



**Testimony of Tiffany L. Townsend, NP, AAHIVS, MaineHealth
In Support of LD 1687 "An Act to Clarify and Increase Access to HIV
Prevention Medications"
Tuesday, April 29, 2025**

Senator Bailey, Representative Mathieson, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Tiffany Townsend, Nurse Practitioner and HIV Specialist at the Gilman Clinic at Maine Medical Center, and I am here to testify in support of LD 1687, "An Act To Clarify and Increase Access to HIV Prevention Medications."

MaineHealth is an integrated non-profit hospital system that provides a full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of "Working Together So Maine's Communities are the Healthiest in America," MaineHealth strongly supports increasing access to affordable – and lifesaving – health care and medications. In fact, MaineHealth has established a policy to provide Free Care to all patients with incomes at or below 200% of the poverty level. Additionally, MaineHealth's MedAccess program helps patients with limited resources acquire prescription drugs that would otherwise be inaccessible to them.

The Gilman Clinic opened in the early 1990s to treat those affected by the early HIV/AIDS epidemic. In the mid-1990s, we started treating hepatitis B and hepatitis C, and the complications that arise from these viruses. Our team includes infectious disease specialists, liver specialists, addiction specialists, nurses, social workers, and pharmacists. We employ an interdisciplinary care model to prevent and treat the complex medical and social needs of our patients.

Four years ago, I testified before this committee in support of then-LD 1115. While I am chagrined that the Act has been slow-walked and not yet implemented, I am here today in full support of LD 1687, and encourage your support as well.

We can all agree that preventing HIV infections is important in terms of human suffering. We also must acknowledge the importance of preventing HIV infections as an economic priority, as we know treating an HIV infection is much, much more expensive than preventing an HIV infection. HIV is a horrible disease; it is critical that we marshal all resources to provide PrEP to those who want it.

LD 1687 proposes two changes to the original Act. First, to compel insurance to reimburse pharmacists for providing PrEP and PEP services. This reimbursement is afforded to any other provider who offers these services; simply put, it is appropriate that pharmacists' expertise and time be compensated as well.

The second change to the Act recognizes the future of long-acting PrEP – medications that last in the body for weeks to months; hopefully, in the future, they will last in the body even longer. Long-acting medications are a major tool of Ending the HIV Epidemic, and it is crucial that the provider and the patient are able to select the PrEP medication and administration route that is in the patient's best interest. To limit PrEP options would be a fatal flaw of the legislation.

There is one part of LD 1687 that I disagree with: waiting until January 1, 2027 for MaineCare to implement this reimbursement model. While I do not pretend to know even a fraction of what is required to make this happen with MaineCare, I do know that we cannot wait this long to provide access to these lifesaving medications.

As I did four years ago, I would like to wrap up by sharing a patient's story with you. This man recently moved to Maine, and struggled to find what he called "good sexual health care" here. He knows he is at very high risk of HIV, and requested PrEP from his primary care provider. Unfortunately, he was told he didn't need it, to just change his behaviors. After a self-described "HIV scare" in which he thought he may have been exposed to the virus, he sought PrEP services on his own. I'm happy to say he is now engaged in care with us, remains HIV negative, and is on a long-acting PrEP injection medication. We owe it to individuals like him to remove barriers and provide as many pathways as possible to access PrEP medications where and when people deem they need them.

The legislation before you today will save lives, prevent severe morbidity, reduce hospitalizations, and, in the long run, will save money. I urge you to vote Ought to Pass on LD 1687.

Thank you. I am happy to answer any questions you may have.

MaineHealth

MaineHealth Local Health Systems

Franklin Community
Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
Mid Coast-Parkview Health
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
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Western Maine Health

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MaineGeneral Health
New England Rehabilitation
Hospital of Portland
St. Mary's Health System

Testimony of Tiffany L. Townsend, NP, AAHIVS, MaineHealth

In Support of LD 1115

“An Act to Improve Access to HIV Prevention Medications”

Thursday, April 8, 2021

Senator Sanborn, Representative Tepler and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Tiffany Townsend, Nurse Practitioner and HIV Specialist at the Gilman Clinic at Maine Medical Center, and I am here to testify in support of LD 1115, “An Act To Improve Access to HIV Prevention Medications.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides a full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth strongly supports increasing access to affordable – and lifesaving – health care and medications. In fact, MaineHealth has established a policy to provide Free Care to all patients with incomes at or below 200% of the poverty level. Additionally, MaineHealth’s MedAccess program helps patients with limited resources acquire prescription drugs that would otherwise be inaccessible to them.

The Gilman Clinic (formerly the Virology Treatment Center) was formed in the early 1990s to treat those affected by the early HIV/AIDS epidemic. In the mid-1990s, we started treating hepatitis B and hepatitis C, and the complications that arise from these viruses. Our team includes infectious disease specialists, liver specialists, addiction specialists, nurses, social workers, behavioral health professionals, and pharmacists. We employ an interdisciplinary care model to prevent and treat the complex medical and social needs of our patients.

MaineHealth and our providers strongly support ensuring a patient’s access to PrEP and PEP medications. PrEP and PEP are effective at preventing HIV. They are safe medications, well-tolerated, and have few interactions with other medications. Looking toward the goal of eliminating 75% of new HIV infections by 2025 and 90% by 2030 (HIV National Strategic Plan), it is critical these medications be widely available and affordable to those at highest risk of

being exposed to HIV. The legislation before you today is a tool to help meet this goal by increasing and expanding access to PrEP and PEP, thereby decreasing HIV infections and ending this epidemic.

Another benefit of this legislation is that it expands access to care – by linking one seeking PrEP or PEP to care, or by increasing engagement for those that may be disconnected from their primary care provider. For those who are a victim of sexual assault when their primary care provider's office is closed, this legislation would allow them to access HIV prevention within the recommended 72-hour window, and follow-up with their primary care provider on the next business day.

A pharmacist licensed by the Maine Board of Pharmacy is recognized as an expert of medications and drug therapies. It is within the scope of a licensed pharmacist to dispense PrEP and PEP to patients as outlined in the proposed legislation. I would like to share one patient's story with you. I recently saw a young man in our clinic who reported he had asked his primary care provider twice for PrEP. Both times the provider said they would discuss it at his next visit. Within months, this patient had acquired HIV. Had he had access to PrEP at a pharmacy, he potentially could have been spared from this life-long chronic, expensive illness.

In short, we need to do all we can to remove barriers and expand access to these lifesaving medications and act to reduce HIV transmission. The legislation before you today will save lives, prevent severe morbidity, and reduce hospitalizations. With that said, I urge you to vote Ought to Pass on LD 1115.

Thank you and I would be happy to answer any questions you may have.