



June 17, 2021

Senator Joanne M. Comerford
Representative Marjorie Decker
Massachusetts State House
Joint Committee on Public Health

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

Dear Senator Comerford, Representative Decker, and Members of the Joint Committee On Public Health:

I write to convey the strong support of GLBTQ Legal Advocates & Defenders (GLAD) for S 1407, filed by Senator Cyr, 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 for those facing barriers to care. I apologize that I was not in attendance at the hearing on this bill on June 7.

Notably, the Maine legislature passed similar legislation last week 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 follow as an early adopter of this innovation.

PrEP is a game changer in HIV prevention. It reduces the risk of HIV transmission by close to 100%. We need to do everything we can to expand access to PrEP and create more avenues to reduce HIV transmission, but significant barriers to utilizing this transformative therapy exist.

GLAD strongly supports 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. 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.

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.¹ 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.² While Massachusetts has been unusually successful in reducing new HIV infections, the most recent Massachusetts HIV/AIDS Epidemiological Profile indicates continued, but stable, HIV transmission at a rate of 640 new cases per year for the years 2014 to 2018.³ 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.⁴

PrEP reduces the risk of acquiring HIV via sex by about 99%.⁵ PrEP is a highly effective medication. There are currently only 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 2019.⁶ They are taken as a single pill once a day with a fixed dosage. Patient monitoring is straightforward; it consists of quarterly HIV testing and standard kidney function bloodwork. PrEP, therefore, represents an extremely effective tool for eliminating the dissemination of HIV in the United States.

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 18-59.⁷ However, Gilead, the manufacturer of these drugs, estimated filling approximately 140,000 Truvada prescriptions in 2018.⁸ Most recently, the CDC reported that in 2019 only 23% of people eligible for PrEP were prescribed it.⁹ The CDC also reported that only 8% of Black people and

¹ 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>.

² Id.

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

⁴ Id. at 4.

⁵ 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.

⁶ Hiv.Gov, *Pre-Exposure Prophylaxis* (March 23, 2021), <https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>.

⁷ 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).

⁸ 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/>.

⁹ 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>.



14% of Latinx people eligible for PrEP received it compared to 63% of white people who were eligible for PrEP.¹⁰

Similarly, an earlier study found that Black and Hispanic MSM (Men who have sex with Men) 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.¹¹ The study concluded that “Social, 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.”¹² 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.

Notably, S 1407 would require that pharmacists link customers who receive a limited supply of PrEP to primary care. This is a crucial and welcome inclusion in the bill, as it will provide a point of access for individuals to enter the system and find providers that can assist patients with best practices, ongoing prescriptions, and establishing a stable patient/physician relationship.

In sum, the time-limited pharmacy access to PrEP established by S 1407 is a vital tool for overcoming barriers to HIV prevention. It is a priority for GLAD, and we strongly urge the Committee to report it out favorably.

Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bennett H. Klein', written in a cursive style.

Bennett H. Klein

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

¹¹ 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).

¹² *Id.* at 802.