



GLBTQ Legal Advocates & Defenders

**TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS
IN SUPPORT OF
LD 1687, An Act to Clarify and Increase Access to HIV Prevention Medications
Committee on Health Coverage, Insurance and Financial Services
April 29, 2025**

Dear Senator Bailey, Representative Mathieson, and Distinguished Members of the Committee on Health Coverage, Insurance and Financial Services,

My name is Hannah Hussey, and I am a Maine-based staff attorney with GLBTQ Legal Advocates & Defenders (GLAD Law). GLAD Law is a nonprofit legal organization that works in New England and nationally to create a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation. We appreciate the opportunity to submit this testimony in support of LD 1687, An Act to Clarify and Increase Access to HIV Prevention Medications.

GLAD Law applauds the Maine Legislature for its leadership in eliminating barriers to ending the HIV epidemic. In 2021, the Legislature passed LD 1115 to ensure that patients at risk of HIV infection could quickly access preventative medications while getting linked to care. To that end, the law (1) authorized pharmacists to dispense a time-limited supply of HIV prevention medications, including preexposure prophylaxis (PrEP), without a physician prescription, and (2) 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.

LD 1687 follows up on the 2021 law to update it in two important ways:

- It would clarify that the law encompasses new and groundbreaking PrEP medications that could be powerful in reducing new infections by providing longer-lasting protection.
- It would promote implementation of the 2021 law by ensuring that pharmacists are reimbursed for the services provided under the statute.

Medical Advances Hold Tremendous Promise in Preventing New HIV Infections and Ending the Epidemic

The 2012 approval of a daily pill for use as PrEP transformed HIV prevention efforts, with PrEP reducing the risk of HIV infection from sex by 99 percent – a statistic unthinkable at the epidemic’s inception.¹ There are now two oral medications as well as one injectable (which requires new injections every two months) approved for PrEP.²

¹ CDC, *How Effective Is PrEP?* (June 6, 2022), <https://perma.cc/CT2Q-VNWM>.

² National Institute of Health, *Pre-Exposure Prophylaxis (PrEP)* (April 9, 2025), <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/pre-exposure-prophylaxis-prep#:~:text=Three%20HIV%20medicines%20are%20approved,shot%20taken%20every%20%20months.>

Despite PrEP's efficacy, limited use reduces its impact on efforts to end the HIV epidemic. According to CDC estimates, in 2023, less than one in five Mainers for whom PrEP would be indicated to prevent HIV had a prescription.³ PrEP uptake in Maine has been uneven across demographic groups, with a greater unmet need for PrEP among Black individuals than white individuals, and among women than men.⁴

Fortunately, a new long-acting injectable medication, lenacapavir, is anticipated to be approved as a form of PrEP later this year. Patients using lenacapavir will need only two injections each year. This will revolutionize the prevention field and constitute a tremendous step forward in the effort to end the HIV epidemic.

LD 1687 Would Clarify Existing Law to Ensure Accessibility of Long-Acting Injectable PrEP

As this legislature recognized with the 2021 law, prior authorizations are a significant barrier in the HIV prevention context. It is clear from the medical literature that any type of prior authorization practice means that significant numbers of people abandon their prescriptions. In one American Medical Association study, 91 percent of physicians reported that prior authorization requirements negatively impacted clinical outcomes for their patients.⁵ Another study found that prior authorization requirements exacerbated medical nonadherence, resulting in patients abandoning prescriptions almost 40 percent of the time.⁶

LD 1687 would clarify existing law to help realize the full promise of long-acting injectables like lenacapavir by ensuring that they are available to those who need them, without prior authorization requirements or other barriers. The bill would specify that each duration of a long-acting injectable constitutes a separate method of administration. This change would avoid an unintended scenario in which insurers might cover a drug requiring injections every two months with no prior authorization requirement or out-of-pocket cost, but fail to do the same for a drug offering a much longer period of protection.

