



**WEBINAR**

**Date: August 27, 2024**

**Time: 2 PM – 3:30 PM ET**

# **Opportunities to Expand Equitable Access to HIV Prevention Services through Community Pharmacies**

**Welcome! Thank you for joining us today.**



HIV prevention research - a new forum for advocacy on the latest



PHARMACIES EXPANDING ACCESS TO COMMUNITY HIV SERVICES



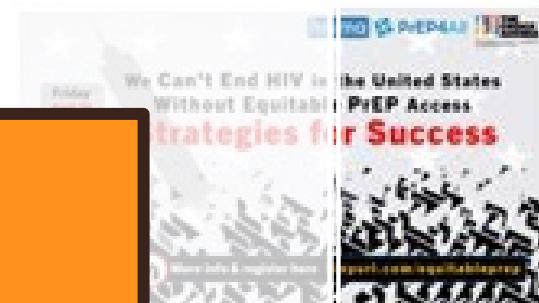
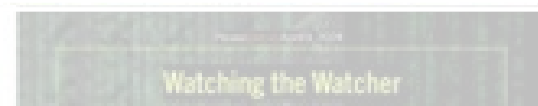
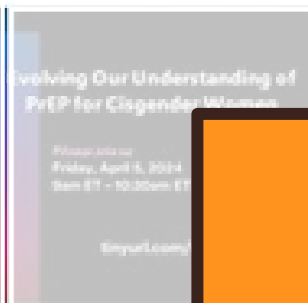
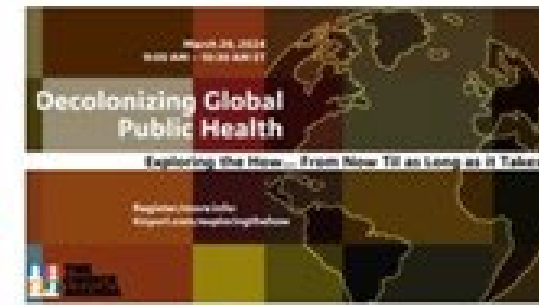


HIV prevention research - a new forum  
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[avac.org/project/choice-agenda](http://avac.org/project/choice-agenda)



Over 2500 individuals from 40+ countries are subscribed to The Choice Agenda global discussion list.



Check out all TCA webinar recordings, slides and info resources here: [tinyurl.com/tcawebinarmaterials](https://tinyurl.com/tcawebinarmaterials)



# Welcome and Introductions



Natalie Crawford



Noelle Esquire



Tamara McCants



Michael Elizabeth



Michael Murphy



Juan Carlos Loubriel



Sara Zeigler



# Agenda

- **What is the Rx EACH Initiative**
- **Opportunities to Expand Equitable Access to Prevention Services**
- **Navigating Challenges, Increasing Opportunities for PrEP Access**
- **Pathways to Sustainable Pharmacy-Based HIV Prevention Programs**
- **States in Action: What's working and not working?**
- **Pharmacist Commitment to Ending the HIV Epidemic**

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**Which HIV Strategy do you think will contribute the most to ending the HIV epidemic by 2030?**

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# 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<sup>®</sup>**  
TESTING LABS

**NMAC**  
leads with race

## Allied Partners

AIDS United

The AIDS Institute

Avita Care Solutions

Frannie Peabody Center

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

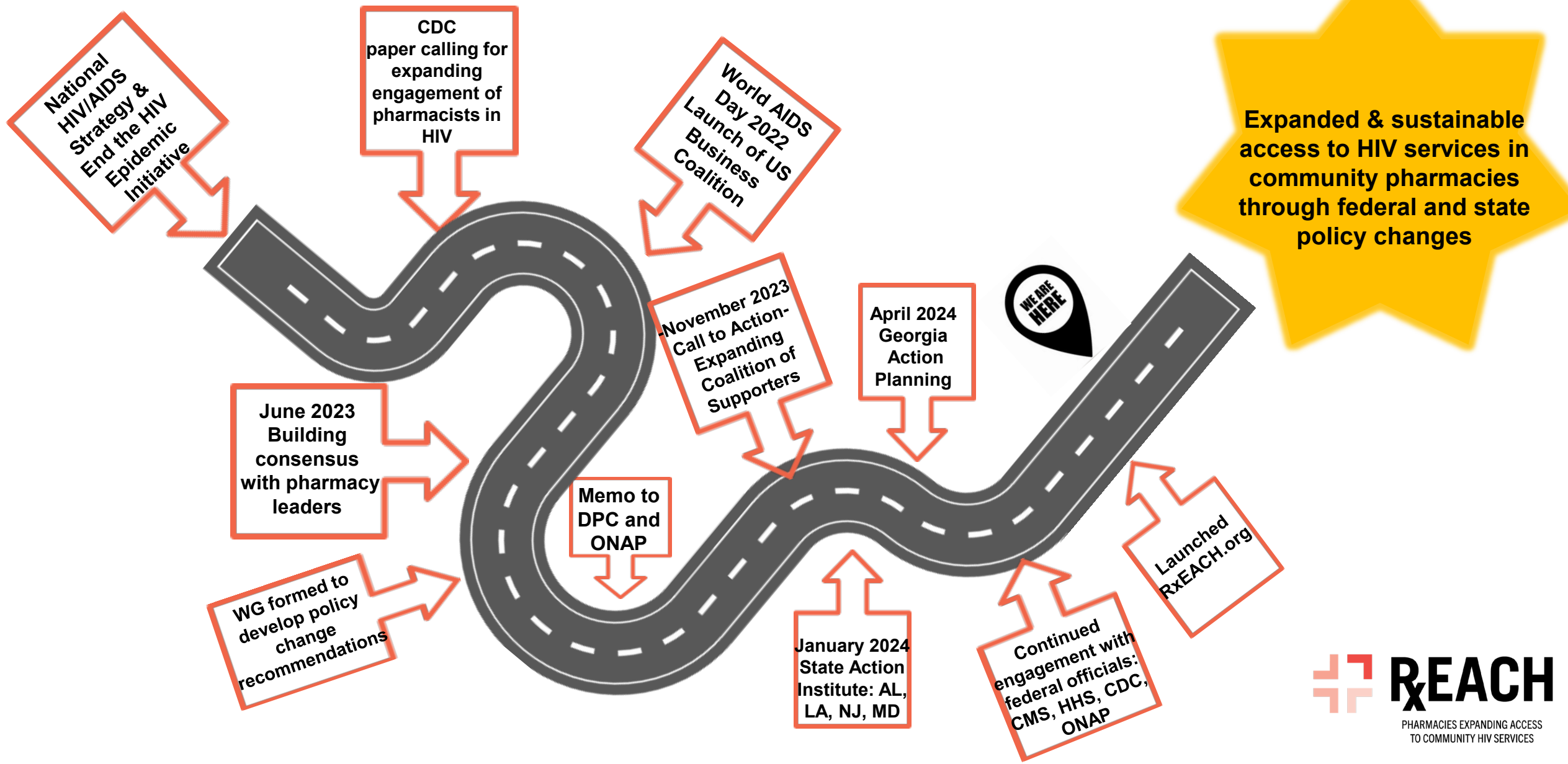
Complicated and diverse state policies guide pharmacy practice

