EXPANDING ACCESS TO HIV PREVENTION SERVICES AND LINKAGE TO CARE IN COMMUNITY PHARMACIES

State Action Playbook

ELTON JOHN AIDS FOUNDATION

SECTIONS

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ACRONYM GLOSSARY

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretroviral

BOM: Board of Medicine

BOP: Board of Pharmacy

CD4 Cells: Cluster of Differentiation 4 cells, also called T cells

CDC: Centers for Disease Control and Prevention

CLIA: Clinical Laboratory Improvement Amendments

CMS: Centers for Medicare and Medicaid Services

CPT: Current Procedural Terminology

FQHC: Federally Qualified Health Center

HIV: Human Immunodeficiency Virus

(LAI)-ART: Long-Acting Injectable Antiretroviral Therapy

MSM: Men Who Have Sex with Men

PEP: Post-Exposure Prophylaxis

PPA: Pharmacy Practice Act

PPS: Prospective Payment System

PrEP: Pre-Exposure Prophylaxis

RHC: Rural Health Clinic

SDOH: Social Determinants of Health

STD: Sexually Transmitted Disease

STI: Sexually Transmitted Infection

TB: Tuberculosis

1 INTRODUCTION

In the United States, the Human Immunodeficiency Virus (HIV) epidemic remains a significant public health challenge. More than 150,000 people with HIV do not know they have it, there are over 30,000 annual new infections, and, of the approximately 1.2 million people in the United States with HIV, only about half are retained in care.[1]

Stubborn gaps in access to HIV prevention and treatment services in the United States demonstrate health inequities that are exacerbated by systemic and structural barriers, including racism, stigma, and poverty. We have the tools to end the HIV epidemic and effective prevention and treatment strategies to reach the people who could benefit the most.

To achieve the goals of the National HIV/AIDS Strategy, including ending the HIV Epidemic in the United States by 2030, it is critical to accelerate expanded access to HIV prevention and linkage to care services, including efforts to meet people where they live. **Community pharmacies can play a vital role in achieving these goals.**

1 Introduction

Evidence shows that community pharmacies and pharmacists can help fill current gaps in HIV prevention and linkage to care efforts:

- Community pharmacies can serve as an entry point for HIV prevention and linkage to care services,
- Pharmacists are trusted healthcare professionals with the skills and training to provide a variety of HIV prevention services, such as pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and HIV screening, and
- Over 70,000 community pharmacies are located across the country, with over half in medically underserved areas.

However, pharmacists' ability to provide HIV prevention and linkage to care services is often limited by restrictive scope of practice and payment policies. For example, many states restrict pharmacists' ability to provide HIV prevention services. If pharmacists do have the authority to provide select services, there is often no option to pay for services such as management and consultation for patients.

This playbook is tailored for organizations and individuals who share a vision that there is value in expanding access to HIV prevention services and linkage to care through community pharmacies. It provides a framework for advancing state scope of practice and payment policies, bringing together various stakeholders, including pharmacists, HIV advocates, physicians, payors, public health officials, and policy decision-makers. More than just a tool, this playbook is a roadmap for navigating the intricate landscape of scope of practice and payment policies. The reader can use this playbook to craft customized policies and strategies for expanding access to HIV prevention services and linkage to care services in community pharmacies.

2

HIV BASICS

2.1 HIV Prevention & Linkage to Care Challenges

HIV Basics

HIV is a retrovirus that attacks CD4 cells in the immune system. When HIV destroys CD4 cells, the human body struggles to protect itself from a wide variety of infections. Soon after HIV infection, a person may have flu-like symptoms or may have mild symptoms they don't notice. However, the person will have a very high viral load immediately after infection and will be able to transmit the virus more easily during the early infection phase. This is a key time for intervention because post-exposure prophylaxis (PEP) (see Section 3.2) can prevent HIV infection from taking hold.

After the initial period of infection, a person usually returns to feeling fine for a period of time before experiencing more symptoms, mainly fatigue and a reduced ability to fight infections. If left untreated, chronic HIV can lead to acquired immunodeficiency syndrome (AIDS), in which the body's ability to fight infection is severely damaged.

HIV is primarily transmitted via sexual contact, but it can also be transmitted through some bodily fluids in other ways (e.g., from a mother to a baby during pregnancy or via needle sharing). Many organizations offer excellent HIV resources and additional information, including the Centers for Disease Control and Prevention (CDC) and U.S. Department of Health and Human Services' HIV.gov.

An estimated 13% of people with HIV in the United States are not aware that they have it.[2]

Anyone is eligible for HIV screening, and the CDC recommends yearly screening for people with some risk factors, such as those who

- Have had multiple sexual partners since their last HIV test,
- Have been diagnosed with another sexually transmitted disease, or
- Have shared needles.

2.1 HIV Prevention & Linkage to Care Challenges

Early detection is key. People with HIV should initiate antiretroviral therapy (ART) as soon as possible after confirming their HIV status to slow disease progression and reduce risk of transmission (see Section 3.3).

Additionally, there are many tools available to prevent HIV. HIV screening, condoms, access to sterile injection equipment, and prescribed medications (see Sections 3.1 and 3.2) can protect people from getting HIV. Sexually transmitted infection (STI) testing is also useful for HIV prevention because having an STI can make a person more susceptible to becoming infected with HIV.[3]

Although there is no cure for HIV, people who undergo regular treatment can still live long, healthy lives. ART helps people manage and control their HIV. **When ART is taken as prescribed, a person's HIV viral load can be reduced to an undetectable level, which means that HIV cannot be transmitted to others.** This is called "treatment as prevention," or "undetectable = untransmittable" (see section 3.3).[4] Thus, treatment is also an important component of HIV prevention.

Challenges to Equitable Care

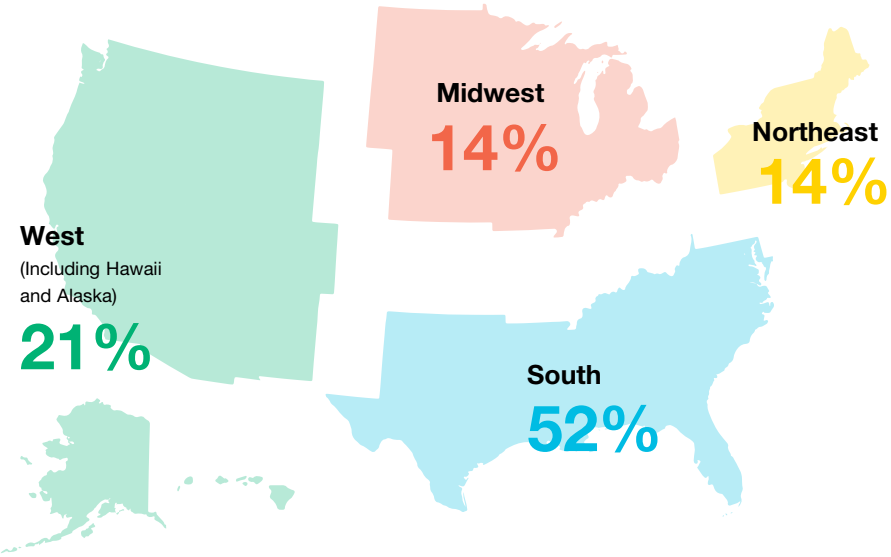
People with HIV continue to experience stigmatization and discrimination, which can be harmful to mental health and can act as barriers to entering and receiving care. Fear and misinformation about HIV, how HIV spreads, and who can get HIV contribute to HIV stigma. In addition to stigma and discrimination, people with HIV face challenges, such as access to healthcare, housing, transportation, childcare, paid time off from work to manage care, and other structural barriers that put some communities at increased risk for poor health outcomes. Additionally, concerns about discrimination from care professionals can keep people away from care. For more information on barriers to equitable HIV prevention and care, see "Social Determinants of Health" (Section 2.2).

