



Senator Bailey, Representative Mathieson, and esteemed members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Lisa Margulies, I serve as Vice President of Public Affairs, Maine, for Planned Parenthood of Northern New England, and I am here today to submit testimony in support of LD 1687.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care in approximately 10,000 visits per year in Maine at four health centers located in Biddeford, Portland, Sanford, and Topsham, as well as online via telehealth. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, behavioral health care, abortion care, gender-affirming care, as well as a variety of primary care services.

As a mission driven health care provider, we fundamentally believe everyone should be able to access affordable, high quality sexual and reproductive health care in their communities, no matter where they live or how much money they make, and we advocate for policies that help make this vision a reality. All people deserve to access comprehensive reproductive health care, including abortion and gender-affirming care, free from shame, stigma, and intimidation. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$1.2 million in free and discounted care to our communities in Maine. For many, we are their only access to the health care system.

In many communities across the country and in Maine, Planned Parenthood health centers are an essential source of comprehensive HIV prevention and education, including counseling and evidence-based prevention options for individuals at high risk. We fully support efforts to ensure that people have access to the medications they need to keep themselves and others healthy.

In 2021, we proudly supported LD 1115, which increased access to HIV pre- and post-exposure prophylaxis drugs (PrEP and PEP). These medications are extraordinary developments in the fight to prevent HIV infection, with one study showing that an inability to access PrEP when desired resulted in a two-fold increase in new HIV diagnoses over a 12-month period.ⁱ The passage and adoption of LD 1115 represented a sea change in PrEP/PEP accessibility in Maine, with our state becoming the third in the nation to increase access to PrEP/PEP by enabling a pharmacist to dispense it directly to patients.

This bill builds upon the foundation laid by LD 1115 by addressing reimbursement rates for pharmacies and updating the statute to account for scientific advancements in HIV prevention medication. The bill ensures that pharmacists are recognized as providers and reimbursed with rates comparable to physicians for equivalent services, putting Maine in line with other states who have adopted similar legislation. Authorizing pharmacists to dispense injectable PrEP drugs enhances Maine's efforts fight HIV infections, enabling future access to drugs on

the cusp of entering the market that would prevent HIV infection for up to 6 months with a single shot.

This bill represents an opportunity to enhance an already transformative policy at a time when it is desperately needed. Our state faces rising HIV cases, an active HIV outbreak in Bangor, and concurrent threats to federal funding for HIV prevention—potential cuts that could be dangerous to our state’s public health. Preventing new HIV infections is not only the right thing to do from a human perspective, but also a good investment. In fact, every HIV infection prevented saves over a half million dollars in lifetime medical costs.ⁱⁱ

We know that PrEP and PEP work, we know they save lives, and we know that they have and will continue to be the cornerstones of our efforts to end the HIV epidemic. But we also know that their impact is only as broad as their accessibility. LD 1687 directly addresses that problem both now and in the future. We ask that you vote ought to pass on LD 1687 and help expand access to HIV prevention across our state. Thank you for your leadership on this critical issue.

ⁱ Tao L, Yang J, Zachry W, Gruber J, Mezzio D. 1557. “The Real-World Impact of Pre-Exposure Prophylaxis (PrEP) Prescription Uptake and Dispensing Status on HIV Infection Risk in the US”. *Open Forum Infect Dis*. 2023 Nov 27;10(Suppl 2): <https://pmc.ncbi.nlm.nih.gov/articles/PMC10677746/>

ⁱⁱ 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. <https://pubmed.ncbi.nlm.nih.gov/33492100/>