Ensuring effective collaborations across care disciplines

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

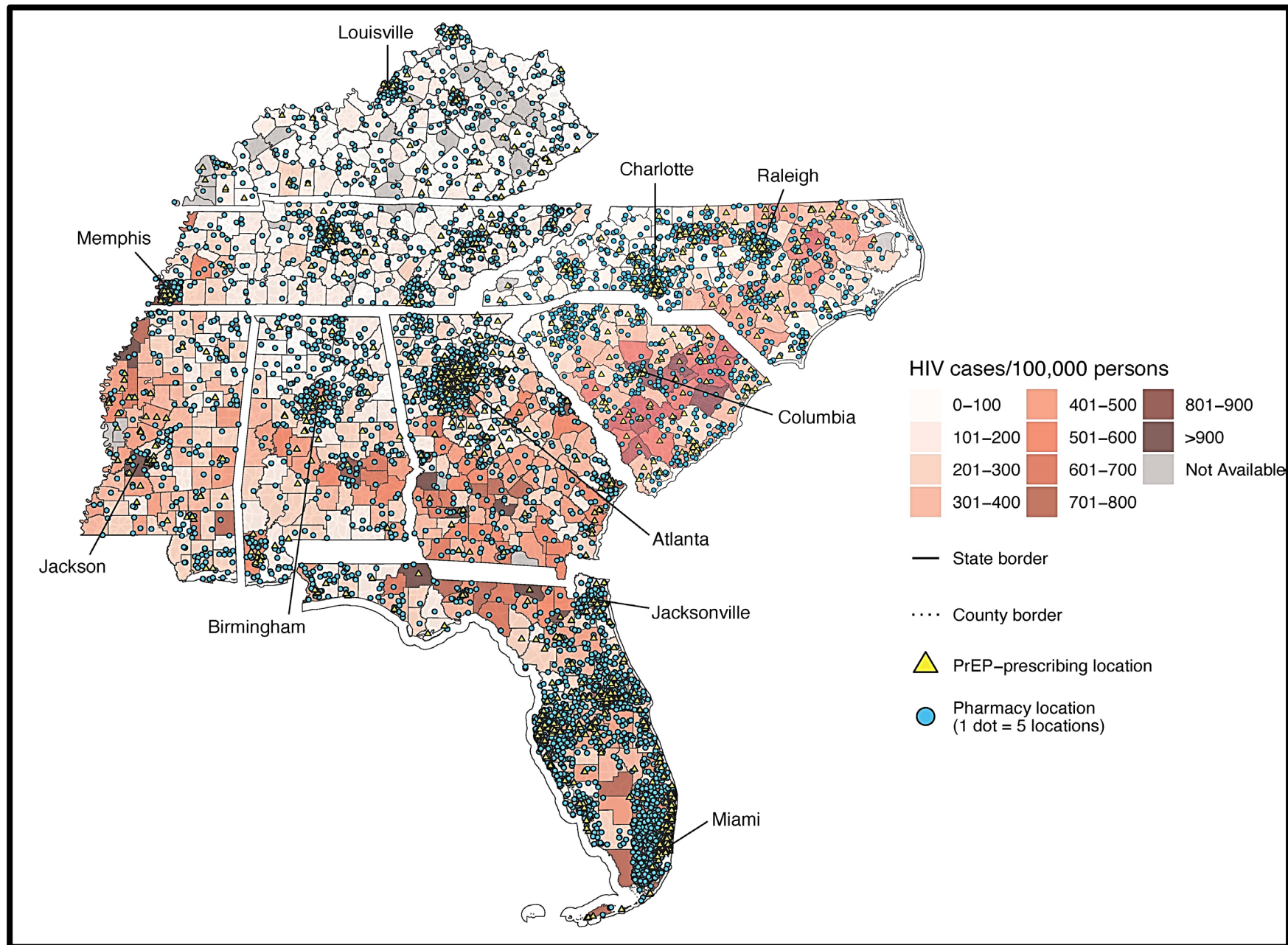
Incentivizing participation across commercial and public payors for community pharmacists as 'providers'

# Path to Progress: Where are we now



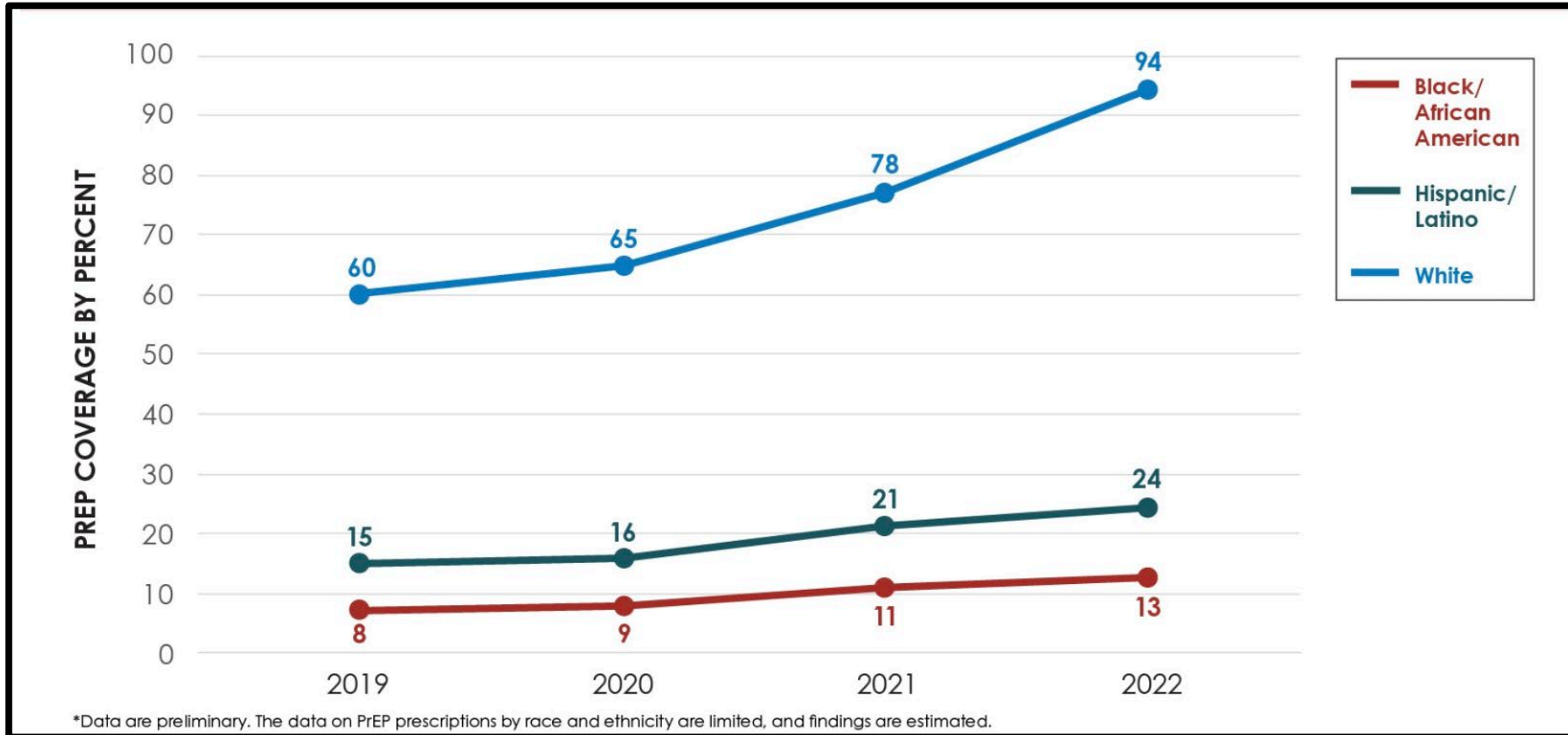
Data indicates that enabling pharmacies to provide PrEP could increase access by **80-fold** in these areas – making significant impact towards accelerating equitable access to life saving HIV prevention services.