2.2 The Current State of HIV in the United States

Despite advances in prevention and treatment, HIV continues to affect the health of many Americans. Each year, more than 30,000 adults receive a diagnosis of HIV.[5] Some regions of the United States, including the Northeast, the South, and U.S. dependent areas, have higher rates of HIV.[2]

Geographically, the South is also disproportionately affected. The region accounted for more than half (53%) of new HIV infections in 2019, even though it only represented approximately 38% of the U.S. population.[1]

Estimated HIV Infections in the United States by Region, 2021*



*Among people aged 13 and older
Source CDC: Estimated HIV incidence and prevalence in the United States, 2017-2021, *HIV Surveillance Supplemental Report*, 2023; 28 (3).

2.2 The Current State of HIV in the United States

HIV TRENDS

Although most people with HIV are over the age of 45, most new HIV diagnoses in 2021 occurred in people under 45.[5]

Men who have sex with men (MSM) comprise 70% of new HIV diagnoses. Black/African American MSM comprise 25%, Hispanic/Latino MSM comprise 23%, and White MSM comprise 18% of all new HIV diagnoses.[6]

52% of all new HIV diagnoses were in the U.S. South in 2021, even though only approximately 38% of the U.S. population lives in the South.[7]

More than 1 in 10 new HIV diagnoses are injection drug-related.[8]

HIV Disparities

HIV does not affect all groups of people equally. Barriers to care and health and a higher prevalence of HIV in some communities affect rates of transmission. Some groups disproportionately affected by HIV include

- Men who have sex with men (MSM),
- Black/African American men and women,
- Hispanic/Latino men and women,
- Transgender women, and
- People who use injectable drugs.

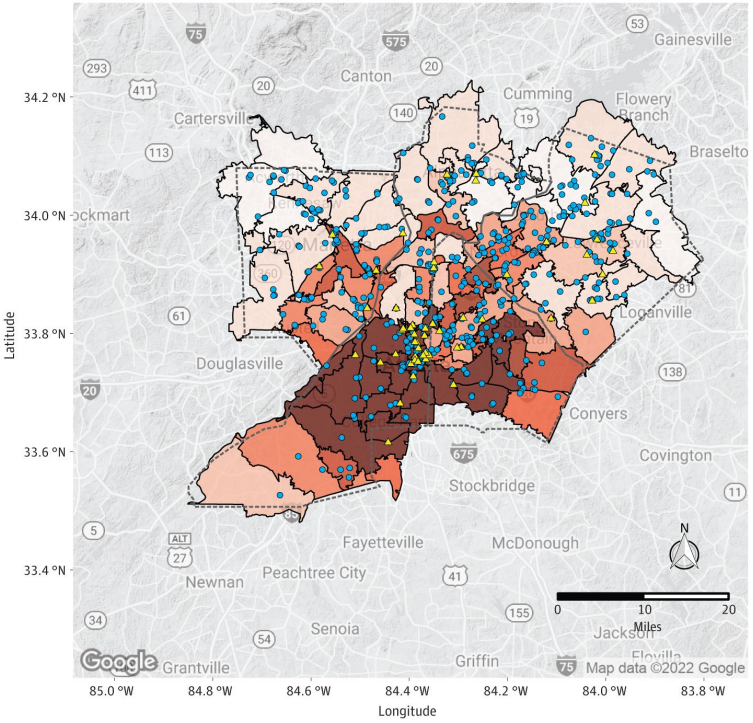
As examples of disparities in HIV diagnoses, Black/African Americans comprised 40% of all new HIV diagnoses in the United States in 2021, despite making up only 14% of the U.S. population.[1] Hispanics/Latinos are also disproportionately affected by HIV, comprising 29% of all new HIV diagnoses in 2021, while only making up 19% of the U.S. population.[1]

2.2 The Current State of HIV in the United States

HIV affects some demographics and communities more than others because of racism, homophobia, discrimination, a lack of access to health care, and other characteristics—collectively known as social determinants of health (SDOH)—that can deeply influence a person's ability to be healthy. More than half of all new HIV cases in the United States are located in 50 local areas and seven states, most in the South. Research shows that community pharmacists offering HIV detection, prevention, and treatment monitoring can be especially impactful in these priority areas.

Pharmacies can enhance Pre-Exposure prophylaxis (PrEP) in communities that face the highest HIV risk.*

The map shows that in select counties in Georgia where people who live in communities with increased HIV risk have access to many community pharmacies. Each blue dot below represents 3 pharmacies in a zip code.



Includes Cobb, DeKalb, Fulton, and Gwinnett counties.
*Map from Harrington et al, 2023[9]

SOCIAL DETERMINANTS OF HEALTH

SDOH are the environmental factors where a person lives and works that affect all aspects of health. Examples of SDOH include[10]

- Income,
- Education,
- Work circumstances,
- Discrimination,
- Ability to understand health information,
- Access to healthy foods,
- Access to healthcare, and
- Access to pharmacies.

GEMMA TAYLOR/INTERNATIONAL HIV/AIDS ALLIANCE

3

OPPORTUNITIES TO PREVENT HIV

3.1 HIV Screening

The Importance of Testing

HIV testing is an important tool for ending the HIV epidemic, and its benefits are multifold. When a person knows their HIV status, they are empowered to find better health through HIV prevention and treatment. Additionally, screening is a form of prevention, as a person with HIV can take steps to prevent transmission.

Types of HIV Tests

Multiple types of tests can detect HIV, some of which are available over the counter. HIV tests can detect[11]

- The human immune response to HIV (antibody tests),
- The human immune response and HIV viral particles that cause the body to respond to HIV (antibody/antigen tests), or
- The presence of HIV genetic material in the body (nucleic acid tests).

Some tests are able to detect HIV earlier than others. **However, it is important to note that no HIV test can detect an infection immediately after it happens.**

Pharmacies and HIV Testing

Pharmacies can play a pivotal role in helping people access HIV screening. Pharmacists can help inform people of testing options and can promote CDC's Get Yourself Tested Campaign, which helps people locate local HIV testing and find free tests.

Some individuals may feel that community pharmacies are less stigmatizing than a formal clinical setting, and some may feel more comfortable accessing over-the-counter HIV self-tests. **It is important that people who test positive for HIV via self-tests seek testing confirmation and follow-up care in a clinical setting.** Healthcare systems and public health departments can provide further guidance for pharmacies on follow-up testing.[12]

3.2 Prophylactic Medications to End HIV

In the last decade, prophylactic medications have provided new prevention tools to end the HIV epidemic. There are two types of HIV prophylactics: Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). When taken as directed, both PrEP and PEP are highly effective at preventing HIV.

PrEP

PrEP is a class of medications for regular use by sexually active adolescents and adults at risk for HIV infection but who do not have HIV. When taken as directed, PrEP can reduce a person's risk of getting HIV by about 99%.[13] Clinical guidance suggests informing all sexually active adolescents and adults about PrEP.[14] PrEP is available as both a pill and an injection, including via long-acting injection, and people who take PrEP should undergo regular testing for STIs, including HIV. CDC has information for consumers and guidelines for healthcare professionals on the different types of PrEP.

DISPARITIES IN PREP USAGE

Although an estimated 1.2 million Americans could benefit from PrEP, only 30% of eligible people are on PrEP.[15] Further, not all communities have equally benefited from these important medications. For example, in 2021, only 11% of eligible Black Americans, 20% of eligible Hispanic/Latino Americans, and 12% of eligible Americans of other races/ethnicities were prescribed PrEP, compared to 78% of eligible White Americans.[14] Addressing health disparities in PrEP access is a key part of ending the HIV epidemic in the United States.

PEP

PEP is a short round of antiretrovirals for use in people who do not have HIV but may have been exposed to it. PEP must be taken within 72 hours of potential exposure to HIV. The sooner PEP is started within those 72 hours, the more effective it is.

3.3 Viral Suppression

It is for emergency use only and should not be taken regularly. People who experience frequent potential exposures to HIV should use PrEP, not PEP.

There is no cure for HIV, but people with HIV can live long, healthy lives with continuous HIV treatment, called antiretroviral therapy (ART). ART prevents replication of HIV, reducing the viral load of HIV in a person's body. HIV treatment typically consists of a personalized combination of antiretrovirals (ARVs).

If a person takes ART regularly, they can reach viral suppression, which means their viral load is less than 200 copies of HIV per mL of blood. Viral suppression improves the health and life expectancy of people with HIV and can reduce their risk of HIV transmission to almost zero.[16] **Currently, only 66% of people with HIV in the United States are virally suppressed.[17]**

Supporting people as they manage HIV is critical. Pharmacists can use their relationships with patients to emphasize the importance of continuous HIV treatment and adherence to HIV medication.

