

HCS HB 2304 -- DISPENSING OF HIV PROPHYLAXIS

SPONSOR: Christofanelli

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Professional Registration and Licensing by a vote of 12 to 0.

The following is a summary of the House Committee Substitute for HB 2304.

This bill allows a pharmacist to dispense medication for HIV preexposure prophylaxis and HIV postexposure prophylaxis, in accordance with the provisions of the bill. The pharmacist must complete a training program.

For medication for HIV preexposure prophylaxis, the pharmacist must document that the patient tested negative for HIV, the patient does not report any signs or symptoms of acute HIV infection, and the patient is not taking any contraindicated medications.

For medication for HIV postexposure prophylaxis, the pharmacist must determine that the exposure occurred within the previous 72 hours, the patient meets the guidelines for the medication, and the patient is willing to undergo HIV testing.

The pharmacist must provide counseling about the use of the medication, advise the patient that he or she must see a primary care physician to receive additional prescriptions, and notify the patient's primary care provider or provide a list of providers as specified in bill. These provisions allow a pharmacist to supply up to a 30-day supply of the medication every two years, unless prescribed by the patient's primary care provider.

The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill.

PROPOSERS: Supporters say that this bill would allow pharmacists to prescribe 2 HIV preventative medications; one is a drug people take every day if they are high risk for contracting virus, makes it hard to contract even if exposed; other drug is post exposure and is taken within 72 hours and prevents contracting virus; can only prescribe 60 days of prep before requiring a doctor continue the prescription due to blood tests that are recommended. A patient must have a negative HIV test because they shouldn't be on the drug if they have HIV. Pharmacist would have to screen for the post exposure to see if the patient was actually exposed and then would be referred to a physician after getting the drug. The bill

provides tools to help end (but not cure) HIV and help save lives.

Testifying for the bill were Representative Christofanelli; Drew Schendt; Vivent Health; Mandy Haggeth, Missouri Family Health Council; and Truman Medical Centers.

OPPONENTS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill say there are concerns about the ability of pharmacist to provide HIV counseling in some locations and about provisions that allow pharmacists to order HIV tests. Outpatient pharmacists are not currently allowed to order labs, but inpatient would; however, there are rapid tests that do not require a lab so they could be done by a pharmacist. There is also a pilot program through The Department of Health and Senior Services (DHSS) in Kansas City where patients are getting the education and pre medication in the same day. This will help people without access to regular health care; going to a clinic specifically for HIV can be stigmatizing, people may be more likely to go to a pharmacy. Currently pharmacists can not prescribe although there can be a collaborative practice arrangement with an MD. The drugs can be over \$2500 a month but with assistance programs and/or insurance can be free to patients.

Testifying on the bill were Kamile Johnson, Kansas City Care Health Center; Mark Sawkin, University of Missouri Kansas City School of Pharmacy; Missouri Pharmacy Association; and the Missouri State Medical Association.