Community pharmacies are **accessible** to a vast majority of the U.S. population, including those in rural and medically underserved areas. **90%** of the U.S. population lives within 5 miles of a pharmacy.



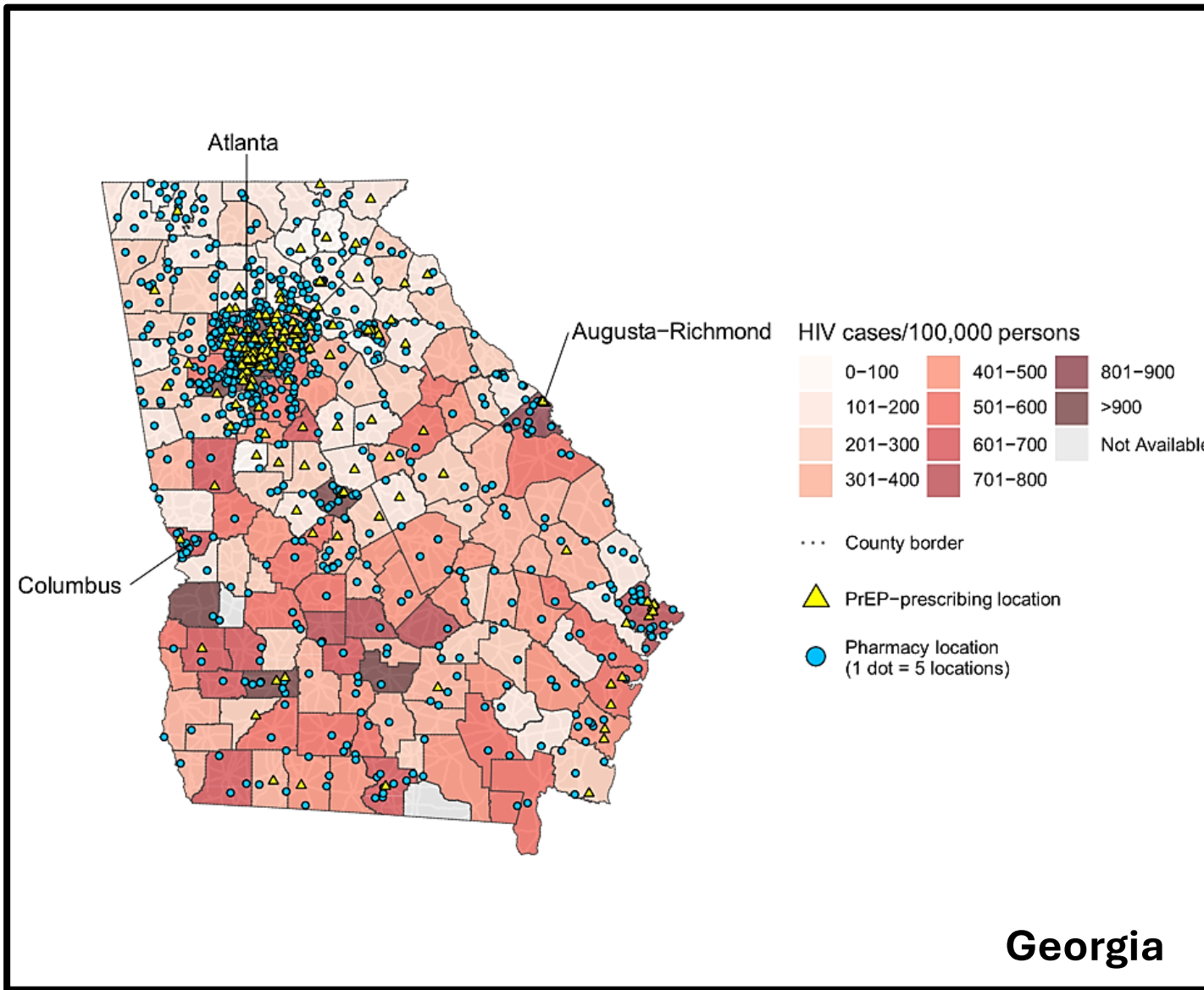
# Opportunities to Expand Equitable Access to HIV Prevention Services

# Inequities for accessing PrEP prescriptions are getting worse



Trends in PrEP Prescriptions Among People Who Could benefit, Race/Ethnicity, 2019-2022, Centers for Disease Control and Prevention

