

California Bill Allows Pharmacists to Provide More PrEP to Prevent HIV

Currently, California pharmacists may provide PrEP and PEP without a prescription, but the law needs updating, says Senator Scott Wiener.

February 14, 2023 By [Trent Straube](#)

A California bill introduced last week aims to expand pharmacists' ability to provide pre- and post-exposure prophylaxis ([PrEP](#) and [PEP](#)) to prevent [HIV](#). Specifically, the bill requires insurers to cover the costs of the pharmacists' services and allows pharmacists to prescribe up to a 90-day supply—and even more if certain conditions are met.

The proposed legislation, [SB 339](#), was introduced by Senator Scott Wiener (D-District 11) of San Francisco and is cosponsored by Assemblymember Evan Low (D-District 26) of Santa Clara County.

When taken as directed, PrEP reduces the risk of getting HIV from sex by about 99%, [according to the Centers for Disease Control and Prevention](#). What's more, PrEP reduces the risk of getting HIV from injection drug use by at least 74%.

In 2019, Wiener introduced the first bill, SB 159, to allow [pharmacists](#) to dispense PrEP and PEP to patients without a doctor's prescription. Governor Gavin Newsom signed it into law the same year. It took effect in 2020, but the COVID-19 pandemic hindered its rollout.

Since then, it has become apparent that the [California](#) law is imperfect and needs updating. Notably, the law doesn't cover pharmacists' services and allows only a 60-day supply of meds, an insufficient time for a doctor's referral.

"I introduced new legislation (SB 339) to expand access to PrEP—a daily pill that all but eliminates HIV risk—by making it easier for pharmacists to provide it w/o a physician's prescription," Wiener tweeted February 8 in announcing the new bill. "PrEP is a critical tool in ending the HIV epidemic. We need to expand access to it."

"SB 339 builds on a law I wrote in 2019: SB 159," Wiener continued, adding: "SB 159 made CA the 1st state to allow pharmacists to provide PrEP & PEP w/o an Rx. However, certain limitations in that law slowed its rollout. SB 339 fixes those issues & brings CA in line with other states that followed our lead."

SB 339 builds on a law I wrote in 2019: SB 159. SB 159 made CA the 1st state to allow pharmacists to provide PrEP & PEP w/o an Rx. However, certain limitations in that law slowed its rollout. SB 339 fixes those issues & brings CA in line with other states that followed our lead.

— Senator Scott Wiener (@Scott_Wiener) [February 8, 2023](#)

The law is needed because many folks at risk for HIV don't have a regular health care provider, let alone one who is close by and can prescribe meds on short notice. (PEP, a daily regimen taken for 28 days, must be started within 72 hours of a potential exposure and preferably sooner.)

"PrEP freed millions of people from the fear of contracting HIV, a miracle of science that once seemed impossible," [Wiener said in the Los Angeles Blade](#). "However, each year around 4,000 Californians—disproportionately LGBTQ people and people of color—contract HIV because of barriers to access. SB 339 will address the issues with implementing our groundbreaking legislation SB 159, allowing people to access PrEP without seeing a doctor."

The bill is sponsored by the California Pharmacists Association, Equality California and the SF AIDS Foundation, according to the Blade.

[An abstract of SB 336](#) states that the bill "would authorize a pharmacist to furnish up to a 90-day course of pre-exposure prophylaxis, or pre-exposure prophylaxis beyond a 90-day course, if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by July 1, 2024."

In addition, the bill "would require a health care service plan and health insurer to cover pre-exposure prophylaxis furnished by a pharmacist, including costs for the pharmacist's services and related testing. The bill would include pre-exposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program."

California isn't the only state to allow pharmacists to dispense PrEP and PEP. Lawmakers in

[Colorado](#), [Illinois](#), [Missouri](#), [Nevada](#) and [Oregon](#) have passed similar legislation in recent years, and many of those bills have addressed the shortcomings of California's initial law.

In related news, California was also the first state to require health insurers to cover [at-home tests for HIV and sexually transmitted infections](#).

To learn more about HIV prevention methods, see the POZ Basics on [Pre-Exposure Prophylaxis \(PrEP\)](#) and [Post-Exposure Prophylaxis \(PEP\)](#). For example, the PrEP information states:

“PrEP is an HIV prevention tool in which an HIV-negative person takes antiretroviral medication to reduce the risk of contracting HIV. Currently, there are three Food and Drug Administration–approved medications for PrEP:

[Truvada](#) (tenofovir disoproxil fumarate/emtricitabine)

[Descovy](#)* (tenofovir alafenamide/emtricitabine)

[Apretude](#) (extended-release cabotegravir)

*Descovy has not yet been indicated for individuals at risk for HIV from receptive vaginal sex.

“When antiretroviral medication builds up in the human body, it can stop HIV from replicating and establishing an infection. PrEP was approved in 2012 by the U.S. Food and Drug Administration (FDA) with the requirement that it be used every day, even during periods of minimal or low-risk sexual activity. Studies are exploring intermittent dosing strategies (for example, using PrEP only during high-risk periods) as well as different medications that could be used as PrEP. In 2021, the first long-lasting injectable form of PrEP was approved.

“PrEP only works if you take it. Data from the iPrEx trial show that daily adherence of oral PrEP reduces HIV risk between 96% and greater than 99%. Those who took four doses a week remained fully protected, and those who took two lowered their chance of getting HIV by 76%. Data from the HPTN 083 and HPTN 084 studies showed that long-acting injectable regimens are even more effective than PrEP pills at preventing HIV acquisition.”