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## **Testimony in Opposition to LD 1687**

**An Act to Clarify and Increase Access to HIV Prevention Medications**  
**April 29, 2025**

Senator Bailey, Representative Mathieson, and Members of the Health Coverage, Insurance, and Financial Services Committee.

My name is Dan Demeritt, the Executive Director of the Maine Association of Health Plans. Insurance coverages offered or administered by our member plans provide access to care and better outcomes for many of the Mainers who receive coverage through an employer plan or the individual market.

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Health plans use medical expertise, global health care insights, and access to individual member medical records and outcomes to make determinations about what items and services are the appropriate, medically-necessary standard of care. If a patient or provider disagrees with a health plan determination they have state-guaranteed rights to appeal and an independent dispute resolution process overseen by the Maine Bureau of Insurance.

In 2021 the Legislature made the policy decision to require first-dollar coverage for HIV prevention (HIV PrEP) drugs. We oppose L.D. 1687 because it moves beyond policy determination and into the benefit design and delivery decisions that should be made by the experts at Maine's Health Plans.

### **First-Dollar Coverage for HIV PrEP Injectables Exists Today**

Under current law, Maine carriers have been providing coverage since 2022 for at least one approved HIV PrEP drug for each method of administration at \$0 cost share. The existing law allows for utilization management as long as one approved drug for each method of administration is available without being subject to step therapy or prior authorization.

Carriers are currently implementing this policy by providing access to Apretude, a long-acting injectable HIV PrEP drug at \$0 cost to the member without step therapy or prior authorization.<sup>1</sup>

### **First-Dollar Coverage for Every Different Dosage Duration**

L.D. 1687 seeks to design the HIV PrEP benefit by treating each long-acting drug with a different duration as a separate method of administration, even though they use the same method of administration.

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<sup>1</sup> <https://www.hiv.gov/hiv-basics/hiv-prevention/potential-future-options/long-acting-prep> accessed 4/28/25

**Sunlenca:** The FDA is currently investigating whether twice-yearly Sunlenca is an HIV PrEP option, with a decision expected in June. If approved, as the only medication of its duration, plans would be forced to add it to their formularies and would be prevented from managing its utilization if L.D. 1687 becomes law.

The drug is currently prescribed as an HIV infection treatment at a cost of \$41,000 per year.<sup>2</sup>

The annual wholesale annual cost of Apretude is \$22,200.<sup>3</sup>

### **Strike Section 6 -- Reimbursement and Payment Parity Pharmacist Administration**

Section 6 of the bill creates an administratively burdensome, potentially unfeasible solution for a problem that does not exist. It should be struck from the bill if the Committee wishes to advance the legislation.

Health plans do not typically contract with pharmacists as providers. The traditional role of a pharmacist is drug dispensing, management, and counseling for which they are typically reimbursed as part of a pharmacy benefit managed by a Pharmacy Benefit Manager.

Moreover, injectable HIV PrEP drugs are medical drugs that would not be available at a standard pharmacy. As a medical drug, they would be administered by a pharmacist via a specialty pharmacy.

Finally, it requires payment parity between pharmacists and physicians that would not reflect the different scope of practices and resulting cost structures that drive reimbursement rates.

### **Process Concerns**

Section 7 proposes to exempt this legislation from mandate review by the Bureau of Insurance. If the Committee is interested in moving this bill forward it should be subject to a mandate study.

Carriers are currently designing and pricing their plans effective January 1, 2026, to comply with the Bureau of Insurance's June 5, 2025, form and rate filing deadline.<sup>4</sup> The effective date for any provisions applying to commercial insurance should be no earlier than January 1, 2027.

Thank you for your consideration. We urge a vote of Ought-Not-To-Pass on L.D. 1687.

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<sup>2</sup> <https://www.infectiousdiseasadvisor.com/news/twice-yearly-injection-reduces-hiv-risk-by-96-but-will-cost-cut-access/> accessed 4/28/25

<sup>3</sup> <https://nastad.org/sites/default/files/2023-04/LAI-FAQ-Formatted-Updated4.17.23.pdf> p.5

<sup>4</sup> <https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/484.pdf>