

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

Currently, estimates suggest that about 1,800 Mainers suffer from HIV. Although the state's prevalence is currently believed to be the sixth lowest in the country, clusters have been observed in one of the state's largest population centers — Penobscot County – with 24 new HIV diagnoses made in the last 12 months. This increasing prevalence is deeply concerning for a disease with a known, effective, and safe prevention method, PrEP, and with a treatment that drastically reduces the rate of transmission, PEP.

HIV is not a disease that can be “cured” and thus must have lifelong treatments and can have often long term and life-threatening complications when treatment is paused or arrested entirely. Thus PrEP is significantly more cost-effective long-term to prevent these complications. The long acting injectable medications removes the daily burden of remembering to take a pill and offers further opportunities for patients to connect with pharmacists, improving patient contact and trust with the healthcare system.

So long as pharmacists are unable to receive reimbursement for these medications, patients' choices are restricted as to who they would like to care for them in this manner.

According to one source,¹ 96% of the US population lives within 10 miles of any kind of pharmacy, and in rural areas, 68% lives within 10 miles of a pharmacy nationwide. Providing pharmacists with the ability to care for patients who would like to receive PrEP or PEP longer term is crucial for increasing accessibility.

In a recent report,² within one year of allowing pharmacists to prescribe long acting injectable PEP and PrEP medication to individuals, prescription fills increased by 24% and in two years fills increased by 110%. Expanding access can directly increase the amount of individuals receiving comprehensive PrEP treatment, preventing further diagnosis and spread of what can progress to be a deadly illness. With the high efficacy of PrEP, this increase in access can prevent disease spread and improve the lives of countless individuals, especially those at high risk.

¹ Berenbrok LA, Tang S, Gabriel N, et al. Access to community pharmacies: A nationwide geographic information systems cross-sectional analysis. *J Am Pharm Assoc* (2003). 2022;62(6):1816-1822.e2. doi:10.1016/j.japh.2022.07.003

² Vujaskovic L. Expanding Access to Long-Acting Injectable PrEP for HIV: Lessons from Community-Based Pharmacy Models. O'Neill Institute, Georgetown Law (2023) <https://oneill.law.georgetown.edu/expanding-access-to-long-acting-injectable-prep-for-hiv-lessons-from-community-based-pharmacy-models/>

Due to the reasons listed above, we write in support of LD 1687 and believe that it OUGHT to pass.

This testimony is on behalf of a group of first year medical students in the Tufts University School of Medicine and in the MaineHealth Maine Medical Center Maine Track Program and represents the personal views of these students.