CHBRP

Senate Bill 339 (2023)
Analysis at a Glance

HIV Preexposure Prophylaxis and Postexposure Prophylaxis

as amended on 3/14/2023

Background Context

PrEP is a long-term oral or injectable (provider-administrated) regimen recommended for those who have repeated, intimate exposure to HIV-positive individuals or other high-risk individuals of unknown HIV status. The USPSTF currently recommends PrEP to those at high risk of acquiring HIV (Grade A).

PEP is a short-term, daily therapy similar to PrEP, that must be started within 72 hours of (suspected) HIV exposure and is only taken for 28 days.

PrEP- and PEP-associated testing and services include:

- Screenings for HIV, STIs, and Hepatitis B/C virus
- Kidney function test
- Lipid profile panel
- Pregnancy test
- Counseling on PrEP/PEP
- Certain vaccinations

Additional Context

CDPH estimates that approximately 220,000 to 240,000 Californians meet the criteria for PrEP, which is approximately 1.5 to 1.7 times the prevalence of people living with HIV in CA (139,703 in 2020)

Barriers to PrEP/PEP access include:

- Stigma
- Lack of widespread awareness of the medications
- Financial constraints

Pharmacists are authorized to furnish specific regimes of PrEP (for up to 60 days, and beyond under certain conditions) and PEP, and practice under collaborative practice agreements.

Bill Summary

The version of California Senate Bill (SB) 339 analyzed by CHBRP would:

- Update the definition of pre-exposure prophylaxis (PrEP) to include FDA-approved or CDC-recommended prescription drugs to reduce a person's chance of contracting HIV.
- Authorize a pharmacist to furnish up to a 90-day course of PrEP (and beyond under certain conditions).
- Require DMHC-regulated health plans and CDI-regulated health policies to reimburse for all pharmacist services and testing related to PrEP and postexposure prophylaxis (PEP) furnishment, equal to the rate of those delivered by physicians.

Insurance Subject to the Mandate

SB 339 would apply to the health insurance of approximately 22.8 million enrollees (58.6% of all Californians).

- ☑ Medi-Cal
- ☑ CDI and DMHC Regulated (Commercial & CalPERS)
- ☒ Federally Regulated

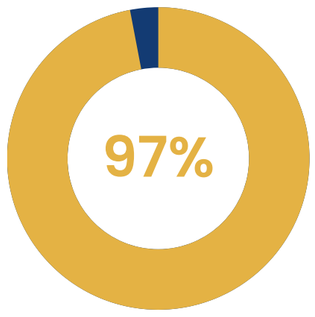
California Health Benefits Review Program (CHBRP), California Department of Managed Health Care (DMHC), CA Department of Insurance (CDI), California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), Human Immunodeficiency Virus (HIV), U.S. Food and Drug Administration (FDA), Sexually Transmitted Infection (STI), United States Preventive Services Task Force (USPSTF)

Medical Effectiveness

- **Clear and convincing** evidence that PrEP is effective in preventing HIV transmission and lowering the risk of HIV among users among users with moderate or high adherence.
- **Limited evidence:**
  - PEP is effective in preventing HIV transmission following occupational and nonoccupational exposures.
  - Pharmacists can safely and effectively furnish daily oral PrEP.
- **Insufficient evidence:**
  - Pharmacists can safely and effectively furnish PEP or injectable PrEP.
  - Showing a difference in safety and effectiveness between a 60-day and 90-days supply of pharmacist-furnished PrEP.

While there are harms associated with PrEP and PEP, the CDC asserts that the benefits of PrEP and PEP medication use outweigh their reported risks.

Benefit Coverage and Cost Impacts



At baseline, **97% of enrollees** have coverage for PrEP/PEP when furnished by a pharmacist, including reimbursement for services and testing.

Postmandate, CHBRP estimates SB 339 would result in an additional **134 enrollees** who obtain PrEP and PrEP-associated services and **63 enrollees** who obtain PEP and PEP-associated services.

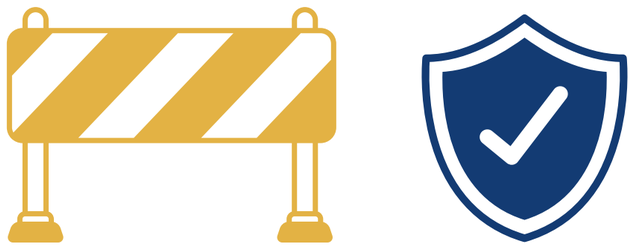
CHBRP estimates SB 339 would increase total net annual expenditures by **$1,763,000** or **0.0011%** for enrollees with DMHC-regulated plans and CDI-regulated policies, and a **$654,000** or **0.002%** increase in premiums for Medi-Cal beneficiaries in DMHC-regulated plans.

Barriers to Implementation

SB 159 (2019) **authorized** pharmacists to initiate and furnish PrEP and PEP.

Barriers to implementation of SB 159 (2019) that may also impact implementation of SB 339 include:

- Lack of awareness of the law
- Lack of bandwidth, resources, and training for pharmacy staff
- Difficulty arranging follow-up care
- Lack of patient awareness / low demand



Pharmacies are **currently set up** to bill health plans and insurers for drugs; their billing systems are not structured to bill for services typically seen under the medical benefit, including cognitive or clinical services, such as those related to SB 339.

Public Health

In 2024, SB 339 would result in an **increase** in the number of the individuals screened for HIV, a **small reduction** in the number of new HIV infections, as well as a **small reduction** in the number of future HIV transmissions

CHBRP is **unable to estimate** short-term impacts of SB 339 on the impact of disparities for utilization of PrEP due to lack of data.

Long-Term Impacts

Utilization may **increase** past the first year postmandate if pharmacies can develop and implement a **billing mechanism** appropriate for services on the **medical benefit,** pharmacist **awareness** of PrEP/PEP continues to grow, and pharmacists receive appropriate **training and resources to** provide PrEP/PEP.

Additional details are in the full analysis at www.chbrp.org. Questions? Email CHBRP at info@chbrp.org.