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

Whereas, 30,000 individuals are newly diagnosed with HIV every year and HIV PrEP can reduce HIV transmission by up to 92%; and

Whereas, HIV PrEP is part of the US National HIV/AIDS Strategy (NHAS) and recommended by the CDC for individuals with HIV-infected partners, homosexual or bisexual men with a recent STI diagnosis, and intravenous drug users (IDU); and

Whereas, Men who have sex with men (MSM) prefer receiving HIV PrEP from clinicians involved in primary care but are not offered PrEP in said care; and

Whereas, PrEP education and prescription can be effective in settings where male sex workers (MSWs) already see providers, such as emergency visits, substance use clinics, mental health clinics, correctional facilities, and HIV testing centers; and

Whereas, Because of stigma, medical mistrust, and perceived racism, disparities exist in HIV PrEP access, resulting in black individuals using PrEP less often than their white counterparts despite having the highest rates of HIV infection; and

Whereas, One study found that only 15% of MSM PrEP candidates in Atlanta, Georgia are projected to receive PrEP because of barriers in awareness, access, prescribing practices, and adherence; and

Whereas, Extensive efforts have not been made to increase availability of PrEP into HIV prevention approaches for IDU populations; and

Whereas, It is possible the same methods used to motivate PrEP use in MSM populations could be translated to IDU populations; and

Whereas, 26% of primary care physicians report lower willingness to prescribe PrEP to IDU than to other high risk groups; and

Whereas, Needle exchange programs can better connect drug users to supportive services they may not have received otherwise; and

Whereas, Existing AMA policy “supports the coverage of PrEP in all clinically appropriate circumstances” (H-20.895) and “Encourages the inclusion of HIV-prevention information as a regular part of correctional
staff and inmate education” (H-430.988); therefore be it

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

Fiscal Note: Included in existing legislative advocacy budget.

References:


6) Cahill, S et al. Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in black compared to white gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts. AIDS Care. 2017 Mar.; 1-8.


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