# There Are Not Enough PrEP Clinics to Reach Racially Minoritized Populations



**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.

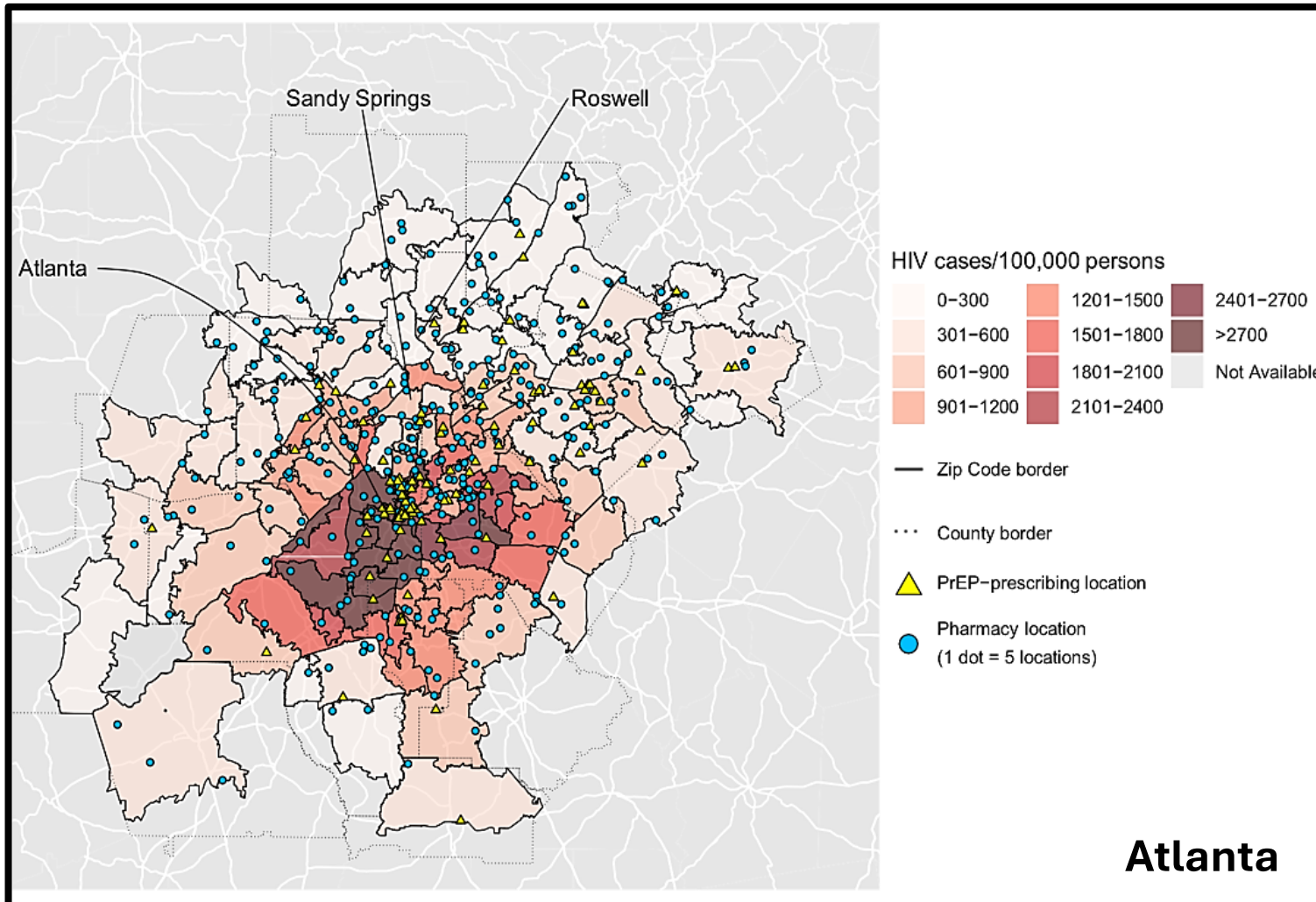
**Boosting Equitable Access:**

- >70,000 community pharmacies in the U.S.
- >800,000 pharmacy personnel
- 56% of community pharmacies are in Medically Underserved Areas/Populations

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 Us." *JAMA Netw Open* 6, no. 7 (Jul 3 2023): e2326028. <https://dx.doi.org/10.1001/jamanetworkopen.2023.26028>.



# 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** is 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 Us." *JAMA Netw Open* 6, no. 7 (Jul 3 2023): e2326028.

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

# Impact for Increasing Equitable Access

## GROWING EVIDENCE OF PHARMACIES ACROSS THE HIV PREVENTION AND CARE CONTINUUMS

HIV Testing	Syringe services	Post exposure prophylaxis	Pre exposure prophylaxis	Antiretrovirals
9 studies	11 studies	1 study	6 studies	5 studies
1 study among people who inject drugs	5 studies among people who inject drugs	0 among specific risk population	3 among men who have sex with men	4 among HIV positive patients



# Impact for Increasing Equitable Access

**GROWING EVIDENCE OF PHARMACIES ACROSS THE HIV PREVENTION AND CARE CONTINUUMS**

HIV Testing	Syringe services	Post exposure prophylaxis	Pre exposure prophylaxis	Antiretroviral therapy
-------------	------------------	---------------------------	--------------------------	------------------------

**HIGHLY FEASIBLE  
EFFECTIVE FOR REACHING ALL POPULATIONS  
COST AND TIME EFFECTIVE  
STIGMA-NEUTRALIZING**

among people who inject drugs	among people who inject drugs	specific risk population	men who have sex with men	HIV positive patients
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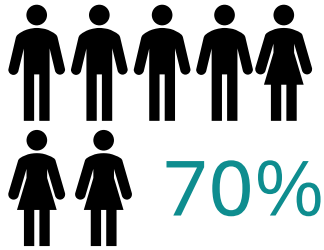
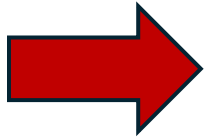
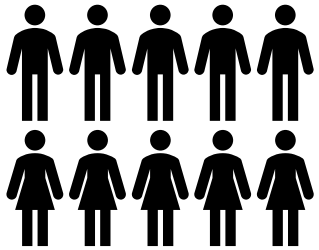


## Opportunity: Mitigating Stigma

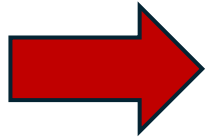
**Pharmacies may offer a less-stigmatizing entry point** for HIV prevention, and a neutral environment compared to traditional medical settings – with extended hours.

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

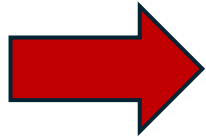
# Sustainable Pharmacy Models Show Promise