By educating people with HIV that missing doses or stopping treatment can cause increased amounts of HIV in the body, worse health outcomes, and possible transmission of HIV to others, pharmacists can empower them to live as healthily as possible.[15] Further information about the benefits and challenges of ART can be found in CDC's HIV Treatment as Prevention resources.

Long-Acting Injectable Treatment – A Recent Advance in ART

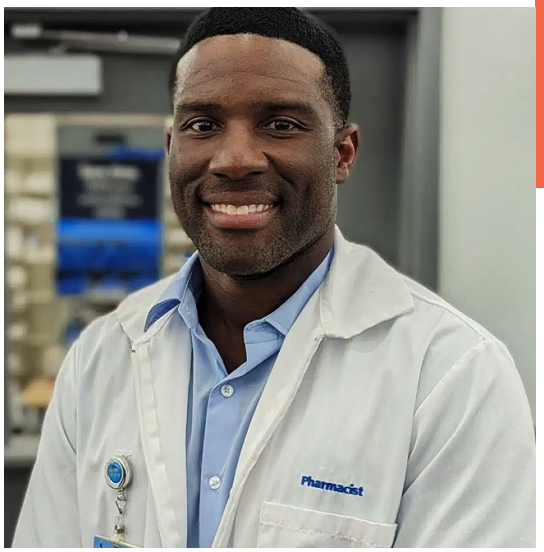
Recent advances in ARVs provide more treatment options—often consisting of fewer pills—for people with HIV. For people who have a history of consistent treatment and viral suppression, recently approved long-acting injectable (LAI)-ART may be an option. LAI-ART is a monthly or bi-monthly injectable ARV for people with well-managed HIV. Supporting people with HIV as they find treatment options that best fit their lifestyle can help patients find normalcy and stay in treatment. For information on the benefits, side effects, and dosages of available ARVs, visit the HIV.gov Drug Database.

3.4 Expanding Care Access Through Community Pharmacies

The United States faces many challenges to achieving its goal of ending the HIV epidemic, challenges that require new thinking and a retooling of existing resources. As such, there is a unique opportunity for community pharmacies to fill gaps in the current constellation of HIV prevention and care by expanding access to HIV screening, prevention, and linkage-to-care services in communities that are underserved by traditional medical care services. **Community pharmacies are suited to this task because they**

- Are readily accessible to a vast majority of the U.S. population, including those in rural and medically underserved areas,
- Have broader hours of operation that can enhance accessibility, and
- Are neutral settings that may be less stigmatizing for patients seeking services.

Additionally, pharmacists are trusted. A 2021 Gallup poll noted that 63% of respondents ranked pharmacists as having very high honesty and ethics.[18]



Expanding the role of existing community pharmacies to offer HIV prevention services is crucial. This not only has the potential to save lives but also to reduce costs (see Section 3.5). By preventing or diagnosing new HIV infections and facilitating prompt treatment with the aim of achieving viral suppression, pharmacists can enhance overall health and curb further transmission.

Increasing Uptake of PrEP and Expanding Entry Points for HIV Care

PrEP is one of the most important tools in HIV prevention. However, approximately 250,000 people recommended for PrEP in the United States are not currently in medical care and may benefit from increased entry points, such as pharmacies, to access services.[19] A recent study notes that structural barriers remain a key driver of low uptake of PrEP prescriptions for Black MSM; the study found that many healthcare facilities are inaccessible to populations at the highest risk for HIV and lack the capacity to screen for HIV risk and to recommend risk reduction strategies, like PrEP.[8] Community pharmacies can help address these gaps. In fact, an analysis showed significant gaps in PrEP-prescribing locations in counties with disproportionately high HIV risk, though pharmacies were accessible in these locations.[27] Eighty percent of counties in the United States do not have an infectious disease physician but most have pharmacies, which makes expanding care for HIV into pharmacies a rich opportunity.[20]

ACCESSING PHARMACIES FAST FACTS

There are over 70,000 community pharmacies* in the United States.[21]

People visit pharmacies approximately 35 times each year, significantly more often than they visit their primary care provider.[22]

Pharmacies, particularly those located in communities with a disproportionate risk of HIV, offer an existing infrastructure that is critically needed for expanding HIV prevention and linkage to services. A 2021 analysis identified that 56% of community pharmacies are located in medically underserved areas/populations or health professional shortage areas.[19]

*Code 3336C0003X designates a community or retail pharmacy, which is defined as "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." Health Care Provider Taxonomy Code Set. Available at: https://taxonomy.nucc.org/. Accessed 08.17.2023.

3.4 Expanding Care Access Through Community Pharmacies

How Pharmacies and Pharmacists Can Help Address Gaps in HIV Prevention and Care	
Intervention	**What Pharmacists Can Do**
HIV SCREENING	• Order and administer HIV screening. • Provide patient consultation.

PEP/PREP	• Perform patient assessment and provide
	  ○ Counseling and evaluation on the efficacy, risk, and benefits of PrEP;
	  ○ Assessment for signs and symptoms of acute HIV infection and other screenings as recommended in the CDC PrEP guidelines;
	  ○ Referral and linkage-to-care services for identified health needs and follow-up from PEP and PrEP evaluation;
	  ○ PEP services consistent with CDC guidelines, including administering necessary tests and providing counseling and linkage to follow-up care to ensure that a patient can receive PEP within 72 hours of potential exposure;
	  ○ Protocol-based services for managing patients receiving PrEP consistent with CDC Guidelines, including ordering of required STI tests, Hepatitis B Virus tests, and other tests, counseling, and monitoring services. People with reactive or indeterminate tests results will be immediately referred to a medical care provider or public health department; and
	  ○ Prescribing and administering of PEP and PrEP in any form, which currently includes oral and long-acting injectable medications.

LINKAGE TO CARE	• Rapidly link patients to medical care providers, including infectious disease, primary care, nephrology, and/or other specialists as needed; or to public health departments. ○ Pharmacies will have resources to link patients to medical care providers and/or health departments to ensure rapid linkage to care.

MEDICATION ADMINISTRATION AND ADHERENCE	• Ensure timely dispensing of ARV and adherence counseling by
	  ○ Identifying patients who have stopped filling ARV prescriptions,
	  ○ Implementing interventions with medical providers and health departments to re-engage the patients to care, and
	  ○ Processing HIV prevention or treatment medications.

HARM REDUCTION SERVICES	• Distribute sterile injection equipment and naloxone. • Provide safe disposal services.

3.4 Expanding Care Access Through Community Pharmacies

Pharmacies have already demonstrated that they can reach diverse populations in a scalable way. Pharmacy-based COVID vaccine administration through CDC's retail pharmacy program showed 43% of people vaccinated were from racial and ethnic groups other than non-Hispanic White (where race/ethnicity were identified).[23] Currently, 90% of COVID-19 vaccines, 60-70% of annual flu vaccines, and 40-50% of pneumococcal vaccines are provided in pharmacies.[24] Similar strategies can be employed by pharmacies to help reduce HIV risk by providing testing, prevention services including PrEP and PEP, and linkage to care.

Further, pharmacists are eager to play a more substantial role in patient care, with 78% citing their desire to play a greater role in patient care and 74% citing their desire to spend more time with patients.[25]

There is a long history of team-based care to support people with HIV, and these teams have always integrated a variety of health professionals, including pharmacists. Leveraging the existing infrastructure of community pharmacies could provide critical opportunities to serve individuals at risk for and diagnosed with HIV by offering prevention services, serving as an entry point for care, facilitating linkage to HIV care services, and supporting treatment adherence. Of course, efforts to expand access to HIV prevention and linkage to care services through community pharmacies must be implemented in collaboration with the medical care system, public health, primary care, infectious disease, and behavioral medicine providers with clear protocols and communication systems providing a foundation for effective collaborative care that meets the needs of patients effectively and sustainably. There is a great opportunity to build on the team-based care model and expand the ability for community pharmacies to provide HIV prevention and care services and to reach people who are currently not in care.

