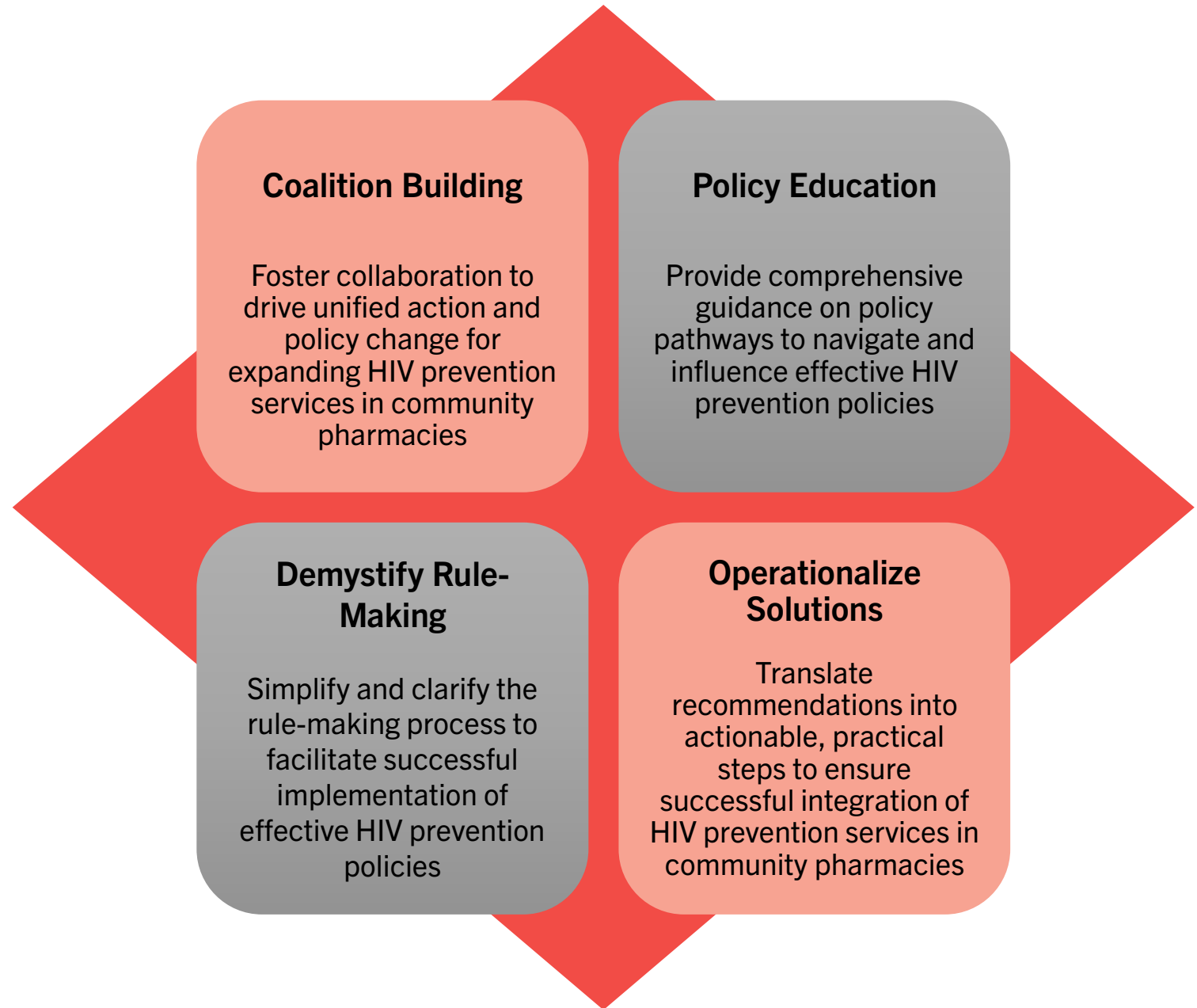
Pharmacies may offer a less-stigmatizing entry point for HIV prevention, and a neutral environment compared to traditional medical settings – with extended hours.

- General public communication campaigns
- Focus on prevention strategies, such as integrated health screening
- Normalizing HIV/STI prevention services with other “routine” health services

Sustainable Pharmacy Models Show Promise



Our Approach to Expanding Equitable Access to HIV Prevention Services



Pathways to Sustainable Pharmacy-Based HIV Prevention Programs

Expanding Pharmacists' Scope of Practice

- 1) Statute
- 2) Statewide Protocol
- 3) Statewide Standing Order
- 4) Standing Order from Primary Care Provider (PCP)
- 5) Collaborative Practice Agreement (CPA)

Definition: Statute

- Written law enacted by a state's legislature
- Statute may:
 - a) Directly grant pharmacists the authority to independently initiate PrEP or PEP
- OR
 - a) Indirectly grant pharmacists the authority to do so through a standing order (either a statewide standing order or a standing order from a PCP), statewide protocol, or prescriptive authority



Definition: Statewide Protocol

- State Board of Pharmacy establishes guidelines that pharmacists must follow to independently distribute a specified drug (e.g., PrEP or PEP)
- Authority for State Board of Pharmacy to establish a statewide protocol would be granted by statute
 - Statutory authority may be granted under a statute generally authorizing Board to establish binding regulations regarding practice of pharmacy



Definition: Standing Order

Serves as a prescription for either:

- Specified patient (patient-specific standing order)
- Specified population (non-patient specific standing order)

Two forms:

- Statewide standing order
- Standing order from a PCP

Definition: **Statewide Standing Order**

- State government official, often State Health Director with a Doctor of Medicine (MD), issues written authorization for specified drug (e.g., PrEP or PEP) that any pharmacist licensed to practice in state may utilize
- Authority granted by statute
- Non-patient specific
 - Ex: non-patient specific standing order for PrEP allows pharmacists to distribute PrEP to any persons at risk of contracting HIV

Definition: Standing Order from a PCP

- Blanket prescription to distribute a specified drug (e.g., PrEP or PEP)
- May be patient-specific or non-patient specific
- Legislation permitting pharmacists to initiate PrEP or PEP may require a standing order from a primary care provider.



Definition: Collaborative Practice Agreement

- Purpose:
 - Establish formal relationship between PCP and pharmacist
 - Broaden pharmacist's scope of practice through PCP's supervision
 - Define patient care services pharmacist may provide under certain situations and conditions.
 - Delegate to pharmacist patient care service(s) within PCP's scope of practice
- Each PCP/pharmacist relationship requires unique CPA
- May be patient-specific or non-patient specific, as dictated by statute or regulation
- Authority to participate in CPAs must come from either statute or regulation