70%



20%



10%

# Engagement on Multiple Levels is needed to increase access for HIV prevention in pharmacies

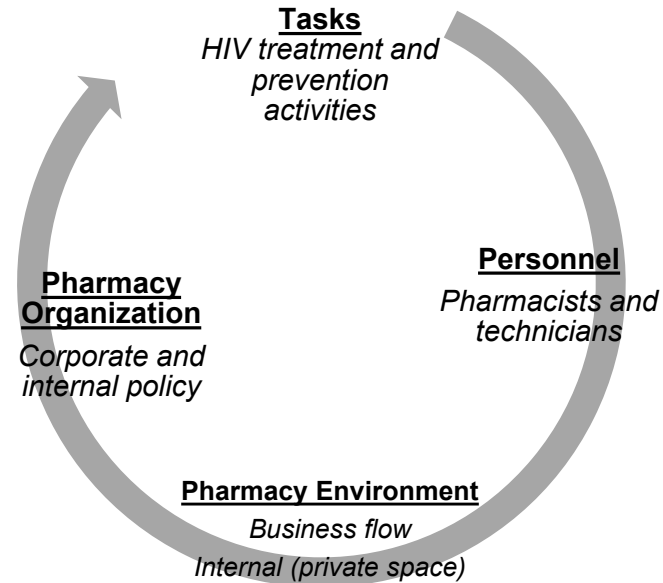
## POLICY LEVEL

National policy  
Local policy  
State Board of Pharmacy

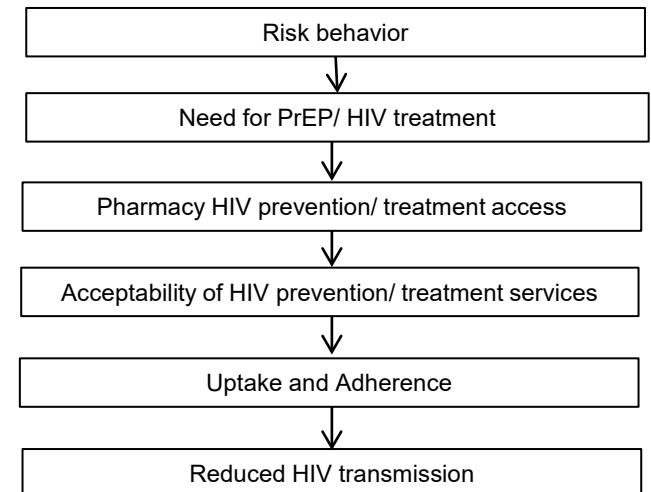
## COMMUNITY LEVEL

HIV Stigma  
HIV Burden

## PHARMACY LEVEL



## INDIVIDUAL LEVEL



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**What do you think are the reasons why PrEP access remains so challenging?**

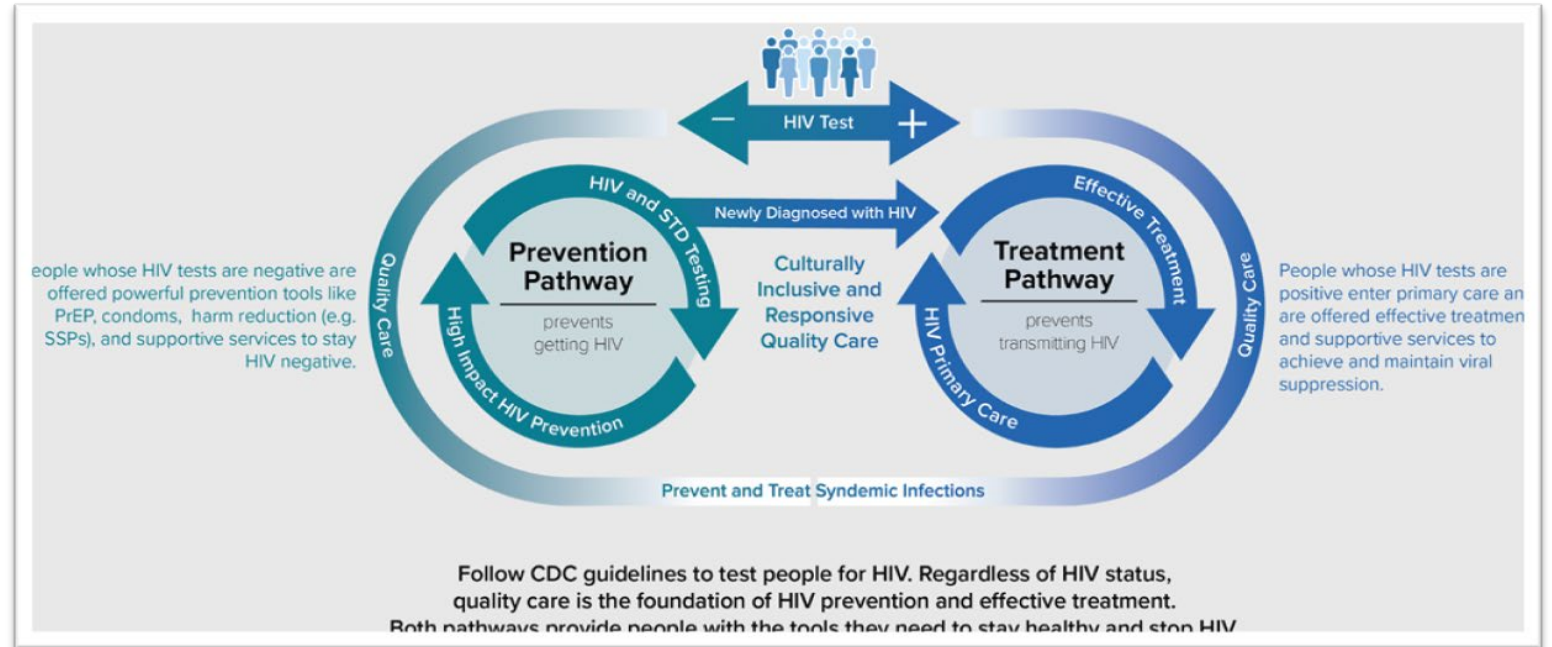
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# Navigating Challenges, Increasing Opportunities for PrEP Access



# Integrated Care: Status Neutral Approach

Scaling up PrEP and optimizing retention will require engaging community health workers or non-traditional trained health staff to work along the PrEP continuum of care.



*Novel strategies are needed to reduce PrEP care disparities.*

Centers for Disease Control and Prevention. (2022, October 14). Issue brief: Status neutral HIV care and service delivery eliminating stigma and reducing health disparities. Centers for Disease Control and Prevention. Retrieved November 2, 2022, from <https://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html#:~:text=Many%20HIV%20prevention%20experts%20believe,ahead%20of%20their%20HIV%20status.>

# PrEP Navigation: Challenges



Centers for Disease Control and Prevention. (2024, May 15). <https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html>

## Structural Barriers

- Transportation
- Inadequate screening
- Insurance Coverage – Uninsured or underinsured
- Longer wait times
- Stigma and discrimination
- Language barriers
- Mistrust of healthcare system

# Best Practices: Anticipating Access and Adherence-related barriers



Insurance-related barriers are a common reason individuals vulnerable to HIV do not start PrEP or fall out of PrEP care

PrEP Navigators assess medication coverage for uninsured clients and provide application support through Patient Assistance Programs as needed



PEP to PrEP

PrEP Navigators assist with transition from PEP to PrEP education and adherence



Continuing to monitor insurance and coverage changes is key. LAI CAB is still a new therapy, and coverage by payors is not always guaranteed

