

March 27, 2025

Testimony of Celine Burrows, Director of Development & Community Engagement at  
Frannie Peabody Center

**In Support of LD 1053, An Act to Ensure That Rebates from Prescription Drug  
Manufacturers Are Passed on to Patients at Pharmacies**  
Committee Health Coverage, Insurance and Financial Services

Chair Bailey and Chair Mathieson, and Members of the Health Coverage, Insurance and Financial Services Committee, my name is Celine Burrows and I am the Director of Development and Community Engagement at Frannie Peabody Center, Maines largest community-based HIV/AIDS services organization. I am testifying behalf the agency in strong support of LD 1053 to ensure medication savings benefit patients directly.

High out-of-pocket costs for medications can delay or prohibit the initiation of life-saving treatment for HIV, which leads to negative health outcomes, further HIV transmission, and increased AIDS-related deaths. It can also impact one's ability to access the treatment regimen that is best for them. The HIV care model in the United States has made progress in addressing access and affordability through systems like The Ryan White Care Act and the AIDS Drug Assistance Program or "ADAP", which provides financial assistance to eligible individuals for private insurance and medications. As a former employee of Maine's ADAP, I saw the impact firsthand – when people can afford their life-saving medications, health outcomes and quality of life improve. Isn't that what our health system is supposed to prioritize?

Cost should never be a barrier to life-saving care. And while I am here representing an agency that works tirelessly to uphold that value, that statement also impacts my life every day, outside of my work.

When I was six years old, I was diagnosed with type one diabetes. I was incredibly sick, scared, and confused, but my parents did their best to prepare me for life with a chronic illness. They told me that I would have this disease forever- but could live a normal, healthy life so long as I adhered to my treatment. What they didn't tell me was that my ability to adhere would often be outside of my control, gatekept by cost and policy. The harsh reality was that I would spend a lifetime trying to afford exorbitantly priced prescription drugs and durable medical equipment, all while navigating a hostile health insurance system that was not built to support me. In the 21 years since my diagnosis, I have spent countless hours fighting with my insurance, wondering if I will be able to afford the newest recommended treatments, and confirming to the pharmacist that yes, I am aware that this prescription costs \$500. Managing an incurable and complex chronic illness is hard, and this challenge is only heightened by the price of the medications I need to survive. I can live a long, normal life with type one diabetes- but only if I can afford it.

I urge you to move LD 1053 forward. Medication savings negotiated by Pharmacy Benefit Managers should be passed on to the patients.