3.5 Preventing HIV Saves Lives and Money

Cost of HIV Care

In addition to its toll on human health, HIV poses an economic burden. HIV treatment is costly; recent studies suggest that the estimated lifetime cost of care for a person with HIV ranges from mid-$300,000s to almost $500,000.[26]

In 2018 alone, spending on ARVs reached $22.5 billion in the United States, making HIV antivirals the fifth most expensive therapeutic class.[27]

High healthcare costs can prevent people with HIV from finding and continuing treatment. In fact, 27% of people with HIV who were not in regular treatment cited money and insurance problems as a factor preventing them from receiving care.[28] Concerns about the cost of PrEP can also act as a barrier to HIV prevention.[29]

Burden on State and Federal Resources

The high cost of HIV treatment also affects state and federal governments. The federal government spends $28 billion in domestic funding for HIV each year.[30] While switching to generic alternatives of ARVs could save billions of dollars, the yearly cost of most treatments for a person with HIV is still more than $36,000.[31,32]

Many people with HIV use Medicaid or Medicare. In fact, in 2020, 43% of people with HIV were on Medicaid and 28% were on Medicare (40% were on private insurance and 3% received treatment through the Veteran's Administration, while estimates for Indian Health Service were not available).[33]* **In 2022, care for people with HIV cost an estimated $13 billion in Medicaid spending and $11.3 billion in Medicare spending.**[34,35]

*percentages do not sum to 100% because people may have more than one type of insurance.

Pharmacies' Role in Lessening the Economic Burden of HIV

Pharmacies can play a role in easing the economic burden caused by HIV, both for the individual and for the community as a whole. Care teams that include pharmacists can help reduce health care expenditures and the need for unnecessary care.[36]

On an individual level, pharmacists can help optimize the cost-effectiveness of HIV treatment. For instance, under the Affordable Care Act, insurance must cover at least one form of PrEP without co-pay. Pharmacists can also connect people with programs that help cover the cost of PrEP, regardless of insurance coverage. Care teams that include pharmacists can also ensure that people properly manage their HIV, preventing transmission. Uninterrupted treatment will minimize the need for additional health care.

4

UNDERSTANDING THE POLICIES THAT GUIDE PHARMACY PRACTICE

4.1 What policies are necessary to expand HIV prevention efforts in pharmacies?

Pharmacies are trusted community healthcare destinations that can play a vital role in expanding access to HIV prevention and linkage to care services (see Section 3.4). Pharmacies are located in many areas with low healthcare access, and pharmacists possess valuable expertise that can broaden the availability of HIV prevention and linkage to care services. There is great opportunity to expand nationwide access to HIV services through community pharmacies. However existing policies often hinder this potential. With few exceptions, pharmacies and pharmacists

- Do not have a policy pathway to receive payment for providing HIV prevention and linkage to care services, and
- Are limited to reimbursement only for dispensing HIV-related medications, without opportunity to be reimbursed for providing patient screening, assessment, counseling, referrals, and management services.

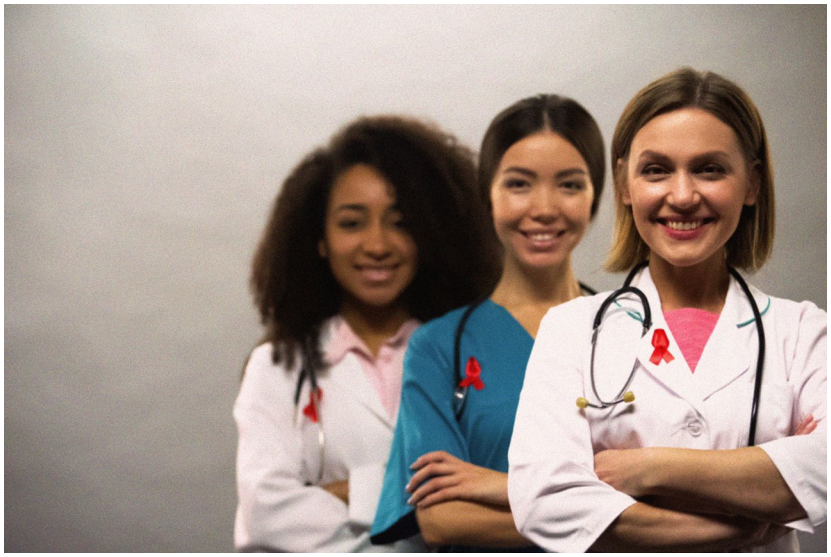
Additionally, scope of practice policies vary from state to state, creating a patchwork of policies that may limit pharmacists' abilities to execute care guidelines. For example, pharmacists in some states cannot order the routine sexually transmitted infections (STI) tests that are recommended for maintaining PrEP, even though the state may allow pharmacists to prescribe PrEP, impeding the effective initiation and management of PrEP care. Similarly, pharmacists in some states cannot order the laboratory tests recommended before PrEP initiation, such as kidney and liver function tests.

Policy updates are needed to help eliminate obstacles for pharmacists to provide HIV prevention services. Policies that align state scope of practice with current HIV guidelines and ensure reasonable and fair payment for pharmacists' services will help expand access to HIV prevention and linkage to care services, improve health equity, and create sustainable pharmacy-based programs.

4.2 What are Federal Policy Considerations?

Policy leaders and decision-makers can accelerate efforts to end the HIV epidemic, particularly with Medicaid and Medicare populations, by modifying regulations to better serve patients through community pharmacies. To ensure that pharmacists are able to receive payment for delivering and administering HIV prevention and linkage to care services, federal authorities should

- Authorize pharmacists as providers in Medicare and establish a pathway to cover pharmacist services under Medicare Part B.
    - Review the Recommendation Memorandum submitted to the White House's Domestic Policy Council September 2023 for suggested policy modifications in the Affordable Care Act Implementation Guidance and/or the Medicare Benefit Policy Manual.
    - In the longer term, Congress should pass legislation to authorize pharmacists as Part B providers to further expand coverage for HIV prevention and linkage to care services.
- Encourage changes in state Medicaid policy, through state plan amendment waivers, to expand access to community pharmacy-based HIV prevention and linkage to treatment services.



4.3 State Policy Environment Considerations

At the state level, state legislatures and boards of pharmacy and medicine (BOPs and BOMs) establish scope of practice policies that govern the boundaries of pharmacy practice. To understand the state policy landscape and how it will affect efforts to broaden pharmacists' roles in HIV prevention, it is necessary to understand and consider the following:

- **Legislation:** The preparation and enactment of laws by a legislative body through its lawmaking process.
- **State law:** The common law, statutes, and regulations of a state. For pharmacies, these are generally referred to as a state Pharmacy Practice Act (PPA).
- **Statute:** A formal enactment of the legislature of a more permanent nature. "Statute" is used to designate written law, as distinguished from unwritten law.
- **State BOP policies:** The regulations that guide the pharmacy profession's day-to-day functions.
- **Statewide Protocols:** Standards, issued by an authorized state body, that can enable pharmacists to provide prevention services within specific guidelines.
- **Statewide standing orders:** A statewide order or directive for a specific action often issued by the State Health Officer or Commissioner. For example, a statewide standing order is prescriptive to provide a specific medication and is not limited to one particular patient.
- **Collaborative Practice Agreements:** The voluntary agreements between pharmacists and prescribers, in which the prescriber delegates certain functions to the pharmacist. For example, the terms of the agreement may specify functions to include initiating, modifying, and discontinuing therapy, and ordering and interpreting laboratory tests. These agreements must not be patient specific in order to enable broad access for patients that are not under the care of the collaborating physician.

4.3 State Policy Environment Considerations

Policy mechanisms may address prescribing authorities, service practices, reimbursement and payment, or broad health policies with implications for pharmacy practice. The policies can be more restrictive, such as policies specific to a prescriber, or can be less restrictive, such as a statewide protocol or standing order. For instance, less restrictive policies in some U.S. states and territories allow pharmacists to order and administer Clinical Laboratory Improvement Amendments (CLIA)-waived HIV tests and to prescribe and manage PrEP.

Addressing Pathways for Payment Policies

As state leaders craft payment legislation for Medicaid and commercial payors, the following considerations should be addressed.