The bill also proposes a commonsense adjustment to ensure pharmacy access for long-acting injectables. 32 M.R.S. §13786-E currently prohibits pharmacists from dispensing more than a sixty-day supply of PrEP – but this was never intended to prevent pharmacy access for injectable medications where a single dose provides many months of protection. In light of medical advances since 2021, LD 1687 would clarify that pharmacists may dispense or administer up to a

³ *Core Indicators for Monitoring the Ending the HIV Epidemic Initiative (Preliminary Data): National HIV Surveillance System Data Reported through June 2023; and Preexposure Prophylaxis (PrEP) Data Reported through March 2023*, Centers for Disease Control and Prevention (Oct. 17, 2023), <https://stacks.cdc.gov/view/cdc/160196>

⁴ See Maine, AidsVu (2023), <https://map.aidsvu.org/profiles/state/maine/prevention-and-testing#1-1-PrEP>. See also HIV and HEP Policy Institute, *New CDC PrEP Data Demonstrated Importance of Federal Funding*, October 17, 2023, <https://hivhep.org/press-releases/new-cdc-prep-data-demonstrates-importance-of-federal-funding/>.

⁵ American Medical Association. (2021). *Prior authorization and step therapy*. Retrieved from <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

⁶ Lauffenburger JC et al., *Impact of implementing electronic prior authorization on medication filing in an electronic health record system in a large healthcare system*. J AM Med Inform Assoc. 2021 Sep 18;28(10):2233-2240. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8449617/#ocab119-B23>

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 lasts six months would constitute more than the sixty-day limit.

LD 1687 Would Support Implementation of Existing Law by Ensuring Pharmacists Receive Reimbursement for Services Performed Pursuant to Statute

Together, the 2021 law and LD 1687 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. Pharmacists can also be effective by providing post-exposure prophylaxis (PEP), which prevents HIV infection after a possible exposure but which is only effective if started within 72 hours following an exposure.

To ensure that pharmacists are available to dispense and administer HIV prevention drugs as envisioned by the law, LD 1687 would ensure that pharmacists are reimbursed at a rate comparable to physicians for equivalent services. This provision would bring Maine into alignment with other states that have passed similar legislation.⁷

HIV Remains a Serious and Life-Altering Health Condition, Even with Early Diagnosis and Treatment

For decades, HIV has been among the most feared health conditions. While public understanding has increased over time, HIV continues to be highly stigmatized. In a 2019 survey, thirty-seven percent of respondents reported that they would be somewhat or very uncomfortable sharing a living space with someone who has HIV.⁸ One in five respondents reported that they would be somewhat or very uncomfortable either working with or having a close friendship with a person with HIV.⁹

In addition, HIV remains a significant health condition. Today, people with HIV are able to live well while managing a chronic disease if they can access and adhere to lifelong antiretroviral medication. These remarkable treatment advances have led to misperceptions about the profound impact of an HIV diagnosis. Because HIV is a disease of inflammation and immune dysregulation, it increases the risk of other health conditions. For example, people with HIV are at higher risk for:

- All types of cardiovascular disease, when compared to age-matched cohorts.¹⁰ Indeed, in research conducted by the Veterans Administration, patients with HIV, even those

⁷ See, e.g., Nev. Rev. Stat. Ann. § 689B.0312(2); Or. Rev. Stat. Ann. § 743A.051; La. Rev. Stat. § 37:1218.2; Colo. Rev. Stat. Ann. § 10-16-104 (18)(e); Cal. Ins. Code § 10123.1933, Cal. Health & Safety Code § 1342.74 & Cal. Welf. & Inst. Code § 14132.968. See also NASTAD, *Pharmacist Authority to Initiate PrEP & PEP and Participate in Collaborative Practice Agreements* 19 (2024), <https://nastad.org/sites/default/files/2023-08/PDF-Pharmacist-Authority-Initiate-PrEP-PEP.pdf>; GetSFCBA, *Pharmacist-Delivered PrEP Legislation (2023)*, <https://getsfcba.org/resources/pharmacy-prep-legislation/>.

⁸ Kaiser Fam. Found., *KFF Health Tracking Poll – March 2019* 15 (2019), <https://files.kff.org/attachment/Topline-KFF-Health-Tracking-Poll-March-2019>.

