

Community Position Statement
LD 1687 – Ought to Pass
Committee on Health Coverage, Insurance and Financial Services

Senator Bailey, Representative Mathieson and Honorable Members of the Committee on Health Coverage, Insurance and Financial Services: we, the undersigned, are community organizations, public health advocates, constituents, and individuals that are, work with, care for, love, and/or support Mainers living with or at elevated risk to contract HIV. We write to express our strong support for LD 1687, *An Act to Clarify and Increase Access to HIV Prevention Medications*. This bill builds on its previous version by addressing reimbursement for pharmacies and medication coverage that expands access to HIV prevention at pharmacies.

In 2021, Maine helped lead a nationwide effort as just the third state in the country to pass legislation that enabled people to access HIV pre- and post-exposure prophylaxis directly from a pharmacist. With protocols now officially adopted by the Maine Board of Pharmacy, we must address key provisions in the statute to ensure effective implementation:

- **Reimbursement** – LD 1687 ensures pharmacists are recognized as providers and reimbursed at a rate comparable to physicians for equivalent services required by Maine Board of Pharmacy protocols. This model is consistent with other states passing similar legislation.
- **Medication Coverage** – scientific advancements of HIV medications are emerging rapidly. Long-acting injectable medications are a game changer in the ability to stop HIV transmission and a medication that protects from infection with just one injection over a 6-month period is on the cusp of entering the market. LD 1687 ensures coverage for these medications of longer duration so people can access the strongest prevention methods available.

This policy is not just smart public health—it’s urgently needed. At the same time that we face rising HIV cases amidst an active HIV outbreak in Bangor, federal funding for HIV prevention is under threat. Programs funded through HRSA, HUD, and the CDC are facing proposed cuts that would have catastrophic impacts on our state’s ability to prevent new infections. In this environment, we must act boldly at the state level to preserve access to proven, cost-effective prevention strategies. Every HIV infection prevented saves over \$500,000 in lifetime medical costs.¹

We know that PrEP and PEP work. We know they save lives. We know they are key to ending the HIV epidemic. But they only work if people can get them. This bill ensures they can.

We urge you to support LD 1687 and help expand access to HIV prevention across our state. Thank you for your leadership on this critical issue.

Signed, [cont.]

1. Bingham A, Shrestha RK, Khurana N, Jacobson EU, Farnham PG. Estimated Lifetime HIV-Related Medical Costs in the United States. *Sex Transm Dis.* 2021 Apr 1;48(4):299-304. doi: 10.1097/OLQ.0000000000001366. PMID: 33492100.