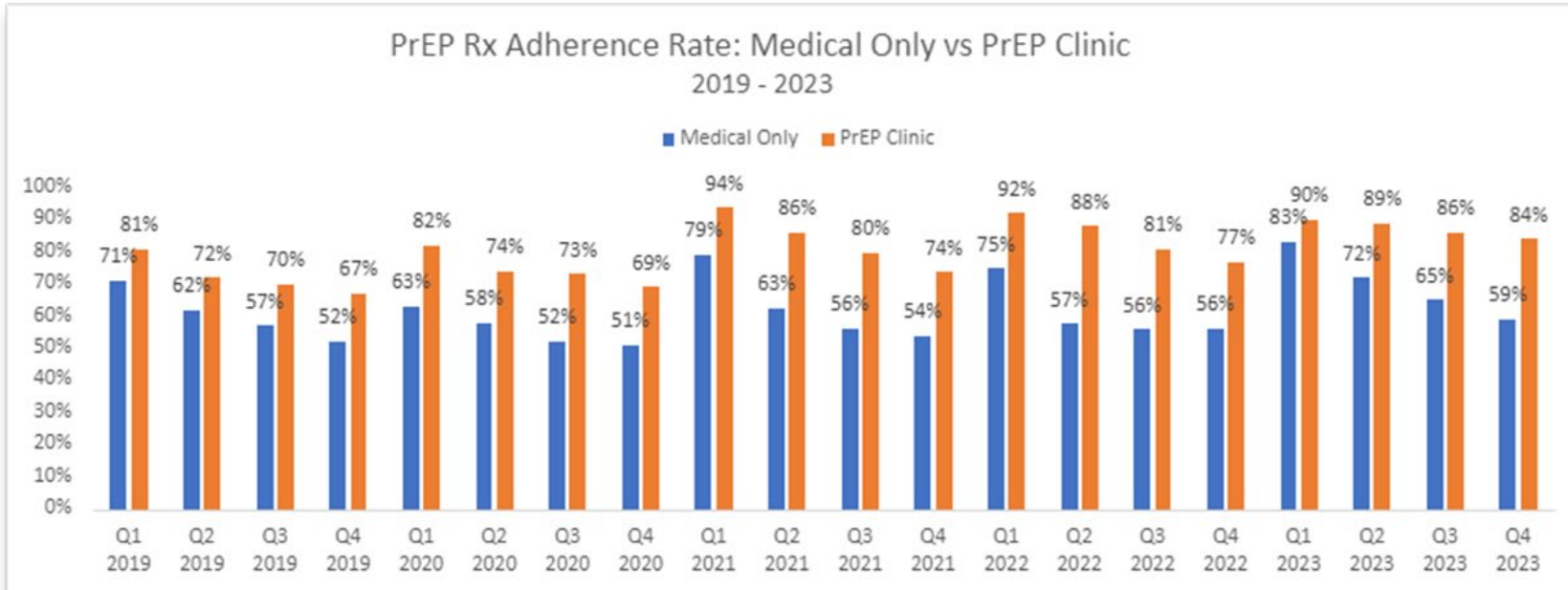
Dedicated pharmacy staff manage insurance eligibility and access to medication



Retention – we conduct real time tracking of appointment windows and utilize software platforms to decrease missed appointments

# PrEP Clinic Model

PrEP Clinic combines follow-up medical and pharmacy visits in one simple step. Each appointment is approximately 20 minutes long and includes all necessary lab work and dispensing of medication.



## PrEP Clinic: Peer PrEP Specialist-led

Services: Medication, Lab Draw, Counseling, Scheduling, Follow Up Visits, Reminders, Referral for Acute/Primary/Mental Health Care

- Creation of detailed workflow PrEP care protocols implemented by PrEP Specialists under the guidance of a PrEP user's primary care provider allowed for greater flexibility to potentially identify and resolve barriers to PrEP care for communities vulnerable to HIV.
- The PrEP clinic increases provider capacity for appointments, evening hours, and ensures care that is quick, convenient, and PrEP user-centered.

# Best practices for screening and linkages

- Creation of detailed risk assessment questionnaire
- Screening for acute symptoms
- Screening for substance use
- Screening for adherence
- Follow up plan
- Referral to support services

CH-Substance Use Screening/Referral

PrEP History: Has patient ever taken PrEP before? (...)

PrEP Education: Provided education to patient on PrEP medication options (...)

HIV: Reason for today's testing: (...)

HIV: Have you been tested for HIV before (prior today's visit)? (...)

HIV: Rapid Test Result: (...)

HIV: Was result provided to patient? (...)

Adherence: Approximately, how many PrEP pills do you have at home? 00

Adherence: For patients switching from oral PrEP, how many doses of PrEP medication have you missed in the past week? (...)

Acute Infection: Have you had a flu-like illness with 2 or more of these symptoms at the same time since your last visit? (...)

Acute Infection symptom count: (...)

Do you have a new rash or other skin complaint? (...)

STI: Have you been exposed to someone with a diagnosed STI and not been treated? (...)

STI: Have you had burning when you urinate? (...)

STI: Have you had discharge from your genitals? (...)

STI: Have you had rectal pain or discharge from your rectum/backside? (...)

Screening 1: In the past 3-6 months how often have you used tobacco or any other nicotine delivery products such as cigarettes, vapes, chewing tobacco, or cigars? (...)

Screening 2: In the past 3-6 month how often have you drank more than 14 alcoholic drinks in 1 week, or 5 or more drinks in one day? (...)

Screening 3: In the past 3-6 months how often have you used substances including cocaine or crack, heroin, hallucinogens, or ecstasy/MDMA? (...)

Screening 4: In the past 3-6 months how often have you used substances during sex such as poppers, Tina, Viagra, G, or ketamine? (...)

If YES for Screening 3-4: Would you like any safer substance use information? (...)

If YES for screening 1-4: Would you like an appointment with a health care provider to discuss safer substance use information, ask questions, or discuss treatment options if you are unhappy with your current level of use or use patterns? (...)

Additional Items: Patient had questions about the following: (...)

Follow-Up Plan: Next PrEP Clinic appointment scheduled. (...)

Apretude Clinic Status: (...)

Visit Documented by: (...)

months how often have you used tobacco or any other nicotine delivery products chewing tobacco, or cigars?

month how often have you drank more than 14 alcoholic drinks in 1 week, or 5 or

months how often have you used substances including cocaine or crack, heroin, MDMA?

months how often have you used substances during sex such as poppers, Tina,

uld you like any safer substance use information?

uld you like an appointment with a health care provider to discuss safer substance ons, or discuss treatment options if you are unhappy with your current level of use or

- Here are a few resources to support substance use and safer sex behaviors. Have questions? Call 202.745.7000 or text 202.978.6123 to schedule an appointment with a Health Care Provider to discuss substance use, treatment, or support groups and other resources available at Whitman-Walker Health.
- [Chemsex.gay](#): Substance safety information and safer-use guides
    - Check out this [guide on poppers!](#)
    - Check out this [guide on Tina!](#)
    - Check out this [guide on GI!](#)
  - [Dean.st/chems](#): Advice and resources on Chemsex
    - Try this interactive [Chemsex Care Plan](#) to help guide you to make changes in your use!
  - [Tweaker.org](#): Information, resources, and peer support especially for Chemsex/Tina use
    - Check out the [resource page on Tina/Crystal!](#)
    - Check out the [guide to safer slamming \(injecting\)!](#)
    - Check out this [video walking through safer slamming \(injecting\)!](#)
  - [DanceSafe.org](#): Peer based information, and safer use supplies available for purchase- including testing to check the quality and purity of your drugs
  - [Hips.org](#): Syringe exchange, safer injection supplies, safer sex supplies, naloxone (Narcan), and other resources based here in DC
    - Contact Erica (202) 441-1326 or [Erica@Hips.org](mailto:Erica@Hips.org) about Sidewalk Hours for supplies and resources
    - Call 1-800-676-4477 or email [Outreach@Hips.org](mailto:Outreach@Hips.org) about mobile outreach!
  - [MyRecoveryDC.org](#): Information on substance use care facilities in the DC area