⁹ *Id.*

¹⁰ Revery P. Barnes et al., *HIV Infection and Risk of Cardiovascular Diseases Beyond Coronary Artery Disease*, 19 CURRENT ATHEROSCLEROSIS REPS. 1, 1 (2017).

managing their HIV well, had nearly 1.5 times the risk of having a heart attack compared to HIV-negative individuals;¹¹

- Cervical cancer, with women with HIV having a six-fold higher risk of developing cervical cancer relative to their counterparts;¹²
- Diabetes mellitus, with both HIV and exposure to antiretroviral medication significantly increasing the prevalence;¹³ and
- Other health issues such as liver disease, kidney disease, bone diseases, neurocognitive disorders, and additional non-AIDS related cancers such as Hodgkin's lymphoma.¹⁴

Given the stigma and varied medical complications that result from an HIV infection, prevention in the first instance is essential.

LD 1687 Is Necessary to Advance Maine's Efforts to End the HIV Epidemic

The ongoing HIV outbreak in Penobscot County underscores the urgency of passing LD 1687 to strengthen Maine's ability to prevent and respond such public health crises. There have been at least 23 cases of individuals testing positive for HIV since October 2023 – a dramatic increase from the county's average of two cases annually.¹⁵ Many of those individuals had been recently unhoused.¹⁶ As officials anticipate the number of cases to rise, it is imperative that Maine do all it can to reduce further HIV transmission.¹⁷ And legislation implementing smart public health measures is all the more urgent in the face of threats to federal funding for HIV prevention. In this landscape, lenacapavir could be a game changer – but only if it is accessible to patients without unnecessary barriers.

With the introduction of PrEP and new long-acting injectables, we have the medical tools needed to curb and hasten the end of the HIV epidemic. LD 1687 would update existing law to reflect these medical advances and to maximize their impact. GLAD Law respectfully urges this committee to vote ought to pass on LD 1687.

¹¹ Matthew S. Freiberg et al., *HIV Infection and the Risk of Acute Myocardial Infarction*, 173 JAMA INTERNAL MED. 614, 614 (2013).

¹² Dominik Stelzle et al., *Estimates of the Global Burden of Cervical Cancer Associated with HIV*, 9 LANCET GLOB. HEALTH, e161 (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7815633/>. HEALTH e1, e161 (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7815633/>.

¹³ Fanta Duguma et al., *Diabetes Mellitus and Associated Factors Among Adult HIV Patients on Highly Active Anti-Retroviral Treatment*, 12 HIV/AIDS – RSCH. & PALLIATIVE CARE 657, 658 (2020), <https://www.dovepress.com/getfile.php?fileID=63352>; Emile Camille Noubissi et al., *Diabetes and HIV*, 18 CURRENT DIABETES REPS. 1, 1 (2018).

¹⁴ Steven G. Deeks et al., *The End of AIDS: HIV Infection as a Chronic Disease*, 382 LANCET 1525, 1526-27 (2013); Janice M. Leung, *HIV and Chronic Lung Disease*, 17 CURRENT OP. IN HIV & AIDS at 1 (2022); Michael M. Lederman et al., *Residual Immune Dysregulation Syndrome in Treated HIV Infection*, 119 ADVANCES IN IMMUNOLOGY 51, 52 (2013).

¹⁵ Kathleen O'Brien, *23rd HIV Case detected in Penobscot County*, Bangor Daily News (March 27, 2025), <https://www.bangordailynews.com/2025/03/27/bangor/23rd-hiv-case-detected-in-penobscot-county-xoasq1i29i/>

¹⁶ Jacob Murphy, *Maine CDC monitoring concentrated HIV outbreak in Bangor*, WMTW (March 21, 2025), <https://www.wmtw.com/article/maine-cdc-monitoring-concentrated-hiv-outbreak-in-bangor/64256780>

¹⁷ *Id.*

Sincerely,

Hannah Hussey
Staff Attorney

Mary Bonauto
Senior Director of Civil Rights and Legal Strategies

Sarah Austin
Staff Attorney

GLBTQ Legal Advocates & Defenders
Portland, Maine