State Medicaid

Medicaid is the largest health insurance provider for people with HIV. Therefore, changes to state Medicaid policies can be especially impactful for expansion of pharmacy-based HIV prevention and linkage to care services. Irrespective of legislation, state Medicaid plans can opt to make policy changes that support the provision of HIV prevention and linkage to care services in community pharmacies. Medicaid policies should

- Provide payment to pharmacists for patient care services consistent with established scope of practice, using current procedural terminology (CPT) codes used by other healthcare professionals (e.g., physicians, advanced practice registered nurses, physician assistants) who provide outpatient services;

4.3 State Policy Environment Considerations

- Exclude administrative barriers to implementation, such as requirements of referrals/orders or collaborative practice agreements prior to rendering services, or restrictive training requirements;
- Ensure both fee-for-service and managed care beneficiaries are covered for services. Reimbursement for pharmacist services should apply to the managed care plans' medical loss ratio (NOT their administrative costs) to incentivize managed care participation and to increase access;
- Include language that directs the state agency that oversees Medicaid to submit a state plan amendment that allows pharmacists to enroll and be paid as Medicaid providers for clinical services to the Centers for Medicaid and Medicare Services (CMS) by a certain date; and
    - E.g., The [INSERT DEPARTMENT] shall apply to the United States Department of Health and Human Services for any amendment to the state Medicaid plan or for any Medicaid waiver necessary to implement [INSERT SECTIONS]. The office shall submit the Medicaid state plan amendment not later than [INSERT DATE].
- Include language that adjusts the predetermined payment amount for services, known as the prospective payment system (PPS) rate, for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) so that total cost of care is increased due to the addition of another provider type (the pharmacist) and visits with a pharmacist trigger a payment of the PPS rate.

Commercial Payors

Policies that affect commercial payors can also help improve access to prevention and linkage to care via community pharmacies.

- Legislation should include language that applies to all commercial health plans, which are often regulated under the State Insurance Department.
    - E.g., This section shall apply to every individual policy, contract, or certificate issued thereunder, of health or sickness or accident insurance delivered or issued for delivery within the State.

4.3 State Policy Environment Considerations

- Policies should also require coverage of services provided by pharmacists if the health plan provides coverage for the same service provided by another provider.
    - E.g., Whenever an insurance policy, contract or certificate, or health services reimbursement program provides for reimbursement for any health-care service which is within those areas of practice for which a pharmacist may be licensed pursuant to § 2502 of Title 24 the insured or any other person covered by the policy, contract or certificate, or health services or facilities reimbursement program shall be entitled to reimbursement for such service performed by a duly licensed pharmacist practicing within those areas for which the pharmacist is licensed in the state where the licensed pharmacist is practicing. Whenever such service is performed by a licensed pharmacist and reimbursed by a professional health services plan corporation, the licensed pharmacist shall be granted such rights of participation, plan admission and registration as may be granted by the professional health services plan corporation, to a physician or osteopath performing such a service. When payment is made for health-care services performed by a licensed pharmacist, no payment or reimbursement shall be payable to a physician or osteopath for the services performed by the licensed pharmacist.

<u>Payment Parity</u>

In addition to requiring coverage under Medicaid and commercial health plans, legislation often includes the topic of payment parity. Policies may require payment parity with physicians or with other mid-level healthcare professionals, such as nurse practitioners or physician assistants. Payment parity is a topic that must be handled with sensitivity because higher payment rates could incentivize pharmacist participation, but they could undermine cost savings arguments.

Checklist: Policy Components that Expand Access to HIV Prevention and Linkage to Care via Community Pharmacies

This section offers a variety of policy components that can work together to create an enabling environment for the expansion of pharmacist-provided HIV prevention services. By addressing the key barriers of scope of practice, payment/reimbursement, general prevention services, and additional education, policies can help ensure that all patients have access to the essential HIV prevention services they need.

SCOPE OF PRACTICE COMPONENTS

Policies that expand pharmacists' scope of practice directly impact and enhance community pharmacies' roles in HIV prevention and linkage to care services.

COMPONENT	ACTION	IMPACT
Maximize Prescriptive Authority	☐ Allow pharmacists to prescribe and administer PrEP directly to patients, in any form. ☐ Allow pharmacists to prescribe and administer PEP directly to patients.	✳ Enhances patient access to critical HIV prevention services. ✳ Streamlines the care delivery process. ✳ Promotes timely intervention.
Remove Referral Requirement	☐ Eliminate the need for a referral from a physician for patients to access HIV prevention services from pharmacists.	✳ Streamlines access to HIV prevention services. ✳ Ensures patients can promptly receive necessary care. ✳ Encourages early intervention. ✳ Protects the health of the patient. ✳ May lead to a decrease in new HIV cases.
Order and Administer HIV Screening and Counseling	☐ Enable community pharmacy locations to order and administer HIV screening to expand access for patients. ☐ Allow pharmacists to provide counseling on wrap-around services and linkage to care if a patient's screening indicates the need for additional testing or treatment. ☐ Ensure that testing authority is broad and encompasses all CLIA-waived tests and does not exclude others tests that fall within the same parameters.	✳ Facilitates early diagnosis and linkage to care. ✳ Leads to better patient outcomes and reduced transmission.

PAYMENT AND REIMBURSEMENT COMPONENTS

A lack of reimbursement for services can be a significant barrier to pharmacist-provided HIV prevention and linkage to care. Policies that address payment and reimbursement can help incentivize community pharmacies' involvement in providing HIV prevention services.

COMPONENT	ACTION	IMPACT
Comparable Coverage or Pay Parity	☐ Require public and commercial health plans to pay pharmacists for HIV prevention services. ☐ Require payment at a rate equivalent to that of other similar-level healthcare professionals to ensure equivalent compensation.	✳ Aligns payment practices with the value of pharmacist-provided services.
Direct Medical Benefit Billing	☐ Allow pharmacists to bill Medicaid and commercial payors directly for HIV prevention services.	✳ Simplifies reimbursement processes. ✳ Reduces administrative burdens. ✳ Promotes patient accessibility to promote health equity.
Flexible Service Settings	☐ Enable pharmacists to provide HIV prevention services in community pharmacies. ☐ Enable pharmacists to provide HIV prevention services via telehealth platforms and other convenient locations.	✳ Extends the reach of HIV prevention efforts. ✳ Makes services more accessible to patients. ✳ May reduce concerns about HIV-related stigma.

GENERAL PREVENTION SERVICE COMPONENTS

For some states, the most effective way to expand pharmacists' ability to provide HIV prevention and linkage to care services may not be centrally focused on HIV but, rather, on policies that provide authority and payment for the provision of prevention services.

COMPONENT	ACTION	IMPACT
General Prevention Legislation	☐ Provide authority to state BOPs to identify the prevention services authorized for pharmacy practice, while not limiting the core goal of increased access to services. ☐ Allow state BOPs the authority to develop corresponding statewide protocols for prevention services, while not adding additional mandates beyond the legislative requirements.	✳ Expands community pharmacies' roles in prevention services. ✳ Indirectly provides a pathway for pharmacies' involvement in HIV prevention. *See Impact in Action: Tennessee and Impact in Action: Idaho
Statewide Protocols	☐ Allow statewide protocols authorized by a state regulatory body, often a state BOP, that extend to all licensed pharmacists meeting specified qualifications.	✳ Delineates standards for pharmacy practice within general prevention services. ✳ Empowers pharmacists to offer preventive care without physician prescriptions. ✳ Enhances healthcare accessibility and patient outcomes ✳ Creates protocols informed by collaboration with stakeholders (e.g., pharmacists, physicians, public health officials, and advocacy groups). *See Impact in Action: Virginia

ADDITIONAL POLICY COMPONENTS

Policies that promote training, education, and public awareness can also be powerful tools in HIV prevention.

COMPONENT	ACTION	IMPACT
Invest in Training and Education	☐ Allocate funding for training and education programs for pharmacists. ☐ Allow for flexibility in training standards without prescribing detailed training programs.	✳ Equips pharmacists with the skills and knowledge necessary to provide effective HIV prevention services. ✳ Ensures that pharmacists are well-prepared to deliver high-quality care. ✳ Contributes to better patient outcomes and the overall success of HIV prevention programs. ✳ Prevents legislation that may become out of date or cumbersome to implement.
Public Awareness Campaigns	☐ Develop public awareness campaigns to educate patients about the crucial role pharmacists play in providing HIV prevention services, reducing stigma, and increasing awareness.	✳ Increases patient knowledge about the role of pharmacists in HIV prevention. ✳ Encourages individuals to access essential care. ✳ Contributes to a more informed and healthier community ✳ Reduces stigma.