☆	PrEP History: Has patient ever taken PrEP before
☆	PrEP Education: Provided education to patient on PrEP medication options
☆	HIV: Reason for today's testing:
☆	HIV: Have you been tested for HIV before (prior today's visit)?
☆	HIV: Rapid Test Result:
☆	HIV: Was result provided to patient?
☆	Adherence: Approximately, how many PrEP pills do you have at home?
☆	Adherence: How many doses of PrEP medication have you missed in the past week?
☆	Adherence: Timing of tissue concentration and adherence reviewed?
☆	Acute Infection: Have you had a flu-like illness with 2 or more of these symptoms at the same time since your last visit?
☆	Acute Infection symptom count:
☆	Do you have a new rash or other skin complaint?
☆	STI: Have you been exposed to someone with a diagnosed STI and not been treated?
☆	STI: Have you had burning when you urinate?
☆	STI: Have you had discharge from your genitals?
☆	STI: Have you had rectal pain or discharge from your rectum/backside?
☆	Additional Items: Patient had questions about the following:
☆	Medication Dispensing
☆	Follow-Up Plan:
☆	Clinic status:

Quality **Reports** Operations

Reports Dashboards UD

## Reports

Q Apetude Report Sets All

Name **↕**

- Apetude Disenroll HPI
- Dashboard: RW Part A and B Services Totals vs Targets (EIS)
- Apetude PrEP Patients
- Apetude Retention per Patients Eligible
- Apetude Patient Characteristics
- Apetude Retention: Excludes Discontinued
- Apetude HIV Tests
- Apetude Patients Running Total Over Time
- Apetude Clinic Visit Status Report - Pts who have had an @Apetude Clinic visit
- Oral PrEP Patient Characteristics
- Apetude PrEP - Therapeutic Injection Encounters
- Disenrolled Apetude Patient Characteristics
- Current Apetude Patient Characteristics
- Apetude Retention

# Adherence Monitoring

- Appointment scheduling system
- Missed appointment rescheduling within 1-7 days and follow up plan with Artera® texting and calls
- Real-time dashboard to identify inventory, missed appointments, and other information
- Quarterly re-engagement campaign
- Client satisfaction survey

# Conclusion and Program Recommendations

- Peer CHWs can aid PrEP retention/adherence among vulnerable communities to prevent new HIV infections
- Programs that incorporate community health workers or non-traditional trained health staff into the model of PrEP care can help scale up PrEP and curb HIV transmission.



## Promise? Making good on the potential of long-acting injectables for Black communities

By Danielle M. Campbell, MPH, and John W. Meade, Jr., MPH



Getting Prepped: RECEIVING long-acting PrEP at Whitman Walker in Washington, D.C. (photo by Jimell Greene)

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**What suggestions do you have for building better collaborations between pharmacies and other community-based health service organizations?**

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# Pathways to Sustainable Pharmacy-Based HIV Prevention Programs

# U.S. adults support expanding access to services

- **71%** support pharmacists administering simple HIV tests at pharmacies.
- **65%** support pharmacists prescribing PrEP
- **67%** support pharmacists prescribing PEP
- **85%** say pharmacists are easy to access

Pharmacist Actions	% Support (Strongly + Somewhat)
Helping patients prevent chronic disease such as heart disease and diabetes	73%
Helping patients to understand their nutritional choices	76%
Testing for and treating common illnesses (i.e. flu, COVID-19, etc.)	74%
Testing for and treating common minor conditions such as strep throat and urinary tract infections (UTIs)	70%
Screening for diabetes	72%
Initiating treatment for diabetes (if screening is positive)	65%
Screening for high cholesterol	73%
Testing for sexually transmitted infections	64%

Data reflects results of a nationwide poll conducted online from October 25-30, 2023 among a sample of 10,031 adults. The poll was conducted by Morning Consult and commissioned by NACDS. State-level results are estimated by a multi-level regression and post-stratification (MRP) model weighted by age, race/ethnicity, gender, and educational attainment within each state. Results from the full survey have a margin of error of plus or minus 1 percentage points.

# Creating an Environment that Sustains Pharmacy-based HIV Prevention Services



**Federal: Seeking modifications to expand coverage of HIV Prevention services to include community pharmacies**

**Possible pathways:** Revising ACA Implementation Guidance and Medicare Benefit Policy Manual, National Coverage Determination for PrEP, identifying pharmacists as healthcare providers



**State: State scope of practice policies through legislation, Board of Pharmacies, or other policy mechanism**

**Authority:** Providing services (ordering, administering, consultation & management), **payment** for services, commercial and public insurance coverage without cost sharing, role of board of pharmacy

# State Policy Components



**Independent Prescriptive Authority, Authority to Order and Administer Tests and Medication**



**Removal of Referral Requirements & Prior Authorization, Support for Patient Choice**



**Recognition of pharmacists as providers eligible to bill for services**



**Comparable pay for providing services: patient assessment and management across public and commercial plans**



**No cost sharing, coverage for laboratory tests and all PrEP/PEP modalities – including telehealth**



**Pharmacy technician authorized to perform any duty that does not require clinical judgment of licensed pharmacist**



**Clear boundaries and timelines for Board of Pharmacy**



**Statewide Protocols, training, and education campaigns**

# State Action Playbook



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

State Advocacy Playbook



ELTON JOHN  
AIDS FOUNDATION



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Who is the playbook's audience?

Access the Playbook



# States in Action: What's working and not working?

# Impact in Action – Virginia

- Scope of practice:
  - Statewide protocol
- Coverage of pharmacists' services:
  - Medicaid – Fee For Service and Managed Care
  - Commercial health plans
- Relationship with Board of Pharmacy

## 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 – Maine

- Scope of practice:
  - Standing order, collaborative practice agreement, or protocol
  - Limited to 60-day supply every 2 years
- Coverage of pharmacists' services:
  - No current pathways



§13786-D Title 32: PROFESSIONS AND OCCUPATIONS §13786-F

Chapter 117: MAINE PHARMACY ACT

Subchapter 9: MISCELLANEOUS PROVISIONS

**§13786-E. Prescribing, dispensing and administering HIV prevention drugs**

1. **Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "CDC guidelines" means guidelines related to nonoccupational exposure to potential HIV infection, or any subsequent guidelines, published by the federal Department of Health and Human Services, Centers for Disease Control and Prevention. [PL 2021, c. 265, §6 (NEW).]

B. "HIV prevention drug" means a preexposure prophylaxis drug, post-exposure prophylaxis drug or other drug approved for the prevention of HIV infection by the federal Food and Drug Administration. [PL 2021, c. 265, §6 (NEW).]

C. "Post-exposure prophylaxis drug" means a drug or drug combination that meets the clinical eligibility recommendations provided in CDC guidelines following potential exposure to HIV infection. [PL 2021, c. 265, §6 (NEW).]

