

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 23-17

INTRODUCED BY: MedChi Medical Student Section

SUBJECT: Increased Access to HIV PrEP for At-risk Individuals

- 1 Whereas, 30,000 individuals are newly diagnosed with HIV every year and HIV PrEP can reduce HIV
2 transmission by up to 92%^{1,2}; and
3
- 4 Whereas, HIV PrEP is part of the US National HIV/AIDS Strategy (NHAS) and recommended by the CDC
5 for individuals with HIV-infected partners, homosexual or bisexual men with a recent STI diagnosis, and
6 intravenous drug users (IDU)^{1,3,4}; and
7
- 8 Whereas, Men who have sex with men (MSM) prefer receiving HIV PrEP from clinicians involved in
9 primary care but are not offered PrEP in said care⁵; and
10
- 11 Whereas, PrEP education and prescription can be effective in settings where male sex workers (MSWs)
12 already see providers, such as emergency visits, substance use clinics, mental health clinics, correctional
13 facilities, and HIV testing centers⁵; and
14
- 15 Whereas, Because of stigma, medical mistrust, and perceived racism, disparities exist in HIV PrEP access,
16 resulting in black individuals using PrEP less often than their white counterparts despite having the highest
17 rates of HIV infection^{6,7}; and
18
- 19 Whereas, One study found that only 15% of MSM PrEP candidates in Atlanta, Georgia are projected to
20 receive PrEP because of barriers in awareness, access, prescribing practices, and adherence⁸; and
21
- 22 Whereas, Extensive efforts have not been made to increase availability of PrEP into HIV prevention
23 approaches for IDU populations⁹; and
24
- 25 Whereas, It is possible the same methods used to motivate PrEP use in MSM populations could be
26 translated to IDU populations⁹; and
27
- 28 Whereas, 26% of primary care physicians report lower willingness to prescribe PrEP to IDU than to other
29 high risk groups¹⁰; and
30
- 31 Whereas, Needle exchange programs can better connect drug users to supportive services they may not
32 have received otherwise^{11,12}; and
33
- 34 Whereas, Existing AMA policy “supports the coverage of PrEP in all clinically appropriate circumstances”
35 (H-20.895) and “Encourages the inclusion of HIV-prevention information as a regular part of correctional

1 staff and inmate education” (H-430.988); therefore be it

2
3 Resolved, That MedChi support policies and initiatives that encourage needle exchange sites throughout
4 Maryland to provide education and referral for consideration for HIV PrEP.

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7 Fiscal Note: Included in existing legislative advocacy budget.

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9 **References:**

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46 As amended and adopted by the House of Delegates at its meeting on September 23, 2017.