

Supporting HIV Prevention in Rural New York State

- Rural communities are disproportionately impacted by the HIV epidemic, yet HIV resources tend to be centered in larger metropolitan areas.
- Pre-Exposure Prophylaxis (PrEP) is an FDA-approved form of medication taken to prevent HIV infection.¹ PrEP is the safest and most effective method to prevent acquiring HIV, but it remains inaccessible to rural residents due to lack of providers, stigma, and cost.
- Nearly all states permit pharmacists to administer long-acting injectable PrEP² and several states have created new opportunities for pharmacists to engage directly with PrEP patients.³
In New York State, pharmacists are underutilized in PrEP access programming.

Issue

HIV continues to impact rural communities across the country. Pre-Exposure Prophylaxis (PrEP) is the safest and most effective way to prevent HIV infection. Despite being available for over a decade, PrEP remains inaccessible to those most in need. Improving access to PrEP is vital to reducing the spread of HIV. Federal and state health agencies have set goals to increase the number of people taking PrEP. Expanding PrEP access points is key to meeting these goals. In contrast to other states, New York has limited the ability of pharmacists to administer medication for PrEP.

Background

The Human Immunodeficiency Virus (HIV) remains a pressing public health threat nearly five decades since it first appeared. While a cure is not yet available, novel prevention methods have been developed to reduce the spread of the virus. Pre-Exposure Prophylaxis (PrEP) is a medication taken to prevent acquisition of HIV.¹ Currently, PrEP is available as a daily oral pill or long acting injection. Both forms of PrEP are over 90% effective at preventing HIV through sexual contact; however, they are underutilized. The Centers for Disease Control and Prevention estimates that only a quarter of people who could benefit from taking PrEP are currently on the medication.⁴ Availability of providers, cost, and stigma are significant barriers to PrEP initiation.⁵

Current Status

The federal⁶ and New York State⁷ governments have outlined strategies and goals to increase the number of people taking PrEP in order to reduce HIV transmission. While progress has been made, New York state has fallen behind on these goals.⁸ Furthermore, uptake has been slow in rural communities.⁹ Several counties in upstate New York are “PrEP Deserts”, meaning that patients may need to travel 30-60 minutes away to see a PrEP provider.¹⁰

Furthermore, a report published by the Primary Care Development Corporation found that there is an insufficient number of primary care providers in rural New York state.¹¹ Primary care providers are often the prescribers of PrEP medication. Telehealth-based PrEP programs are available in New York; however, insufficient communications infrastructure in rural communities poses an issue.⁴

Additional information regarding limitations to PrEP access can be found in the NYSARH issue brief: *Pre-Exposure Prophylaxis for HIV Remains Inaccessible for those most in need.*⁵

Considerations

Under current practice regulations, pharmacists in New York can dispense certain medications under a non-patient specific standing order. These orders may be signed by a physician or nurse practitioner licensed in the state. For example, NY Article 137 §6801.5 allows a pharmacist to dispense a 7-day supply of Post-Exposure Prophylaxis to patients who may have been exposed to HIV. Similarly, NY Article 137 §6801.9 allows a pharmacist to dispense hormonal contraceptive. In both cases, pharmacists are required to direct patients to another provider for continued care.

Policy Recommendations

Allow pharmacy-based oral PrEP administration as currently allowed for PEP and hormonal contraceptive
Following the existing framework established for Post-Exposure Prophylaxis and Hormonal Contraceptive, the New York State Board of Regents should expand the scope of practice regulations (NY Article 137 §6801) to allow a licensed pharmacist to execute a non-patient specific order, for dispensing up to a thirty day supply of oral HIV PrEP medications for the purpose of preventing human immunodeficiency virus infection, by a physician licensed in this state or nurse practitioner certified in this state.

Allow pharmacists to administer long-acting injectable PrEP

With respect to pharmacist scope of practice, current NYS regulations only permit pharmacists to administer immunizations and injectable medications for substance use and mental health disorders. The New York State Board of Regents should update this definition to include long-acting injectable PrEP.

Develop and disseminate PrEP training materials for pharmacists

The New York State Department of Health should develop appropriate training materials and protocols for pharmacists on PrEP. After an initial consultation, a pharmacist will dispense the medication and connect the patient with a PrEP provider for further management. The New York State Department of Health maintains a database of registered PrEP providers across the state. Information on telehealth can also be provided. Additionally, PrEP education materials, which have already been developed by the NYSDOH and are publicly available, can be shared with the patient.

References

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