

Testimony in Support of LD 1687 – An Act to Clarify and Increase Access to HIV Prevention Medications

Presented to the Committee on Health Coverage, Insurance and Financial Services

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Senator Bailey, Representative Mathieson, and honorable members of the Committee:

My name is Dr. Shulamith Bonham, and I am a Primary Care physician, board-certified in Internal Medicine and certified as an HIV medical specialist. I serve as a Clinical Coordinator of the Ryan White and Infectious Disease program at Greater Portland Health. I have been providing healthcare for people living with and at risk for HIV for over two decades.

I am here today to offer my strong support for LD 1687.

In my years of practice, I have witnessed extraordinary progress in our ability to prevent HIV. Post-exposure prophylaxis (PEP), daily oral pre-exposure prophylaxis (PrEP), and now long-acting injectable PrEP have transformed the landscape of HIV prevention. These tools are not only effective—they are essential to ending the HIV epidemic.

Yet our success depends entirely on access. We need to meet people where they are. That means allowing pharmacists to play a fuller role in delivering HIV prevention—particularly for those patients who struggle the most to access traditional healthcare settings. LD 1687 does exactly that. It ensures that pharmacists can dispense both oral and injectable PrEP, and it guarantees that they will be reimbursed fairly for providing this care.

Let me give you a real-world example.

Not long ago, a patient reached out after learning his partner is living with HIV. He went to the emergency department and was given a short supply of oral PrEP, along with a list of clinics to call for follow-up. He contacted us a week or two later. He had no consistent phone access and no voicemail. It took multiple calls from three different teams, along with emergency coordination of his medication coverage, to finally connect him to care. By then, he had missed doses and potentially exposed himself further to HIV.

We've now transitioned him to long-acting injectable PrEP—just a few injections a year—and he and his partners are now protected. But I can't help but think: what if a trained pharmacist had been empowered to offer him that care right away?

LD 1687 is smart public health. It reduces unnecessary barriers, leverages our pharmacy workforce, and ensures equitable reimbursement. It aligns Maine with emerging best practices in other states. And at a time when federal HIV prevention funding is under threat, this bill is an urgently needed step to preserve access to life-saving medication.

I urge you to vote ought to pass on LD 1687. Thank you for your time and your leadership.

A handwritten signature in black ink, appearing to read 'Shulamith C. Bonham', with a long horizontal flourish extending to the right.

Shulamith C. Bonham, MD MPH AAHIVS