SEE THE IMPACT IN ACTION

IMPACT IN ACTION: VIRGINIA

Virginia's policies illustrate the impact of an effective state BOP protocol policy framework. The Virginia State Board of Pharmacy, in collaboration with the Board of Medicine and Department of Health, developed a statewide PrEP protocol and PEP protocol that provide a clear standard of care and guidelines for pharmacists engaged in HIV prevention services. These protocols not only improve the quality of care, but also ensure that pharmacists can contribute meaningfully to HIV prevention efforts. By addressing the unique needs of HIV prevention and linkage to care services within the broader context of prevention, Virginia's protocols showcase how a well-defined framework can empower pharmacists to make a tangible impact on public health. Virginia also enacted a law authorizing payment for pharmacy services across public and commercial insurance plans.

IMPACT IN ACTION: TENNESSEE

In 2017, Tennessee enacted provider status for pharmacists. Additionally, Tennessee Board Rule 1140-03-.17(5)(b) serves as a model of general prevention policy, exemplifying how collaborative pharmacy practice agreements can enable pharmacists to provide preventive care without the need for patient-specific diagnoses. The policy covers a comprehensive range of preventive services, including but not limited to screening prevention, treatment of the flu, mental health and depression, and HIV PrEP and PEP. However, Tennessee's legislation does not address payment for pharmacists' prevention services in Medicaid, although commercial payors can cover payment for pharmacist services.

IMPACT IN ACTION: IDAHO

Idaho's policy for general prescribing authority has a progressive scope of language that illustrates the important role pharmacists can play in prevention. The policy discusses the scope of pharmacists' roles, education requirements, and the need for collaboration with healthcare professionals. Despite the greater scope of Idaho's policy, there have been challenges implementing Medicaid reimbursement and payment for services. It does not address payment for services rendered by pharmacists.

350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS.

In accordance with Section 54-1705, Idaho Code, a pharmacist may independently prescribe provided the following general requirements are met by the pharmacist:

1. **Education.** Only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained.
2. **Patient-Prescriber Relationship.** Only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code.
3. **Patient Assessment.** Obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence.
4. **Collaboration with Other Health Care Professionals**. Recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate.
5. **Documentation.** Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan.

Prescribing Exemption. The general requirements set forth in this section do not apply to collaborative pharmacy practice agreements, devices, and nonprescription drugs.

Before You Launch Your Effort

The following checklist outlines key components for successfully launching an effective advocacy effort.

CHECKLIST: LAUNCHING A SUCCESSFUL ADVOCACY EFFORT (1/2)

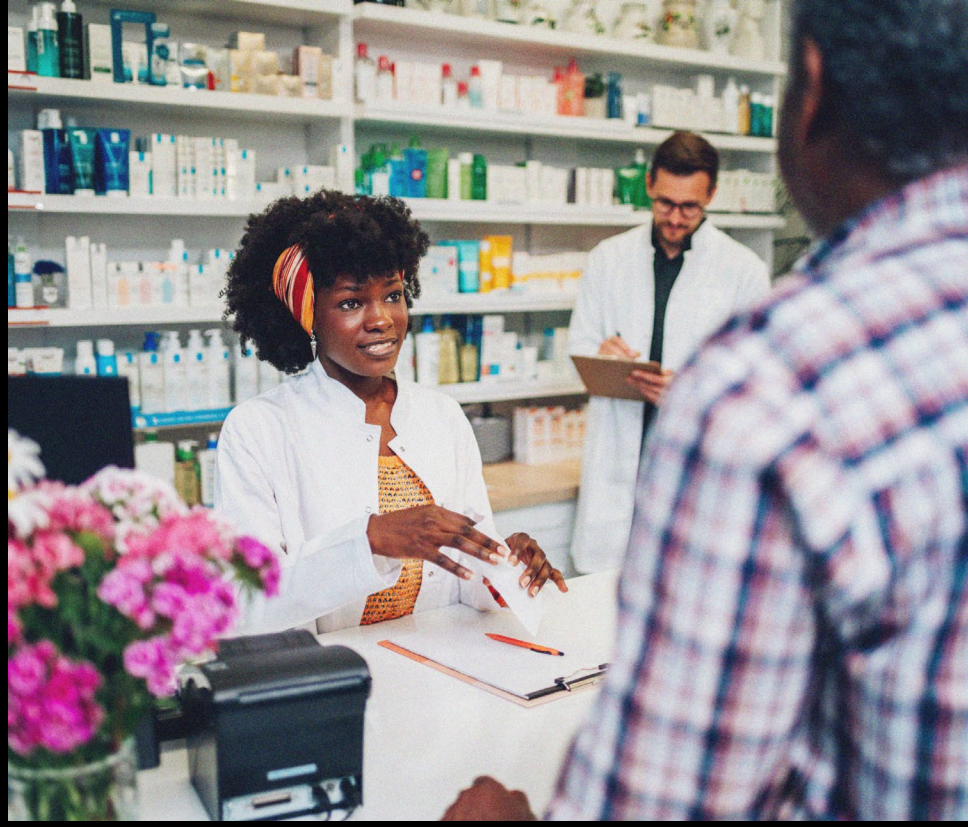
COMPONENT	ACTION
1 **Understand the state legislative process.**	☐ Note key deadlines and timelines for introducing and passing bills. Note any specific legislative procedures. * Resource: National Conference of State Legislators' interactive map
2 **Identify and understand the priorities of key decision-makers.**	☐ Make a list of key stakeholders (e.g., state legislative committee leaders, healthcare officials, patient advocates, the pharmaceutical industry, members of state BOPs, pharmacy and medical associations). * Resource: USA.gov's Find and Contact Elected Officials Locator ☐ Build partnerships with members of your State BOP. * Resource: National Association of BOP's website ☐ Ask partners to describe their needs. ☐ Create strategies aligned with partners' goals to increase the likelihood of success.
3 **Identify any unspoken agreements, industry-specific norms, or influential relationships between key stakeholders.**	☐ Utilize knowledge from partners in state BOPs, pharmaceutical industries, pharmacy associations, and medical associations to better understand unspoken agreements, norms, or implicit understandings that may influence decisions.

CHECKLIST: LAUNCHING A SUCCESSFUL ADVOCACY EFFORT (2/2)

COMPONENT	ACTION
4 **Identify and engage allied constituencies to support policy development.**	☐ Identify community-based LGBTQIA+, equality, and patient advocacy organizations. ☐ Seek feedback and guidance from people with HIV. ☐ Engage community-based mental health organizations. ☐ Gather feedback from patient advocates.
5 **Be aware of any political sensitivities and history that may affect advocacy efforts.**	☐ Recognize any ideological or partisan concerns that may influence advocacy efforts and prepare to address them. ☐ Understand historical context of the issue in the state. For instance, has the policy or related policies been discussed in recent years? What was the outcome and why? Apply learnings from past successes and failures to future plans.
6 **Identify and engage champions at the state level who can take your messages to their audiences and can advocate on behalf of your cause.**	☐ Make a list of people who can act as champions for HIV prevention (e.g., legislators, state BOP members, Medicaid directors, payors, patient advocates, pharmacy organizations). ☐ Invite people with lived experiences with HIV to share their stories with decision-makers.
7 **Determine costs associated with HIV care and identify potential opportunities for cost and resource savings.**	☐ Access state- and community-level HIV data to better understand the costs of HIV in your community. (See Section 6 – Resources) ☐ Make a list of opportunities for resource savings (e.g., healthcare costs, workforce continuity).

