



Matt Moonen

House Majority Leader

Matt.Moonen@legislature.maine.gov

HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION

AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: State Relay 711

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

Testimony of Rep. Matt Moonen, Portland

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Good afternoon, Senator Bailey, Representative Mathieson, and honorable members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. I am here today to present LD 1687: An Act to Clarify and Increase Access to HIV Prevention Medications.

This bill is about expanding coverage and access to PrEP, so a bit of background info on what that is would probably be helpful: PrEP is the shorthand way to say pre-exposure prophylaxis. PrEP is an HIV prevention strategy where HIV-negative individuals take a medication that works to prevent HIV from establishing infection inside the body.

Truvada, the first PrEP drug, was approved as a once-a-day pill by the FDA in 2012. Since then, studies have shown that PrEP can reduce the risk for HIV infection by up to 99% when taken consistently.

In the years that followed, there were several additional significant developments: In October 2019, the FDA approved a second drug, Descovy, for PrEP. Then, in December 2019, the first Trump administration announced a program called "Ready, Set, PrEP" with a goal of distributing enough free PrEP to cover an additional 200,000 people per year for the next 11 years. Then, in October of 2020, a generic version of PrEP came online.

In 2021, the Maine Legislature passed a bill authorizing pharmacists to dispense a time-limited supply of PrEP without a physician prescription. The goal was to ensure that patients at risk of HIV infection could quickly access preventative medications and to recognize that pharmacists can play a valuable role in preventing new HIV infections and transmission, particularly for individuals who are not yet connected to a primary care physician or other medical provider.

That 2021 law also required insurance carriers to cover at least one HIV prevention drug for each method of administration approved by the FDA, with no out-of-pocket cost or prior authorization required. It was important that each method of administration was covered, because at that time a long-acting injectable version of PrEP, administered every 60 days, was coming online.

Scientific advancements have continued since then, and later this year, a new long-acting injectable medication, Lenacapavir, is anticipated to be approved by the FDA as a form of PrEP. Patients using Lenacapavir will need only two injections each year, which will constitute a tremendous step forward compared to a pill every single day or a shot every two months.

LD 1687 would ensure that long-acting injectables like Lenacapavir are available to those who need them by clarifying that each duration of a long-acting injectable constitutes a separate method of administration. This change would avoid an unintended scenario in which insurers would cover a drug requiring injections every two months with no out-of-pocket cost or prior authorization but fail to do the same for a drug offering a much longer period of protection.

LD 1687 also clarifies that pharmacists may dispense or administer up to a sixty-day supply of an oral medication (as in existing law) or one dose of an injectable medication of any duration – thus avoiding confusion as to whether an injectable that is administered once but lasts six months would constitute more than the 60-day supply limit currently in statute.

Finally, LD 1687 would ensure that pharmacists are reimbursed at a rate comparable to physicians for equivalent services. This provision is consistent with other states that have passed similar legislation.

The advancements in HIV prevention medications over the last 15 years have been monumental, and Presidents of both parties have worked to further advance new methods of administration. I ask you to strengthen our current law by supporting this bill, which will further ensure that all forms of PrEP are covered, and that pharmacists are empowered to connect patients to these medications.