D. "Preexposure prophylaxis drug" means a drug or drug combination that meets the clinical eligibility recommendations provided in CDC guidelines to prevent HIV infection. [PL 2021, c. 265, §6 (NEW).]

[PL 2021, c. 265, §6 (NEW).]

2. **Authorization.** Notwithstanding any provision of law to the contrary and as authorized by the board in accordance with rules adopted under subsection 3, a pharmacist may prescribe, dispense and administer HIV prevention drugs pursuant to a standing order or collaborative practice agreement or to protocols developed by the board for when there is no prescription drug order, standing order or collaborative practice agreement in accordance with the requirements in this subsection and may also order laboratory testing for HIV infection as necessary.

A. Before furnishing an HIV prevention drug to a patient, a pharmacist shall complete a training program approved by the board on the use of protocols developed by the board for prescribing, dispensing and administering an HIV prevention drug, on the requirements for any laboratory testing for HIV infection and on guidelines for prescription adherence and best practices to counsel patients prescribed an HIV prevention drug. [PL 2021, c. 265, §6 (NEW).]



# Impact in Action – Tennessee

- Scope of practice:
  - Collaborative practice agreement
  - Prevention services focused
- Coverage of pharmacists' services (Payment parity):
  - Medicaid – Managed Care
  - Commercial health plans
- Providing pharmacists community health worker training
- HIV PEP approved; Seeking PrEP authority in the future

## 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.

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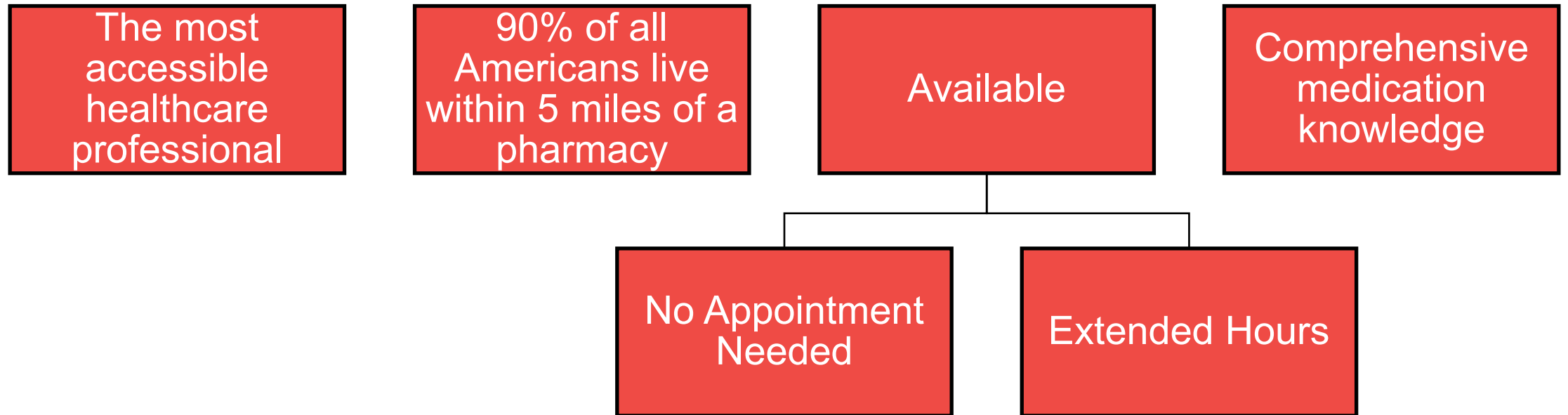


**Have you seen pharmacy-based implementation of HIV services in your U.S. state or local community in the U.S. or around the world? If so, what has been your experience or observations?**

① Start presenting to display the poll results on this slide.

# Pharmacist Commitment to Ending the HIV Epidemic

# Community Pharmacist



# Pharmacist = Medication Expert

## Pre-Pharmacy Training

- At least 2 years focused on chemistry, biology, and physiology
- Many have undergraduate degrees or a Masters

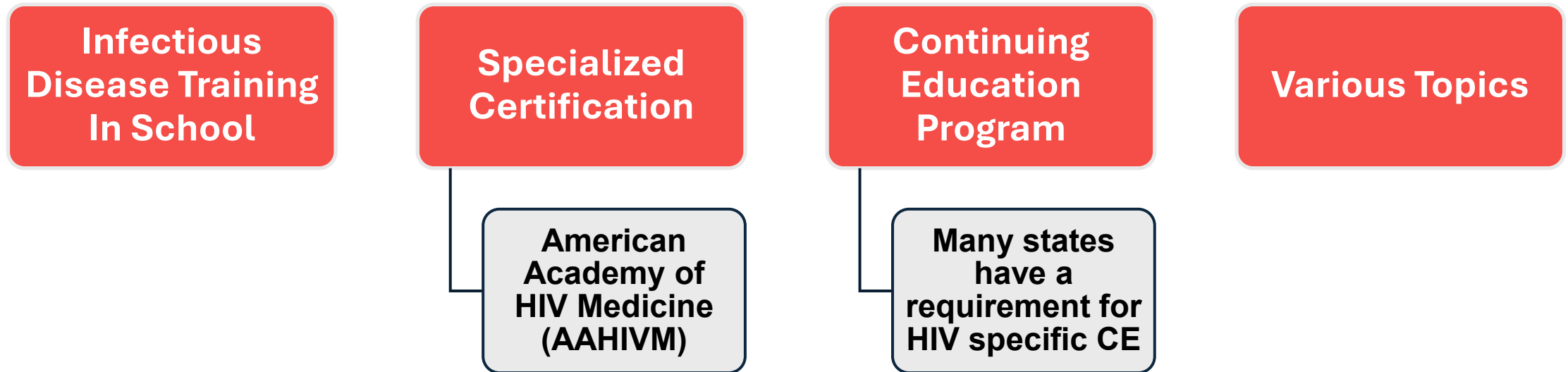
## Doctor of Pharmacy (Pharm.D.) Program

- Advanced coursework in pharmacology, medicinal chemistry, therapeutics, and clinical practice, combined with hands-on training in various pharmacy settings

## Pharmacy Practice Experiences

## Licensing and Certification

# Training in HIV Treatment and Prevention



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**What do pharmacy leaders need to do ensure that people will seek HIV prevention services from pharmacies? How can demand be increased for pharmacy-based services?**

① Start presenting to display the poll results on this slide.

# Ways to Engage in RxEACH

Visit  
[www.RxEACH.org](http://www.RxEACH.org)



The Issue

## Expand Access to HIV Prevention Services with RxEACH




The Issue

RxEACH in Action

Community

Connect



## RxEACH in Action

Stay up to date on the activities RxEACH initiative is leading across the nation to enhance policies that sustain pharmacy-based HIV prevention services by exploring a curated selection of resources and event highlights from RxEACH and our partners.