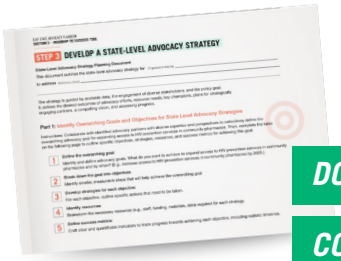
5

ROADMAP TO SUCCESS



HOW TO USE THIS SECTION

The Roadmap to Success provides guidance to navigate the complex landscape for expanding access to HIV prevention services and linkage to care in community pharmacies. It is crucial to tailor plans to meet state-specific needs and adapt to their unique political landscapes. The success of these initiatives relies on the ability to engage with diverse stakeholders, assess existing policies, collect essential data, provide a compelling vision, and create a targeted strategy.



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STEP 1 Assess Current Political Landscapes

STEP 2 Identify Partners from Diverse Organizations, Expertises, and Affiliations

STEP 3 Develop a State-Level Strategy

STEP 4 Engage Partners Strategically: Align Partners Effectively with Strategy

STEP 5 Collect and Map Data

STEP 6 Provide a Compelling Vision for an Effective Policy Framework

STEP 7 Assess and Recognize Progress

Step 1 Assess Current Political Landscapes

Understanding the state political landscape is fundamental to the success of advocacy efforts. The political landscape is shaped by the following:

- The current administration,
- State legislator leaders (e.g., committee chairs, vice chairs, or caucus members),
- Legislative priorities,
- Public opinion, and
- Key decision-makers (e.g., community and faith-based leaders)

Keeping up to date on state politics is useful to navigate a path towards expanding access to HIV prevention services in community pharmacies. This includes identifying key "need-to-know" information (see Section 4 for tips and Section 6 for resources). By comprehensively assessing the current state of policies related to HIV prevention services and pharmacy practices, stakeholders can pinpoint areas where change is needed and use their understanding of state and local politics to create a solid foundation for accelerating advocacy efforts that will work.

KEY QUESTIONS FOR CONSIDERATION

- What current scope of practice authorities guide pharmacists and pharmacy practices in your state? Determine which pharmacist prescriptive model (e.g., independent prescriptive authority, statewide protocol, or collaborative practice agreement) will be supported and provide the best opportunity for expanded patient care and pharmacist reimbursement for sustainability.
- What are the current payment-for-services policies for pharmacists or pharmacies in your state?
- Are there any existing state laws or regulations that support or restrict pharmacists' involvement in HIV prevention and linkage to care services?
- Are there any pending bills or regulations that could affect pharmacists' role in HIV prevention and linkage to care?
- Have there been previous efforts to introduce bills related to HIV or HIV prevention services in pharmacies in recent years (e.g., in the last 2-3 legislative cycles)?
- If so, what were the outcomes of those prior efforts? Who were the champions or detractors?
- Are there indications that a broader, preventive-services-centered approach, rather than a solely HIV-focused one, may be more effective in enhancing pharmacists' involvement?
- Which individuals and organizations should be actively engaged in this collaborative effort to expand pharmacists' roles in HIV prevention and linkage to care services?

Step 2 Identify Partners from Diverse Organizations, Expertises, and Affiliations

Effective advocacy is a collaborative effort and is made possible by engaging partners from a wide range of organizations, each with unique expertises, affiliations, and needs related to new policies, to amplify your message. Bringing together patient advocates, pharmacy organizations, legislators, medical societies, and others in your sphere of influence can harness a broad spectrum of perspectives and resources to drive meaningful change.

PARTNER CHECKLIST (1/2)

Bringing together a diverse range of partners can create a powerful and united front for advocating the expansion of HIV prevention and linkage to care services in community pharmacies to end the HIV epidemic. Use the Partner Checklist to mark the partners that may best help your advocacy efforts based on your goals and the unique expertise each partner may bring.

POTENTIAL PARTNERS	GOALS PARTNERS CAN HELP YOU ACHIEVE
☐ **Patient Advocates**	♡ Ensure the voices of individuals with or at risk of HIV are heard and their needs are addressed.
☐ **Pharmacy Organizations (local and national)**	♡ Leverage expertise and networks within the pharmacy community.
☐ **Legislators (elected officials)**	♡ Influence policy changes. ♡ Allocate resources to support expanded pharmacy services.
☐ **Public Health Organizations**	♡ Align efforts with broader public health goals.
☐ **HIV Advocacy Groups**	♡ Advocate for HIV prevention and care services.
☐ **Community Health Workers**	♡ Enhance community engagement and outreach efforts.

PARTNER CHECKLIST (2/2)

POTENTIAL PARTNERS	GOALS PARTNERS CAN HELP YOU ACHIEVE
☐ Physicians and Physician Medical Associations	♡ Foster a coordinated approach between pharmacists and healthcare providers.
☐ State BOP	♡ Navigate and advocate for scope of practice changes.
☐ Pharmacist Associations (state and national levels)	♡ Align advocacy efforts and strengthen the collective voice of the profession.
☐ Labs and Diagnostic Services, State Agency Contacts for CLIA	♡ Ensure access to necessary HIV and STI testing resources.
☐ Communication Experts and Media	♡ Disseminate information and raise awareness for advocacy efforts.
☐ Insurance Providers and Healthcare Payors	♡ Ensure adequate reimbursement for services rendered by pharmacists.
☐ Nursing Associations	♡ Promote interdisciplinary teamwork and coordination between pharmacists and nurses.
☐ Allied Stakeholders (based on the state's unique political landscape, including community-based LGBTQIA+ and equality organizations)	♡ Ensure a comprehensive approach to advocacy.

Step 3 Develop a State-Level Strategy

Every state and locality is different and requires a tailored advocacy strategy to be most responsive to the political and community environment. A state-level advocacy strategy should be rooted in available data, the engagement of diverse stakeholders, and the policy goal. This step outlines the specific actions and tactics that will drive the advocacy plan forward. The strategy should include the following:

- **Overarching Goals and Objectives:** Define the desired outcomes of advocacy efforts at the state level.
- **Timelines:** Establish a clear timeline for the achievement of advocacy goals at the state level. Be aware of the state legislative calendar, as it can impact the timing and execution of advocacy activities.
- **Champions:** Identify the individuals or organizations that will champion the cause, leveraging their influence and support.
- **Compelling Vision:** Develop a comprehensive communication plan to disseminate information to decision makers, media, and other stakeholders to increase support for the vision.
- **Target Audiences:** Determine the groups or individuals aimed to be reached with advocacy messages within the state.
- **Advocacy Materials:** Create a list of advocacy materials needed, such as brochures, press releases, fact sheets, key messages, and presentations.
- **Partner Engagement:** Consider how a broad set of organizations or advocates will be engaged to amplify advocacy efforts.
- **Budget and Resource Allocations:** Determine the budget required for the advocacy plan, allocate resources accordingly, and identify potential funding sources.

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KEY CONSIDERATIONS

- Consider how collaboration between stakeholder groups can enhance the impact of the advocacy strategy.
- Be open to adapting tasks and activities based on real-time feedback and changing circumstances.
- Ensure consistency in messaging across all communication channels to maximize impact.
- Schedule regular reviews of measurable objectives to assess their relevance and adjust as needed.
- Maintain transparency in budget allocation and communicate resource utilization clearly.

Step 4 Engage Partners Strategically: Align Partners Effectively with Strategies

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Partners have unique strengths that can be utilized for more effective advocacy. Understanding each partner's specific expertise and resources is essential for deploying them in roles where they can have the most significant impact. Tailoring strategies to harness these strengths is key to achieving advocacy goals. Consider the following steps to engage partners strategically:

- **Assess Partner Strengths:** Evaluate the strengths, expertise, and resources of each engaged partner. Consider their knowledge, connections, and specific skills. For instance, pharmacy organizations can provide expertise on the scope of practice for pharmacists and payment for services policies. They can also help to mobilize their members to advocate for policy updates.
- **Define Partner Expectations:** Each partner will have needs related to advocacy. An elected official may have different expectations than an LGBTQIA+ advocacy group. Making sure expectations are clear and met, or at least recognized, can help cement partnerships and forge win/win solutions.
- **Identify Partner Roles:** Match partners with roles that align with their strengths. For example, patient advocates may have personal testimonies that can help improve emotional appeal.
- **Build Collaborative Synergy:** Encourage collaboration among partners to create a synergy that can drive advocacy efforts forward. Foster teamwork and coordination among partners in different capacities and across sectors.
- **Leverage Diverse Networks:** Partners often have extensive networks of their own. Utilize these networks for outreach, education, and mobilization.
- **Assign Specific Tasks:** Clearly define the tasks and responsibilities of each partner. Whether it's testifying at public hearings, meeting with legislators, or conducting public awareness campaigns, having distinct roles and objectives is crucial.

