



April 28, 2025

The Honorable Donna Bailey
Chair, Committee on Health Coverage, Insurance
and Financial Services
Cross Building, Room 220, 287-1314
111 Sewall St.
Augusta, ME 04330

The Honorable Kristi Mathieson
Chair, Committee on Health Coverage, Insurance
and Financial Services
Cross Building, Room 220, 287-1314
111 Sewall St.
Augusta, ME 04330

RE: LD 1687 – An Act to Clarify and Increase Access to HIV Prevention Medications – SUPPORT

Dear Chair Bailey, Chair Mathieson, and members of the Committee on Health Coverage, Insurance and Financial Services:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on [legislative document \(LD\) 1687](#) (Representative Moonen). LD 1687 builds upon the [law passed in 2021](#) to facilitate implementation of pharmacist-provided HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) by allowing patients to use their health insurance to receive these services. Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional, their pharmacist. It also correctly aligns the current role of the pharmacist with their extensive education and training to practice at the top of their license.

Substantial published literature documents the proven and significant improvement in patient outcomes¹ and reduced health care expenditures² when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in Maine is aligned with the growing trend of similar programs in other states, such as California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, and others. In states where such programs have already been implemented, health plans recognize the value of the pharmacist and invest in the services they provide to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided care.³

¹ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at:

https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

² Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

<https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

³ CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at

<https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/>

As the most accessible health care professionals, with nearly 90% of the U.S. population living within five miles of a community pharmacy,⁴ pharmacists are vital care providers, especially for those living in underserved and remote communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall health care expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Maine's recognition of many other health care providers.

Creating programs that allow for the direct reimbursement of HIV PrEP/PEP services provided by pharmacists through Medicaid and private health plans is not expected to raise health plan costs, as published literature has shown that pharmacist-provided care results in cost savings and healthier patients.^{5,6} A recent scoping review evaluating the return on investment (ROI) of pharmacists' services among non-hospitalized patients found an ROI ranging "from \$1.29 to \$18.50 per dollar spent on the pharmacy service among the 19 studies that reported ROI as a ratio."⁷ This strong return on investment supports why many other states have established comparable programs. For example, Oregon identified in its fiscal legislative analysis that creating a similar program that would permit pharmacists to engage in clinical pharmacy practice and provide patient care services to patients would have a "minimal expenditure impact on state or local government."⁸

For these reasons, APhA strongly supports LD 1687 and respectfully requests your "AYE" vote. If you have any questions or require additional information, please do not hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs, by email at mmurphy@aphanet.org.

Sincerely,



Michael Baxter
Vice President, Government Affairs
American Pharmacists Association

cc: Senator Joseph Baldacci
Senator David Haggan
Representative Poppy Arford
Representative Michelle Boyer
Representative Marygrace Cimino

⁴ Berenbrok LA, Tang S, Gabriel N, Guo J, Sharareh N, Patel N, Dickson S, Hernandez I. Access to Community Pharmacies: A Nation-Wide Geographic Information Systems Cross-sectional Analysis, Journal of the American Pharmacists Association (2022), doi: <https://doi.org/10.1016/j.japh.2022.07.003>.

⁵ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

⁶ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

⁷ Almodovar AS, Blankenship B, Murphy EM, et al. Return on investment of pharmacists' services among non-hospitalized patients: A scoping review. Research in Social and Administrative Pharmacy. 2025. Article in Press. DOI: [10.1016/j.sapharm.2025.01.012](https://doi.org/10.1016/j.sapharm.2025.01.012)

⁸ FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866>.

Representative Sally Cluchey
Representative Paul Flynn
Representative Robert Foley
Representative Anne-Marie Mastraccio
Representative Joshua Morris
Representative Rolf Olsen
Edna Cayford - Committee Clerk
James Sargent - OFPR Analyst
Colleen McCarthy Reid - OPLA Analyst

About APhA: APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. **Our members strive to improve medication use, advance patient care and enhance public health. In Maine, with 1,370 licensed pharmacists and 2,220 pharmacy technicians, APhA represents pharmacists, students, and pharmacy technicians that practice in numerous settings and provide care to many of your constituents.** As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.