

April 28, 2025

Senator Donna Bailey, Chair
Representative Kristi Mathieson, Chair
Members of the Health Coverage, Insurance and Financial Services Committee



RE: Testimony IN SUPPORT - LD 1687, An Act to Clarify and Increase Access to HIV Prevention Medications

Senator Bailey, Representative Mathieson, and members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

My name is Meagan Rusby, PharmD, and I serve as Associate Director of Pharmacy at Penobscot Community Health Care (PCHC), Maine's largest Federally Qualified Health Center (FQHC). I am submitting testimony in support of LD 1687: An Act to Clarify and Increase Access to HIV Prevention Medications.

At PCHC, we operate four entity-owned pharmacies, with pharmacists fully integrated into both primary and specialty care teams. They play a key role in managing chronic conditions such as diabetes, asthma, COPD, osteoporosis, and hepatitis C. Most recently, **our pharmacy team worked alongside our Health Care for the Homeless program to respond to the HIV outbreak in Penobscot County.** Pharmacists were instrumental in conducting field-based testing and engaging patients in conversations about Pre-Exposure Prophylaxis (PrEP).

Often, patients were not ready to begin treatment at the time of testing, and delays in accessing a provider made it difficult to follow through. **LD 1687 would allow patients to return directly to the pharmacy to begin PrEP when they are ready—removing unnecessary barriers to timely, preventive care.**

This legislation builds on the foundation of LD 1115, passed in 2021, which allowed pharmacists to dispense a limited supply (up to 60 days) of oral PrEP and Post-Exposure Prophylaxis (PEP) without a prior prescription. That law aimed to reduce access barriers, particularly in rural and underserved communities where patients often face challenges connecting with providers.

LD 1687 clarifies and expands that access in critical ways:

- It includes long-acting injectable PrEP, such as cabotegravir, which was not widely available in 2021.
- It addresses MaineCare reimbursement, which currently does not compensate pharmacists unless a provider initiates the prescription—limiting pharmacists' ability to act on public health needs.
- It establishes a clearer framework for pharmacist-led care, ensuring long-term sustainability and consistency of expanded access.

Pharmacists are among the most accessible healthcare professionals, often serving as the first point of contact for patients with health-related questions. Despite this, Maine has seen a nearly 10% decline in pharmacies over the past decade, according to the Maine Board of Pharmacy. This trend has led to growing pharmacy deserts and reduced access to essential care. Contributing factors include declining insurance reimbursements and rising drug costs, which threaten the viability of community pharmacies.

LD 1687 supports a more responsive, accessible, and sustainable public health infrastructure by enabling pharmacists to do more of what they are already trained and trusted to do—particularly in areas where healthcare access is limited.

Thank you for your time and consideration. I urge you to support LD 1687.

Respectfully,

A handwritten signature in cursive script that reads "Meagan Rusby".

Meagan Rusby, PharmD
Associate Director of Pharmacy | Penobscot Community Health Care