Step 5 Collect and Map Data

Stories are critical to advocacy strategy efforts. Data are the foundation of effective stories. It is helpful to collect state-specific data to map and visualize access and service gaps. These types of visualization tools are powerful for illustrating the necessity of expanding access to HIV prevention services and a possible solution for doing so. Providing evidence of where there are service gaps can make a compelling case to policymakers and stakeholders demonstrating where there are opportunities to improve health and economic outcomes.

Step 6 Provide a Compelling Vision for an Effective Policy Framework

Communicating a compelling vision is a critical step for establishing effective policy. A cohesive vision can help establish a robust foundation for the policy framework, ensuring it garners support from essential partners and facilitates effective delivery of HIV prevention and linkage to care services in community pharmacies. To create a compelling vision, consider the following:

- **Review Effective Policy Components:** Begin by examining existing, effective policy components that have demonstrated success in similar contexts or states. What policy components (e.g., prescriptive authority models such as independent prescribing, collaborative practice agreements, statewide standing orders, and reimbursement models) from other states align with state needs and identified advocacy goals and objectives? How might the proposed policy for your state address any unique state challenges, limitations, or opportunities?
- **Comprehend the Complexities:** Gain a deep understanding of pharmacy scope of practice and payment policies to ensure that the proposed policy framework can support sustainable programs.
- **Center on Patient Needs:** Ensure that the policy framework prioritizes patient needs, emphasizing effective, patient-centered solutions based on available data.
- **Analyze Implications:** Evaluate the potential positive or negative outcomes of including or excluding specific policy components.
- **Articulate a Compelling Vision:** Develop a clear, persuasive vision that underscores the value, health benefits, and economic impacts of implementing services aligned with the proposed policy framework. Craft a vision for what the future state will achieve for health outcomes, addressing health equity, and economic benefits. Develop a comprehensive communication plan to disseminate information to decision makers, media, and other stakeholders to increase support for the vision.

Step 7 Assess and Recognize Progress

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Vital activities to ensure the ongoing success of the advocacy strategy for expanding access to HIV prevention services in community pharmacies include regularly assessing and recognizing progress. Assessments should be conducted at key milestones (e.g., 1 month, 3 months, 6 months, 9 months, and 1 year into the effort). Establish a structured process for checking in with partners on progress, which fosters open communication and collaboration.

Recognition opportunities for achievements, both big and small, should be actively sought, acknowledging the contributions of partners and supporters. This not only celebrates milestones but also strengthens the collaborative spirit, driving the advocacy initiative forward.

6 RESOURCES

There are many resources available to aid you in your work. Below are a few that are especially valuable for 1) understanding the issues around expanding pharmacies' and pharmacists' roles in HIV prevention and linkage to care in pharmacies and 2) aiding in creating state-specific plans.

Relevant Information and Research

- The Future of Pharmacist-Delivered Status-Neutral HIV Prevention and Care: In this report published in The American Journal of Public Health, researchers explore the untapped potential of pharmacies in ending the HIV epidemic.
- The Expanding Role of Pharmacists in a Transformed Health Care System: The National Governors Association's issue brief discusses the role of state laws in enabling pharmacists to practice to the full scope of their training.
- Examination of HIV Preexposure Prophylaxis Need, Availability, and Potential Pharmacy Integration in the Southeastern US: In this primary study, published in JAMA Open Network, researchers discuss the reach of pharmacies to expand PrEP access across 6 states in the southeastern United States.
- US Community Pharmacies and Public Health—Building on the COVID-19 Response: This article from JAMA Health Forum highlights the significant contributions of community pharmacies during the COVID-19 pandemic, emphasizing the need for policy changes to support pharmacists in expanding their role in public health.
- Mechanisms to Expand Pharmacists' Scope of Practice: The American Pharmacists Association's issue brief provides an overview of the policy pathways that expand pharmacist scope of practice, including collaborative prescribing agreements, statewide protocols, and standing orders.
- Pharmacist Statewide Protocols: Key Elements for Legislative and Regulatory Authority: This report summarizes policy recommendations for pharmacist statewide protocols developed by the Statewide Protocol Workgroup, convened by the National Alliance of State Pharmacy Associations (NASPA) and the National Association of Boards of Pharmacy.
- Greater Pharmacist Prescribing Authority Improves Patient Access: A Case Study on PrEP for HIV: GoodRx Health's article describes the impact of expanded pharmacist prescribing authority on increasing PrEP prescription access.
- Pharmacy Intervention to Improve HIV Testing Uptake Using a Comprehensive Health Screening Approach: This study, published in Public Health Reports, describes pharmacy-based programs that implemented a comprehensive health screening framework for hypertension, diabetes, hypercholesterolemia, and HIV and their impact increasing HIV testing. Results demonstrated that efforts to destigmatize and normalize HIV testing increased uptake.

6 Resources

Data Sources

- State Legislative Session Calendar: National Conference of State Legislatures' map provides information on legislative sessions in each state, district, and territory.
- List of State Boards of Pharmacy: This list has contact information for state BOPs provided by the National Association of Boards of Pharmacy.
- HIV Surveillance Reports: CDC's HIV surveillance reports provide data about the state of HIV and AIDS in the United States.
- America's HIV Epidemic Analysis Dashboard (AHEAD): Interactive dashboard for tracking the indicators for the Ending the HIV Epidemic in the United States Initiative.
- AIDSVu: This interactive dashboard provides HIV/AIDS data by location at the city, county, state, regional, and national level and includes downloadable charts and local resources.
- AtlasPlus: The AtlasPlus Dashboard provides nearly 20 years of CDC surveillance data on HIV, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB). Social and economic data in conjunction with HIV, viral hepatitis, STDs, and TB infections are also available.

Analysis

- Pharmacists' Authority to Initiate PrEP and PEP and Engage in Collaborative Practice Agreements: NASTADs issue brief and interactive map examine pharmacists' authority for prescribing PrEP and PEP across the United States.
- Expanding Pharmacist-Prescribed HIV PrEP: Association of State and Territorial Health Officials' issue brief describes state legislation allowing pharmacists to prescribe PrEP.
- State Specific Tele-PrEP Services: NASTAD map of state-based tele-PrEP programs.
- Pharmacist Scope of Practice Related to Preventing and Treating STIs: This resource was developed by the National Association of County and City Health Officials (NACCHO) and NASPA provides information from all states on what activities can be provided within the pharmacists' scope of work regarding STIs/HIV.

6 Resources

Case Studies and Insights

- Washington State Pharmacy-based Pilot Program: This article describes the Washington State Department of Health, Public Health Seattle, and King County partnership with select pharmacies to make PrEP more accessible without the need for a prescription from a physician.

- Pharmacist Prescriptive Authority: This manuscript, published in Pharmacy, describes how the Idaho BOP expanded pharmacist prescriptive authority to include select preventative care and acute and chronic conditions.

- Idaho Leads the Nation Toward Expanding Pharmacists' Scope of Practice: Cato Institute's commentary describes Idaho's approach in expanding pharmacists' responsibilities through legislative measures that granted pharmacists the authority to prescribe a diverse range of medications.

- Virginia Pharmacy-Based HIV Testing: NASTAD's brief describes a pharmacy - based HIV testing Virginia pilot program that successfully increased HIV testing access by offering rapid tests in familiar, non-stigmatized settings like Walgreens, reaching first-time testers and reducing stigma.

- Recommendation Memorandum for Domestic Policy Council: This memo outlines strategic recommendations for federal policy change aimed at unlocking the potential of community pharmacies in bridging gaps in HIV prevention services.

Training Resources

- STI/HIV Training Modules for Pharmacists:
  These six 30-minute educational modules are designed to orient pharmacists to sexual health topics broadly. The modules were developed by NACCHO in collaboration with the National Network of STD Clinical Prevention Training Centers. STI and HIV prevention continuing education credits are available.

- Pharmacy PreP Resources:
  The San Francisco Department of Health's Resource hub includes fact sheets, toolkits, and provider education materials.

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